

**The Chelsea Out-Pensioners: Image and Reality in
Eighteenth-Century and Early Nineteenth-Century
Social Care**

Submitted in requirement for the degree of Doctor of Philosophy by:

Caroline Louise Nielsen

School of History, Classics and Archaeology

Faculty of Humanities and Social Sciences

Newcastle University

August 2014

Contents

Tables	iv
Figures	vi
Abstract	iv
Acknowledgements	viii
Abbreviations	ix
Terminology	x
1.1 Introduction	x
1.1 Discharged Soldiers and Veterans	xi
1.2 Royal Hospital of Chelsea	xiii
Chapter 1. The Royal Hospital of Chelsea and its Archive, 1681-1870	1
1.1 Introduction	1
1.2 Thesis Research Themes	9
1.3 The Chelsea Archive	21
1.3.1 Board Papers	23
1.3.2 Out-Pensioner Documentation	26
1.3.3 In-Pensioners	35
1.3.4 The Royal Hospital of King Charles II, Kilmainham	36
1.3.5 Official and Unofficial Histories Prior to 1900	39
1.3.6 Soldiers' Memoirs, Biographies and Autobiographies	45
1.4 Structure	48
1.5 Conclusion	49
Chapter 2. The Origins of the Royal Hospital of Chelsea and its Pensions	50
2.1 Introduction	50
2.2 Provisions for 'Unfit' Soldiers in England and Wales, circa 1660-1790	54
2.2.1 Medical Provision and the Discharge Process	55
2.2.2 Statutory Relief in England and Wales	70
2.2.3 Regimental and Garrison Relief for Aged and Superannuated Soldiers	83
2.3 The Foundation of a Hospital for the Superannuated and Unfit, 1681-92	91
Chapter 3. The Hospital and its Pension Administration, c. 1691-1848	98
3.1 Introduction	98

3.2. The Development of the Board of Commissioners, c. 1691-1715	101
3.2. 1 The Superintendence of Ranelagh, Fox and Wren, 1691-1703	103
3.2.2 The Board of Commissioners, 1703-1715	106
3.3 The Board of Commissioners, 1715-1806	118
3.4 The Board as a Governing Body, 1715-1806	126
3.5 The Clerical Administration of the Out-Pensions, 1715-1848	136
3.6 The Application Process	143
3.7 Conclusion	156
Chapter 4. The Out-Pensioners Population, 1715-1795.....	158
4.1 Introduction	158
4.2 Methodological Concerns	159
4.3 The Features of the Applicant Population	173
4.3.1 Applicants' Ethnicities, Nationalities and Socio-Economic Background ...	173
4.3.2 The Health and Disabilities of the Applicant Population	182
4.3.3 Rates of Admission to the Pension Lists, 1715-1795	200
4.6 Conclusion	217
Chapter 5. Cultural Representations of the Chelsea Out-Pensioners.....	219
5.1 Introduction	219
5. 2 The European context	224
5. 3 'Why, don't you know me by my Scars?': Former Soldiers in Print	229
5.4 Soldiers as National Fathers.....	242
5.5 Real-Life Old Soldiers	244
5.5 Conclusion	250
Chapter 6. Conclusion.....	251
Appendix 1. The Army Establishment.....	257
Appendix 2.1: Applicants' Counties of Origin, England, Scotland and Wales, 1715-95	263
Appendix 3.1. Medical Profile of the Applicants to Chelsea, 1715-95	265
Appendix 4. Questions sent to King's German Legion Out-Pensioners living outside of Britain and Ireland (WO23/32)	269

Appendix 5.1: Occupational Structure of the Out-Pensioners, 1715-1795.....	271
Bibliography.....	280
Primary Manuscript Sources	280
Online Databases	282
Printed Primary Materials	283
Secondary Sources	290

Tables

Table 3.1 Out-Pension Rates, 1686-1713	113
Table 3.2 Number of Commissioners Attending per Meeting.....	120
Table 3.3 Board Meetings Attendance by Government Position.....	123
Table 3.4 Out-Pensioner Numbers in the Years Before and After a General Re- Examination.....	131
Table 3.5 Recommendations to the Royal Hospital of Chelsea by Horse Regiments, 1787-1791.....	147
Table 3.6 Recommendations to the Royal Hospital of Chelsea by Foot Regiments, 1787-1791.....	148
Table 3.7 Outcomes of Men Admitted to the Out-Pension Lists, 1703-1704.....	156
Table 4.1 Comparisons of Applicant Populations as Listed in WO116, Sample Population and the Pay Warrants, 1715-1795.....	169
Table 4.3 National Composition of Applicants to the Royal Hospital of Chelsea, 1715-1795 (Percentages).....	173
Table 4.4 National Composition of Army Recruits, 1747-1759.....	175
Table 4.5 5-Year National Composition of Army Recruits, 1747-1759.....	176
Table 4.6 Applicants' and their Fathers' Occupational Groups, 1715-1795.....	179
Table 4.7 Applicants' Average Age at Enlistment, 1715-1795.....	181
Table 4.8 Summary of Applicants' Medical Profile with Major Diagnoses compared to other Infirmaries, 1715-1795	189
Table 4.9 Summary of Diagnostic Categories by Age and Length of Service, 1715- 1795.....	196

Table 4.10 Outcomes of the First Physical and Verbal Examinations of Applicants from the Regular Army, Marines, Militia and Independent Companies.....	202
Table 4.11 Length of Service in Invalid Companies, Scilly Islands, 1784-1802.....	203
Table 4.12 Length of Service in Invalid Companies, Berwick, 1784-1802.....	204
Table 4.13 Later Outcomes of Rejected Applications, 1715-1795.....	207
Table 4.14 Reasons for Rejected Applications, 1715-1795.....	212
Table 4.15 Role of Age in Applicants' Outcomes (Traumatic), 1715-1795.....	213
Table 4.16 Role of Age in Applicants' Outcomes (Infectious Diseases), 1715-1795.....	214
Table 4.17 Role of Nationality in Applicants' Outcomes (Traumatic), 1715-1795.....	215
Appendix Table 1.1 The Out-Pensioner Population, 1691-1774.....	258
Appendix Table 1.2 Comparison of the Army's Effective Forces and Out-Pensioner Population, 1774-1822	260
Appendix Table 2.1 Applicants' Counties of Origin (England, Scotland, and Wales	263
Appendix Table 3.1 Medical Profile of the Applicants, 1715-1795.....	265
Appendix Table 5.1 Occupational Structure of the Applicants, 1715-1795.....	271

Figures

Figure 1.1 Comparison of the British Army Establishment and the Out-Pensioners of the Royal Hospital of Chelsea, 1691-1792	4
Figure 1.2 Extract from TNA WO116/2 Admission Day, 2 nd December 1729.....	28
Figure 1.3 Extract from TNA WO116/10 Admission Day, 1 st October 1792	28
Figure 3.1 Hierarchy of the Commissioners, 1715-1828.....	120
Figure 3.2 Average Seasonality of the Commissioners' Meetings, 1717-1806.....	126
Figure 3.3. Commissioners' Meetings per Year, 1715-1816.....	127
Figure 4.1 Comparisons of the Applicant Populations as Listed in WO116, Sample Population and the PayWarrants, 1715-1795.....	170
Figure 4.2 Medical Profile of the Applicant Population, 1715-1795.....	191
Figure 4.3 Age Structure of the Applicant Population, 1715-1795.....	197
Figure 4.4 Diagnostic Categories over Time, 1715-1795.....	199
Figure 5.1 Thomas Burke, 'The Soldier's Return' (1801).....	237
Figure 5.2 Anon., 'Strong Symptoms of Loyalty' (1800).....	247
Appendix Figure 1. Comparison of Effectives and Out-Pensioner Numbers, 1774-1822.....	261
Appendix Figure 2. Out-Pensioner Numbers Expressed as a Percentage of Army Effective Forces, 1774-1822.....	262

Abstract

The residential Royal Hospital of Chelsea for ‘old, lame and infirme’ soldiers was founded in 1681. Within a decade, this small hospital rapidly became the centre of one of the most extensive and efficient occupational and disability pension systems that has ever existed in Britain: the Chelsea Out-Pension. Over the course of the long eighteenth-century, the Hospital conducted over 80,000 investigations into the medical problems and service histories of poor and sickly men, setting contemporary standards of male fitness and pensionable physical infirmity. This thesis is the first modern study to explore and contextualize this complex pension system in detail. It locates their experiences in wider social debates about the Poor Law, philanthropy, and the perceived implications of continuous welfare relief in early modern society. A detailed account of the development and bureaucracy of the pension administration is given, exploiting original research into the Hospital’s vast surviving archive. The pension system was based on a system of legally enshrined regular medical examinations designed to avoid accusations of improvidence. Surgeons and civil servants were in effect offering a legal guarantee about the aetiologies of men’s long-term disabilities. In practice, however, Chelsea’s rigid admission structures were frequently undermined by prevailing notions of paternalism, social status, and patriotic philanthropy. This study highlights how a small number of Pensioners responded to this system and the attitudes which surrounded it. The demographic characteristics of the Out-Pensioners between 1715 and 1793 are analysed, demonstrating the fluid nature of the concept of total physical impairment. Finally, the thesis surveys the evolving cultural identity of the ‘veteran’ old soldier. The maimed body of the aging soldier became an unlikely exemplar of British masculine national identity, wherein personal narratives of familial domesticity compensated for emasculating disability and declining physical health.

Acknowledgements

The research for this thesis was only made possible through the joint support of the UK Arts and Humanities Research Council (AHRC), and the staff and PhD community of Newcastle University's School of History, Classics and Archaeology. I am especially grateful for the guidance of my supervisors Professor Jeremy Boulton, Chair in Urban History, and Doctor Jonathan Andrews, Reader in the History of Psychiatry.

I must also acknowledge the help of the archivists and librarians of the British Library, the University of Leicester, the University of Liverpool, and the Library of Freemasonry for helping me source soldiers' memoirs from the period 1790 to 1890.

I would also like to thank the many academics who have offered support and words of encouragement during my research. This includes: Julie Anderson, Martin Atherton, Erica Charters, Martin Farr, Elizabeth Foyster, Jennine Hurl-Eamon, Iain Hutchison, Kevin Linch, Matthew McCormack, Simon Parkes, William Tatum III, David Turner, and Alison Williams. I am especially grateful to Simon Parkes for allowing me to read an advanced copy of his article 'Wooden Leg and Tales of Sorrow Done', published in *Eighteenth-Century Studies* (2013).

Thanks must also go to my family, especially my father Peter Nielsen, and to Kat, David, Joshua, Mavis and Steve Smith for their continued love and support during the writing of this thesis.

Abbreviations

State Papers	<i>SP</i>
LL	<i>London Lives, 1690-1800</i> , www.londonlives.org , version 1.1. Last accessed 10 th January 2014.
OBPO	<i>Old Bailey Proceedings Online</i> , www.oldbaileyonline.org , version 6.0. Last accessed 10 th January 2014.
ODNB	<i>Oxford Dictionary of National Biography</i> , (Oxford: Oxford University Press, 2004), online edition.
RH	C. G. T. Dean, <i>The Royal Hospital, Chelsea</i> , (London: Hutchinson & Co., 1950).
PI	George Hutt, <i>Papers Illustrative of the Origin and Early History of the Royal Hospital at Chelsea</i> , (London: HM Stationary Office, 1872).

Terminology

1.1 Introduction

The eighteenth-century terminology for serving soldiers and former soldiers was complex. The exact categorization, identification and personal identities of English, Scottish and Irish soldiers during the long eighteenth century (circa 1688 to 1835) has only recently become the subject of intense historiographical interest.¹ It is increasingly recognized that the generic titles of ‘soldier’ and ‘sailor’ were far more than stable occupational labels. British and Irish governments oversaw a wide range of armed forces, each with different contractual terms of service, different obligations and duties. Each service brought with it different expectations of a man’s personal character and his experience of war. The embodied (New) militia units for example were considered to be a more prestigious and desirable armed body than the Regular army, even though they shared domestic policing duties and were trained in the same forms of musket drill. Recruits to the Volunteer units of the 1790s were assumed to have enlisted out of a deep sense of patriotism, an assumption which ignores the fact that many Militiamen enlisted in these groups as they offered a higher rate of enlistment bounty than the Regular regiments.

Educated contemporaries used a range of nuanced terms to describe each arms-bearing group. These terms were often related to their perceived relationships and status in British society, and brought with it particular moral and legal connotations. An individual’s identification as ‘soldier’, ‘old soldier’, ‘Invalid’, ‘veteran’ or even

¹ The AHRC-funded project *Soldiering in Britain and Ireland, 1750-1850* has recently started to evaluate the terminology associated with soldiering as a profession, see Kevin Linch and Matthew McCormack, ‘Defining Soldiers: Britain’s Military, circa 1740-1815’, *War in History*, 20, no. 2 (2013), 144-159. A glossary of military terms is available on the project’s *Redcoats* website <http://redcoats.ning.com> [accessed 30th December 2013].

‘disabled’ could depend on his contemporaries’ divergent attitudes towards his regiment and service history.² This study suggests that for some eighteenth-century and nineteenth-century men, their ‘soldier’ identity remained with them many years after they finished their active service.

This thesis follows basic eighteenth-century language conventions. A ‘soldier’ was a lower class man from a militia or army regiment who had not bought or gained commissioned officer rank. Those holding Non-Commissioned rank (NCOs) were considered to be ‘soldiers’. ‘Officers’ held commissioned rank and were only occasionally referred to as ‘soldiers’. Officers usually only identified themselves as ‘soldiers’ when attempting to draw parallels between themselves and the desirable attributes culturally associated with the simple ‘plain speaking’ hyper-masculine British serviceman.³

1.1 Discharged Soldiers and Veterans

A ‘discharged soldier’ was a non-commissioned man who had legally left their army or militia regiment. The term referred to those who had voluntarily left military service at the end of their contracts and also to those who had been forced to leave through personal injury or the dismantling of their unit. Disbanded or discharged officers were referred to as ‘half pay officers’, but they often continued to use their regimental titles until their deaths.

² On the word ‘disabled’ in historiography, David Turner, *Disability in Eighteenth-Century England: Imagining Physical Impairment* (London: Routledge, 2012), 16-26, 151-2; also see Chapter 1 and Chapter 3 of this thesis.

³ Michèle Cohen, ‘Manliness, Effeminacy and the French: Gender and the Construction of National Character in Eighteenth-Century England’, in *English Masculinities*, eds. Tim Hitchcock and Michèle Cohen (London: Addison Wesley, 1999), 107-8; Michèle Cohen, *Fashioning Masculinity: National Identity and Language in the Eighteenth Century* (London: Routledge, 2002), 107-8; Robert McGregor, ‘The Popular Press and the Creation of Military Masculinities in Georgian Britain’, in *Military Masculinities: Identity and the State*, ed. Paul Higate (Westport: Praegar, 2003), 144, 149-50, 151-2.

Contrary to established practice, the thesis avoids applying the term ‘veteran’ to eighteenth-century former soldiers. ‘Veteran’ has become the standard Anglophone language term for any man or woman who has served in their nation’s armed forces.⁴ This term can now refer to any former soldier regardless of the exact nature or terms of their service. It is also highly politicized, a reflection of the growth of large veterans’ movements during the twentieth century. Contemporary British and North American English usage implies the soldier spent an extended period of time in service, although the actual length of time a ‘veteran’ serves is undefined. This umbrella term has transferred into the historiography of demobilization. John Resch and Daniel Blackie, for example, follow contemporary Anglophone usage of ‘veteran’ in their works on late eighteenth-century America.⁵ It is problematic to apply this modern term to mean the phenomenon of demobilisation in the late seventeenth and eighteenth centuries. While the word ‘veteran’ was used in the eighteenth century, it was a nuanced term and only used in very specific circumstances. ‘Veteran’ was an honorific title, referring back to the Classical Roman understandings of twenty to thirty years of continuous military service.⁶ Therefore, not all former soldiers were considered to be ‘veterans’ by their contemporaries. This is an important consideration when considering how men were discharged from the eighteenth-century army.

⁴ ‘Veteran’, Oxford English Dictionary, Oxford University Press, online edition, 2014, [<http://www.oed.com/view/entry/222958>, accessed 8th August 2014].

⁵ John Resch, *Suffering Soldiers: Revolutionary War Veterans, Moral Sentiment, and Political Culture in the Early Republic* (Amherst: University of Massachusetts Press, 1999); Daniel Blackie, ‘Veterans, Disability and Society in the Early United States’, in *Men After War*, eds. Stephen McVeigh and Nicola Cooper (London: Routledge, 2013), 36-51.

⁶ On Roman understandings of the different types of “veterani”, see Ian Haynes, *Blood of the Provinces: The Roman Auxilia and the Making of Provincial Roman Society from Augustus to the Severans* (Oxford: Oxford University Press, 2013), 339-68. My thanks to Professor Haynes for allowing me to read an advanced copy of this chapter.

1.2 Royal Hospital of Chelsea

The Royal Hospital of Chelsea itself has had several names. It is referred to variously as ‘the Royal Hospital at Chelsea’, ‘Chelsea Hospital’, and ‘Chelsea College/Colledge’.

While these variant terms originally referred solely to the Hospital’s lands in Middlesex, contemporaries gradually widened the usage to refer to the national pension system overseen by the Hospital’s clerical staff.

The most common alternative name for the Hospital was ‘Chelsea College/Chelsey College’, a name which proved remarkably resilient. The original Chelsea College was a short-lived Protestant theological institution founded by James I in 1610.⁷ It was abandoned during the English Civil War, and its buildings were used to house prisoners of war.⁸ The site rapidly fell into disrepair and was described in 1664 as a ‘*Prostibulum* for whores, a stable for horses’.⁹ The land was let to local farmers until it was procured by the Crown in 1681. Despite these changes in use, the area continued to be referred to as ‘the College’ until the late nineteenth century. The Hospital’s similarities with all-male religious almshouse further encouraged the continued use of this descriptive term.

The Royal Hospital of Chelsea should not be confused with the specialist hospitals established in the Chelsea and Kensington area between 1841 and 1866. These were; the Hospital for the Cure of Consumption and Diseases of the Chest (opened 1841), the Cancer Hospital (1859), and the Victoria Hospital for Sick Children (1866).¹⁰ Due to the later foundation dates of these institutions, it is reasonable to assume that most pre-1840 references to ‘Chelsea Hospital’ or the ‘Hospital in Chelsea’

⁷ John Stow, *The survey of London containing the original, increase, modern estate and government of that city, methodically set down* (London: Nicolas Bourn, 1633), 527.

⁸ C. G. T. Dean, *RH*, (London: Hutchinson & Co., 1950), 31.

⁹ John Darley, *The Glory of Chelsey Colledge revived* (London: J. Bourn, 1662), 28.

¹⁰ Also known as Gough House.

refer to the Royal Hospital. There were no permanent ‘civilian’ infirmaries or charitable dispensaries for the poor in the West-end of London until the early nineteenth century. The Royal Hospital’s medical staff did oversee a small number of military ‘casualty’ wards in rented properties in Chelsea village during the Revolutionary and Napoleonic Wars, but these were not permanent.

Despite the range of terms used by contemporaries, this thesis will clearly distinguish between the physical buildings at Chelsea, the residential facilities it offered, and the pension system administered by the Royal Hospital of Chelsea. The surrounding village of Chelsea (encompassed by the parish of St Luke’s) will be similarly distinguished.

Chapter 1. The Royal Hospital of Chelsea and its Archive, 1681-1870

1.1 Introduction

In 1747, Elizabeth Brittain approached the Overseers of the Poor for the parish of St Luke's Chelsea to ask for assistance to bury her youngest child.¹ Elizabeth had already pawned her clothes, one of the valuable assets of the early modern poor. She blamed her family's 'very mean and poor circumstances' on the fact that her husband Richard was but an Out-Pensioner'. This meant he was a recipient of a 'Chelsea Pension', the British state's official means of rewarding its longest-serving or most disabled former soldiers. Richard left the army after 19 years' service when he began to experience regular epileptic fits.² The Chelsea pensions were administered by the Royal Hospital of Chelsea, a large riverside complex on the outskirts of St Luke's parish, Middlesex. In exchange for attending the Hospital once a year, he received an annual pension of £7 12s 1d. However, he would have rarely seen this amount on account of the compulsory fees deducted from it. Elizabeth claimed that the most recent pension instalment had been entirely taken up by their rent in Chelsea's notorious Jew's Row, a meandering street of taverns, shops, rented rooms and closes which had become synonymous with pauper Chelsea Out-Pensioners by the 1740s.³

The impoverished Brittain's were well-known to the parish Overseers who dealt with their more serious family problems during their 11-year residency in St Luke's.

¹ London Metropolitan Archives (LMA), P74/LUK/121, Examination of Elizabeth Brittain, June to Sep 1747, quoted in Tim Hitchcock and John Black (eds.), *Chelsea Settlement and Bastardy Examinations 1733-1766* (London: London Record Society, 1999), 57.

² The National Archives (TNA), WO116/3, Hospital Admission Books, Examination of Richard Britton, 29th April 1743.

³ For a description, trial of Joseph Gould and Jonathan Stevens, 18th September 1765, *OBPO*, t17650918-56; trial of John Shepherd, Ann Shepherd, and William Kirby, 31st May 1786, *OBPO*, t17860531-25.

The family had reached six by 1754, forcing Richard to admit to the local Justice of the Peace Thomas Lediard that ‘he is not, nor has not been able to for some time past, to support his said family but by the charitable assistance and relief of several kind people’.⁴ The parish was so concerned about the economic burden of the Britains that they ordered the forced removal of the entire family to Richard’s former home in Dean, Bedfordshire. This move was ultimately short-sighted: Richard’s status as an Out-Pensioner meant that he was legally bound to return annually to St Luke’s to collect his pension. It was because of this that Richard later chose to re-settle in Chelsea without his wife and children.⁵ His employment did not stop him being an accidental cost to the parish. He fathered a bastard child with the servant Jane Tapsell, who subsequently lost her place and required six months of medical care in the parish workhouse.⁶ Their baby died in the workhouse, also at cost to the parish. The Britains’ troubles were, in part, directly caused by the Hospital, but at no point did they petition it for help. Richard’s pension provided a regular income for the growing family, but it also placed limitations on where the family could live. The Hospital’s disregard for Out-Pensioners’ families also placed the parish of St Luke’s under considerable financial strain, raising taxes in the surrounding area. St Luke’s vestry was forced to absorb the cost of having the Hospital within their parish boundary. Contemporaries knew that the eighteenth-century hospital was simply not interested in the everyday lives and economic struggles of its unserviceable Out-Pensioners.

This is the first modern comprehensive analysis of the Hospital’s extensive pension administration, and its intricate relationships with men like Richard. The

⁴ LMA P74/LUK/121, Examination of Richard Britton, 18th Dec 1754, in Hitchcock and Black, *Chelsea Settlement*, 92.

⁵ LMA P74/LUK/121, Examination of Jane Tapsell, 12th Nov 1762, , in *Ibid.*, 136.

⁶ *LL*, St Luke Workhouse Registers, 23rd Nov 1762 to 5th April 1763, sldswhr_15_1558.

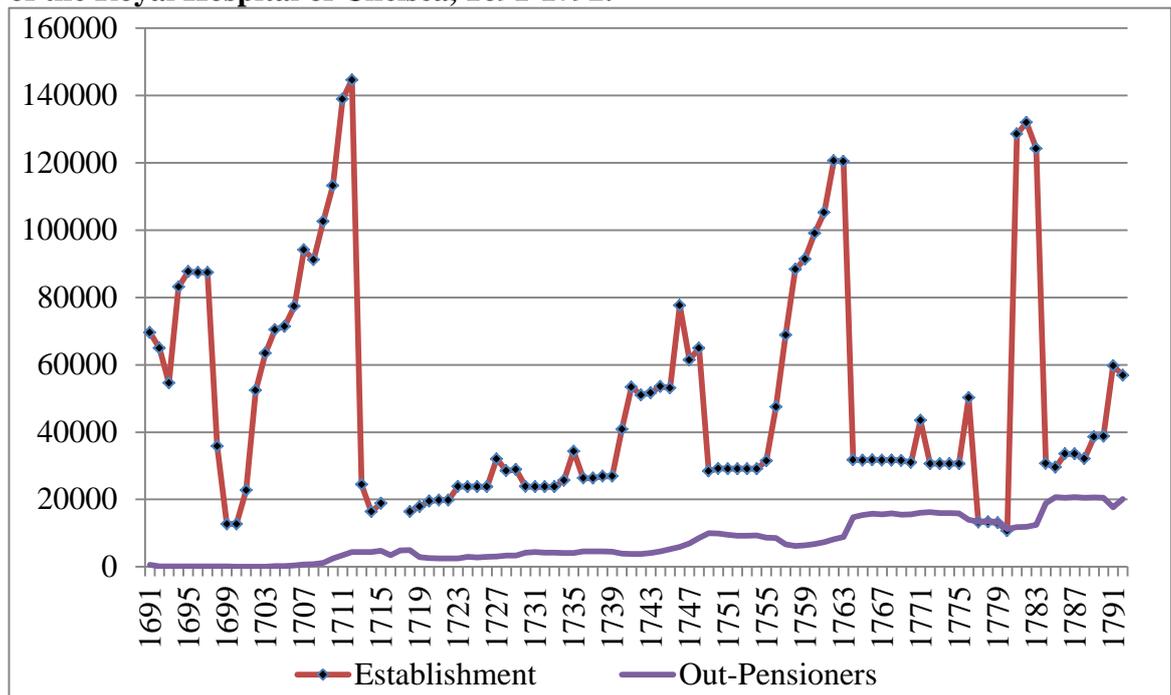
Hospital was one of the most important national institutions of eighteenth century and nineteenth century Britain. It operated one of the largest outdoor pension systems ever to exist in early modern Britain and Ireland. Chelsea Hospital was the sole provider of state-sponsored pensions for private and non-commissioned ranks of the British army. Any man who had served in a corps on the British Establishment was theoretically eligible to be considered for a pension. This meant that the Hospital oversaw the pensions of all army regiments, Ordnance, and domestic militia groups paid in British Sterling through the English Treasury. Men serving in corps raised and paid for by any other government body were not considered eligible, even if the legislative body that paid them was recognized by the British government. This officially barred those serving in the Irish Establishment and most temporary colonial forces.⁷ Soldiers from the East India Company could receive a Chelsea Pension until 1757, when they were transferred onto the East India's own schemes.⁸ This did not stop men from these forces petitioning the Hospital for assistance, sometimes with great success. Prior to 1754, the Hospital also supplied pensions to the Sea Service regiments, the forerunners of the Admiralty's Marine Corps.⁹

⁷ See Section 1.3.4.

⁸ WO250/460, Hospital Journal, 19th April 1763.

⁹ The new Marine Corps could claim pensions from the Royal Naval Hospital of Greenwich or subscribe to the Chest at Chatham. On the Marines see Britt Zerbe, "'That Most Useful Body of Men': The Operational Doctrine and Identity of the British Marine Corps, 1755-1802", unpublished PhD thesis, University of Exeter (2010); on the Chest, see Joanna Innes, 'The Domestic Face of the Military-Fiscal State: Government and Society in Eighteenth-Century Britain', in *An Imperial State at War: Britain from 1689 to 1815*, ed. Lawrence Stone (London: Routledge, 1994), 110.

Figure 1.1 Comparison of the British Army Establishment and the Out-Pensioners of the Royal Hospital of Chelsea, 1691-1792.¹⁰



Source: Roderick Floud, Kenneth Wachter, and Annabel Gregory, *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980* (Cambridge: Cambridge University Press, 1990), 45-6; Out-Pensioner numbers, Hutt, *PI*, 85-6, 88.

It is difficult to overestimate the prominence of the Hospital’s Out-Pensioner population. Figure 1.1 demonstrates that the Out-Pensioner population was equivalent to between 10 and 40% of the army’s known establishment from the 1760s onwards.¹¹ Between 1777 and 1780, the pension establishment was actually larger than the number of serving troops. At its eighteenth-century peak in 1785, the Hospital was paying pensions to over 20,700 former soldiers.¹² This was equivalent to 80% of the army’s effective force. The Hospital went on to support over 84,000 in 1834.¹³ Greenwich Hospital never managed to support the same level of dependents.¹⁴

¹⁰ See Appendix 1 for tabular data.

¹¹ Appendix 1.

¹² Hutt, *PI*, 85; a corresponding table of percentages is in the appendices.

¹³ *Ibid.*, 88.

¹⁴ Innes, ‘Domestic Face’, 111.

Chelsea Hospital also supported a parallel population to the Out-Pensioners known popularly as “the Invalids”. It is impossible to fully conceptualize the experiences of the Out-Pensioners without examining this sister group and their immediate successors, the Garrison and Veterans Battalions of the Army of Reserve (created 1803).¹⁵ The Hospital was the sole official recruiter for the independent companies of Invalids between 1703 and 1803, the Invalid 41st Regiment of Foot Regiment between 1719 and 1787 (tellingly nicknamed ‘the Old Fogeys’), and later the Army of Reserve (Royal Garrison battalions).¹⁶ The small Invalid companies and Regiment were a permanent presence in most English and Scottish garrisons from 1703 onwards.¹⁷ The Invalids were considered charitable wards of the Hospital, receiving a subsidized place in an Invalid company run by the Hospital instead of a pension. Invalids could volunteer or they could be pre-selected by the Commissioners as suitable candidates. Their recruits were not considered disabled enough to receive an Out-Pension. These Invalid places offered middle-aged men protection from the unpredictability of military service abroad while allowing the army to retain their more experienced yet sickly soldiers. The Invalids were still considered to be serving soldiers and were subject to military law and the Munity Act.¹⁸ The Hospital’s accounts, however, suggest that the Invalids were deemed to be privileged group, and were treated with more indulgence and leniency than their regular army counterparts.¹⁹

¹⁵ Michael Mann, *The Veterans* (Norwich: Michael Russell, 1997), 109-17.

¹⁶ Mann, *The Veterans*, 64; Francis Grose, *A Classical Dictionary of the Vulgar Tongue*, (London: 1785), 89.

¹⁷ For lists of Independent companies and their dates, Mann, *The Veterans*, 169-84.

¹⁸ WO 246/92, Common Letter Book, No. 1, Kingsmill Eyre to Captain Richard Jones, 10th July 1716.

¹⁹ William P. Tatum III has noted that few Invalids were formally court martialled and efforts were not made to recapture deserters. Desertion without any aggravating factors like theft was punished only by removal from the pension lists instead of by persecution and trial. WO246/92, Eyre to Lieutenant Colonel Wynam, 16th August 1716; WO 246/92, Eyre to Colonel J. Bristow, 21st August 1716; WO246/92, Eyre to Colonel Wynam and Lieutenant Bix, 4th October 1716; WO 246/92, Eyre to Colonel Chudleigh, 9th October 1716, WO 246/92; Eyre to Agent, 1st November 1716. My thanks to Will Tatum for discussing this issue with me.

It is impossible to understand the Chelsea Out-Pension without considering the Invalid establishment. The Out-Pensions and Invalid service may have originally been devised as a cost effective way to subsidize those waiting for a coveted In-Pensioner place in the House, but by 1703 it was apparent that the Invalid companies and the Out-Pensions would be the lot of most. The Out-Pensioners were more connected to the Invalid establishment than they were to the In-Pensioners, their more famous cousins. Men moved more frequently between the Invalids and Out-Pensions than they ever did with those in-House. It will be further demonstrated that because the Invalid/Out-Pension system was as much a way of retaining skilled labourers as it was a reward for the disabled servants of the Crown. This flexible two-part system allowed the Hospital was able to adopt a fluid definition of exactly which physical impairments made a man unfit for further military service. Pensionable permanent infirmity became dependent on the political contingencies, the manpower issues of the state, and the patrons supporting individual applicants, rather than on the physical abilities of the individual. Therefore “disability” was defined entirely on a case-by-case basis. In short, the Out-Pensions and the Invalid corps were interconnected and should be viewed as a part of the same entity rather than two distinct institutions.

Despite its social, political and cultural prominence, the two charitable outdoor relief schemes operated by Chelsea Hospital have been marginalized in the historiography of eighteenth-century charity. Interest has focused on the Hospital’s permanent residents, the In-Pensioners. These were men who chose to live in the Hospital’s grounds in lieu of an army pension - their successors still live within the premises. The In-Pensioners were always the minority, numbering less than 500 annually. In-Pensioner numbers were fixed at 474 between 1690 and 1816. It was raised

to 539 in 1816.²⁰ After 1703, their numbers were never more than 14% of the entire population receiving pensions from the Hospital. This figure declined to less than 2% in 1785.²¹ By contrast, the Out-Pensioners have only recently become the subject of extended historical interest. Stephen Brumwell, J. E. Cookson, Geoffrey Hudson, Joanna Innes, Andrew Mackillop, Christine Stevenson, and Philip Mills have respectively examined Chelsea Hospital as an agent of rapid demobilisation and state centralization, and locus of royal propaganda, state charity, and medical innovation.²² These studies focus on short yet key periods in the history of the Hospital and, locate it more broadly in the history of the British fiscal-military state.

This thesis is the first longitudinal study into the Hospital's Out-Pensioners from their creation in 1683 until 1806, the date when the pensions became a legal right for all serving soldiers. The cases of over 60,900 individual applicants from 1715 to 1795 have been successfully reconstituted from the Hospital's main Admission Book, a figure representing over 85% of the known cases. This is the largest continuous dataset of

²⁰ C. G. T. Dean, *RH*, (London: Hutchinson & Co., 1950), 108, 259.

²¹ *Ibid.*, 108, 259.

²² On demobilisation and the demographics of Scottish regiments during the Seven Years' War, Stephen Brumwell, *Redcoats: The British Soldier and War in the Americas 1755-1763* (Cambridge: Cambridge University Press, 2002), 78-9, 288-303, 319, 320; on state centralization, J. E. Cookson, 'Early Nineteenth-Century Scottish Military Pensioners as Homecoming Soldiers', *Historical Journal*, 52, no. 2 (2009), 319-41; J. E. Cookson, 'Alexander Tulloch and the Chelsea Out-Pensioners, 1838-43: Centralisation in the Early Victorian State', *English Historical Review*, 125, no. 5 (2010), 60-82; Geoffrey Hudson, 'Disabled Veterans and the State in Early Modern England', in *Disabled Veterans in History*, ed. David Gerber (Ann Arbor: University of Michigan Press, 2000), 117-44; Geoffrey Hudson, 'Arguing Disability: Ex-Servicemen's Own Stories in Early Modern England, 1590-1790', in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, eds. Roberta Bivins and John Pickstone (Basingstoke: Palgrave Macmillan, 2007), 104-117, 153-57; Innes, 'Domestic Face'; Andrew Mackillop, *More Fruitful than the Soil: Army, Empire and the Scottish Highlands, 1715-1815* (East Linton: Tuckwell, 2000), 89, 150-1, 163, 241, 246-7; Philip Mills, 'Privates on Parade: Soldiers, Medicine and the Treatment of Inguinal Hernia in Georgian England', in *British Military and Naval Medicine*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 149-82; Caroline Nielsen, 'Continuing to Serve: Representations of the Elderly Veteran Soldier in the late Eighteenth and early Nineteenth Centuries', in *Men After War*, eds. Stephen McVeigh and Nicola Cooper (London: Routledge, 2013), 18-35; Christine Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815* (New Haven, Connecticut: Yale University Press, 2000); Christine Stevenson, 'From Palace to Hut: The Architecture of Military and Naval Medicine', in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 227-52.

Chelsea Out-Pensioners and Invalids yet produced.²³ Exploiting original archival research, this thesis aims to address wider questions about the identities of the eighteenth-century Chelsea Out-Pensioners and the bureaucracy that maintained them.

All of the chapters in this thesis are focused around four key research themes which have not previously been addressed in the historiography of eighteenth-century Britain. This opening chapter will introduce these issues and contextualize them within the existing work on demobilization and its role in the development of the British fiscal-military state. It discusses the implications of recent scholarship about physical impairment in eighteenth century society and outlines the overall structure of the thesis. This introduction also contains an overview of the sources used within this study, cumulating in a detailed discussion of the origin, nature, and preservation levels of the Hospital's extensive archives for the period 1694 to circa 1840. The National Archives UK has produced several guides on the Hospital records, and on Army bureaucracy more generally. These remain primarily focused on biographical studies and genealogy.²⁴

The detailed source analysis in this survey is essential to understand the administrative practices and decision-making processes of the Hospital. The archive

²³ Parts of the Out-Pensioner records held at the National Archives UK have been digitized for family historians but the genealogical structure of these datasets limits their usage.

²⁴ For example, Liz Hore, 'Life After the Army: Chelsea Out-Pensioners in the Late Eighteenth Century', *Ancestors*, 12 (2003), 18-25; Liz Hore, 'Family or Country: Chelsea Out-Pensioners in the Late Eighteenth Century', *Ancestors*, 13 (2003); Many of the guides are now being supplemented by online finding aids. The most detailed finding aid was hosted on the TNA's sister site Your Archives, 'Commissioners of the Royal Hospitals, Chelsea and Kilmainham', February 1993, digitised 3rd September 2007, [http://yourarchives.nationalarchives.gov.uk/index.php?title=Commissioners_of_The_Royal_Hospitals_Chelsea_&_Kilmainham, last visited 14th September 2009]. It covered the period 1677 to 1916 and discussed the general scope of location of army pension and widows' records. This resource is no longer available publically but most of the information has been transferred into the TNA's Discovery catalogue and Subject Guides series.

itself is difficult to navigate in places. This is both a reflection of its size and the way it has been compiled over three centuries. Many of the earliest Hospital documents have been lost because the original papers were considered to be the private property of Hospital officeholders. The Hospital's introduction of printed Out-Pension certificates in the 1740s may have saved time for the clerical staff, but the poor quality of the paper meant that Out-Pensioners frequently lost or damaged them. Hospital staff also destroyed redundant paperwork to save space. It is hoped that this survey will assist other researchers in using the Hospital's archive to investigate historical attitudes towards demobilization, military service, and physical impairment.

1.2 Thesis Research Themes

Contemporary British and Irish veterans' history remains heavily focused on three distinct time periods: the English Civil War, and the First and Second World Wars. There is also a growing body of work on the Crimean, Afghan and Boer Wars of the nineteenth century, but academic interest remains largely focused on these conflicts' roles in the 'sanitary politics' of the time. There are a number of isolated studies of former soldiers from other times periods, such as medieval Crusaders and Elizabethan veterans.²⁵ In comparison, the discharged soldier of eighteenth-century Britain and Ireland are understudied, as are the processes of demobilization, discharge, and invaliding during this important period of British colonial expansion.

²⁵ Charles Carlton, *This Seat of Mars: War and the British Isles, 1488-1756* (New Haven Connecticut: Yale University Press, 2011); Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment during the High Middle Ages, c.1100-1400* (London: Routledge, 2006), 17; Philip Thomas, 'The Elizabethan Privy Council and Soldiers at York in a Time of War: Deserters, Vagrants and Crippled Ex-Servicemen', *York Historian*, 13 (1996), 15-24; David Lawrence, 'Reappraising the Elizabethan and Early Stuart Soldier: Recent Historiography of Early Modern English Military Culture', *History Compass*, 9, no. 1 (2011), 16-33; Mark Stoyale, 'Memories of the Maimed: The Testimony of Charles I's Former Soldiers, 1600-1730', *History*, 88, no. 290 (2003), 204-26.

This absence is a reflection of the methodological difficulties of studying demobilization. Former soldiers are difficult to locate in the historical record. Historians are reliant on former soldiers being identified as such by themselves or by their peers. This did not routinely happen, especially if a man settled outside of his place of nativity or marriage. The presence of former soldiers within a community was under-reported, especially in large urban populations. This under-reportage can be demonstrated using one of the most detailed sources for the London labouring poor, the Old Bailey and Middlesex sessional material. Of the thirty-seven former soldiers tried and capitally convicted at the Old Bailey between 1680 and 1750, thirty-one can be identified as former soldiers only because of the Ordinary's decision to include this information in his account of their deaths. Their previous occupations were not mentioned during their trials. Only six were identified as former soldiers by their own testimony or that of witnesses or victims. Much of this is a reflection of the composition of the Bailey records between 1690 and 1720, as eight out of the thirty-seven trials survive only in the records of the Ordinary. There is no corresponding trial account. Such difficulty of identification affects our ability to draw conclusions about the occupational histories of the vast majority of former soldiers. Fortunately, this situation is set to improve rapidly with the mass digitization of eighteenth-century urban and demographic records and the growing market for online genealogical databases. This development in database technology has also led to a recent renewal of interest in the Chelsea Out-Pensioner records, further necessitating the need for further academic study of these records.

While the war-maimed and military pensioners have remained marginal in Anglophone historical writings until very recently, there have been significant

developments in this field in French- and German-speaking academia.²⁶ One of the central themes to emerge from this work is the growing role of soldiers in national political and social discourses during the late eighteenth century. The creation of these political ‘veteran’ identities has been studied in relation to pension gender identities, contested national identities, and political participation.²⁷ The discharged soldiers’ complex literary image shifted over the course of the eighteenth century from that of a threatening marginal figure to that of a respectable archetype of nationalized masculine virtue. In the words of J. Whaley, the military pensioner gradually became ‘the archetype of the man devoted to his fatherland or nation’.²⁸ This supposed masculine devotion to the nation was instilled within the veteran to such an extent that it impacted on all aspects of his public and domestic private life.²⁹ The aging veteran was a marginal component of the idealized ‘*volk* family’ of nationalistic discourses in several European nation-states, as discussed by Karen Hagemann.³⁰ The *volk* family took on an especial potency at times of mass mobilization, although it was also a notable presence in debates on the role of population in agricultural and industrial development. The political situation of the 1780s and 1790s meant that this national family was distinctly

²⁶ See Natalie Petiteau, *Lendemain d’Empire: Les soldats de Napoléon dans la France du XIXe siècle* (Paris: La Boutique de L’Histoire, 2003); Natalie Petiteau, ‘Survivors of War: French Soldiers and Veterans of the Napoleonic Army’, in *Soldiers, Citizens and Civilians: Experiences and Perceptions of the Revolutionary and Napoleonic Wars 1790-1820*, eds. Alan Forrest, Karen Hageman and Jane Rendall (Basingstoke: Palgrave Macmillan, 2009), 43-58; Isser Woloch, *The French Veteran from the Revolution to the Restoration* (Chapel Hill: University of North Carolina Press, 1979); Isser Woloch, “‘A Sacred Debt’: Veterans and the State in Revolutionary and Napoleonic France”, in *Disabled Veterans in History*, ed. David Gerber (Ann Arbor: University of Michigan Press, 2000), 145-162; for German scholarship on Achim Hölter’s work on ‘kriegskruppel’ see J. Whaley, ‘Review: Achim Holter, *Die Invaliden. Die vergessene Geschichte der Kriegskruppel in der europäischen Literatur bis zum 19. Jahrhundert*’, *Modern Language Review*, 95, no. 1 (2000), 298.

²⁷ For example, Larry Logue, *To Appomattox and Beyond: The Civil War Soldier in War and Peace* (Chicago: Ivan R. Dee, 1996), chs. 5 and 8, 149-59.

²⁸ Whaley, “Review,” 298.

²⁹ *Ibid.*, 298-9.

³⁰ Karen Hagemann, ‘A Valorous Volk’, in *Gendered Nations: Nationalisms and Gender Order in the Nineteenth Century*, eds. Karen Hagemann, Ida Blom and Catherine Hall (Oxford: Berg, 2000), 193-256.

militarized in France, Prussia, and Britain.³¹ Most of this imagery focuses on the departing young citizen-soldier and his family. The soldier went to war as a demonstration of both his sense of patriotic obligation to his nation, and out of a sense of familial obligation to a father-figure who was often depicted at this moment. This departure could be the result of voluntary enlistment or forced conscription: either way, it was usually an aspect of masculine duty and obligation, either as a loyal son or to show one's attainment of full manhood. The father-figure could be the king, a religious figure or community leader, but more frequently his father or grandfather. More research needs to be done on the exact role of the veteran in *volk* family imagery. Emotional and physical war wounds became an integral part of this veteran-father identity. This imagery was particularly well developed for the nineteenth-century American veteran (including the retrospective constructions surrounding the Revolutionary-War survivors).³² While these nations shared this general cultural and artistic trend, the British context is understudied. Chapter 5 analyses the image of the British veteran and veteran-father.

French scholarship on Napoleon's discharged soldiers follows a distinctly demographic methodology, with an emphasis on the comparative experiences of volunteers and conscripted men who returned to their homes in politically and culturally distinct areas of France. The subsequent lives of these men are then reconstituted and compared to that of their neighbours. The social mobility of these men is an area of

³¹ Michael Hughes, 'Making Frenchmen into Warriors', in *French Masculinities: History, Culture and Politics*, eds. Christopher Forth and Bertrand Taithe (Basingstoke: Palgrave Macmillan, 2007), 51-6; Patricia Y. C. E. Lin, 'Caring for the Nation's Families: British Soldiers' and Sailors' Families and the State, 1793-1815', in *Soldiers, Citizens and Civilians: Experiences and Perceptions of the Revolutionary and Napoleonic Wars, 1790-1820*, eds. Alan Forrest, Karen Hagemann and Jane Rendall (London: Palgrave Macmillan, 2009), 99-117; Patricia Y. C. E. Lin, 'Citizenship, Military Families and the Creation of a New Definition of Deserving Poor in Britain, 1793-1815', *Social Politics*, 7 (2000), 5-46.

³² Gregory Knouff, 'Masculinity, Race and Citizenship: Soldiers' Memories of the American Revolution', in *Gender, War and Politics: Transatlantic Perspectives, 1775-1830* (London: Palgrave Macmillan, 2010), 325-43; Resch, *Suffering*.

intense interest. This methodology is particularly applicable to the study of small geographical areas. John Resch and Daniel Blackie have both recently used the same approach to analyse men discharged as disabled from the American Revolutionary Army.³³ An exception to this is the work of Isser Woloch, who analyses the impact of changing legislation and national identities within France's main residential facility for disabled soldiers, the *Hôtel des Invalides* in Paris.³⁴

The thesis is structured around four key research themes which have not yet been addressed in the existing historiography of eighteenth-century British fiscal-military state. It builds on the latest research into the European and North American experience of demobilization. The first research theme is one of identity and exclusivity. This thesis explores the identity of the Chelsea Out-Pensioners and their marginalized sister group, the Invalids. The Hospital records give enough biographical data on each applicant to make it possible to trace former soldiers after their discharge from the army, albeit to a limited extent. To investigate this theme a demographic profile of the applicant population between 1715 and 1795 will be presented. This analysis is supported by smaller profiles of two Invalid companies at Berwick and the Isles of Scilly. The size of these datasets facilitates an in-depth investigation into the role of age, physical impairment, nationality, and social status in the awarding of an army pension or Invalid place.

The theme of identity extends into the second area of research, that of the creation of an institutional language of impairment and disablement by the eighteenth-century army. This is intended as a contribution to the growing field of disability

³³ Daniel Blackie, 'Disabled Revolutionary War Veterans and the Construction of Disability in the Early United States, circa 1776–1840,' unpublished Ph.D thesis, University of Helsinki (2010); Resch, *Suffering Soldiers*.

³⁴ Woloch, *French Veteran*.

history. I utilize a social model of disability and impairment based on the work of Douglas Baynton, Anne Borsay, Helen Deutsch, Iain Hutchison, Geoffrey Hudson, Irina Metzler, Kevin Stagg, Felicity Nussbaum, Roy Porter, and David Turner.³⁵ A ‘disability’ is considered to be the product of culturally and historically contingent ideologies that surround the physical body and its perceived physical and mental abilities. It is dependent on one’s gender, race, socio-economic or cultural class, appearance, and perceived ability to correspond to a series of ‘naturalized’ and embodied cultural norms.³⁶ A person or group can become ‘disabled’ when their physical or mental impairments are judged to be unable to fulfil these norms. It examines the processes by which particular physical or mental conditions can become permanently embodied within an individual or a group of people, either because the individual was born ‘disabled’ or they have lived through an event that has permanently changed their personal and social identity. These identity-changing events could be sudden and unexpected. Some, including the Chelsea Pensioners, found their identities affected by sudden or unexpected events, such as the onset of an epidemic disease or a wounding during a military campaign. Other changes were expected and considered normal. As Irina Metzler and Margaret Pelling have highlighted, any historical survey

³⁵ Douglas Baynton, ‘Disability and the Justification of Inequality in American History’, in *Race, Class, and Gender in the United States: An Integrated Study*, 8th edition, ed. Paula Rothenberg (New York: Worth Publishers, 2010), 92-102; Douglas Baynton, ‘Disability in History’, *Disability Studies Quarterly*, 28, no. 3 (2008) online edition; Anne Borsay, *Medicine and Charity in Georgian Bath: A Social History of the General Infirmary c.1739-1830* (Aldershot: Ashgate, 1999); Anne Borsay, *Disability and Social Policy in Britain since 1750: A History of Exclusion* (Basingstoke: Palgrave Macmillan, 2005); Iain Hutchison, ‘Disability in Nineteenth-Century Scotland: The Case of Marion Brown’, *University of Sussex Journal of Contemporary History*, 5 (2002), online journal; Iain Hutchison, *A History of Disability in Nineteenth-Century Scotland* (Lewiston, Lampeter: Edwin Mellen Press, 2007); Iain Hutchison, ‘Oralism: A Sign of the Times? The Contest for Deaf Communication in Education Provision in Late Nineteenth-century Scotland’, *European Review of History*, 14, no. 4 (2007), 481-501; Hudson, ‘Arguing’, 105-117; Kevin Stagg and David Turner (eds.), *Social Histories of Disability and Deformity: Bodies, Images and Experiences* (London: Routledge, 2006); Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment during the High Middle Ages* (London: Routledge, 2006); Felicity Nussbaum and Helen Deutsch (eds.), *Defects: Engendering the Modern Body* (Michigan: University of Michigan Press, 2000); David Turner, *Disability in Eighteenth-Century England: Imagining Physical Impairment* (London: Routledge, 2012); David Turner, ‘Disability and Crime in Eighteenth-Century England: Physical Impairment at the Old Bailey’, *Cultural and Social History*, 9, no. 1 (2012), 47-64.

³⁶ Baynton, ‘Disability’, online edition; Turner, *Disability*, 9, 21-2, 26-32.

of disability has to incorporate an extended discussion of the experiences of the elderly and of wider understanding of the aging body.³⁷ For many during the early modern period, aging brought with it broad expectations of a gradual decline into a variety of mild or moderate infirmities and reduced circumstances, facilitating a need to adapt to one's living arrangements.³⁸ This was accelerated if the individual was viewed to have slipped into any form of 'dotage', ranging from severe bodily infirmity or age-related dementia.³⁹ An 'aged' body was not necessarily a reflection of one's chronological age during the eighteenth-century. It could reflect the physical strain of employment or illness, thus making the impairment expected and normalized. This construction of disability was often not based on solely an individual's specific case but on abstract notions of their body as part of a gendered and class-specific collective (for example, physically disabled old women, male physically disabled soldiers, male disabled beggars, disabled poor children, disabled elite children.) Many individuals suffered because of these mass stereotypes and groupings. Disability history interrogates these cultural models and examines the daily socio-economic experiences of disabled men and women through individual case studies or through the study of groups.

This thesis also explores the boundaries of the language of disablement through the prism of one military institution over the course of a century. In doing so, it expands on the compelling work of Geoffrey Hudson, who has produced several articles on

³⁷ Metzler, *Disability*, 6; Margaret Pelling, 'Old Age, Poverty, and Disability in Early Modern Norwich: Work, Remarriage, and other Expedients', in *Life, Death, and the Elderly: Historical Perspectives*, eds. Margaret Pelling and Richard Smith (London: Routledge, 1991), 74-101.

³⁸ The exact nature of this decline was entirely relative, dependent on the social status of the individual, their previous occupations and their family situations, Susannah Ottaway, *The Decline of Life: Old Age in Eighteenth-Century England* (Cambridge: Cambridge University Press, 2004), 16-64, 67, 69, 98-116, 178-80; Pelling, 'Old Age', 62-84; Richard Smith, 'Ageing and Well-being in Early Modern England: Pension Trends and Gender Preferences under the English Poor Law, c.1650-1800', in *Old Age from Antiquity to Post-Modernity*, eds Paul Johnson and Pat Thane (London: Routledge, 1998), 4-95.

³⁹ Roy Porter, 'Dementia: Social Section Part I', in *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders*, eds. German Berrios and Roy Porter (London: Athlone, 1995), 53-4; Ottaway, *Decline of Life*, 24, 27-8, 100.

Chelsea.⁴⁰ His work is essentially comparative, and focuses on the first thirty years of the Chelsea Out-Pensions. His article ‘Arguing Disability: Ex-Servicemen’s Own Stories in Early Modern England’ centralizes the disabled soldier in the process of applying for an army pension. He approached the Hospital’s central Admissions Book as a source of patient narratives and pauper petitions. Hudson was the first to highlight how the Hospital’s compulsory examinations of its applicants offered men the opportunity to utilize established petitioning strategies to legitimizing their claim to a pension. He demonstrates how applicants to both Chelsea and its predecessor, the county pension scheme, structured their accounts with lengthy narratives of their physical hardships in service (and in some cases that of their wider family during and after the conflict). In doing so, Hudson outlines the changing physiological and moral criteria used to determine eligible for a military pension in England over the course of the seventeenth and early eighteenth centuries.⁴¹

This study develops Hudson’s insights to consider the relationships between officers, would-be Out-Pensioners and Hospital staff. It exploits a far larger dataset of applicants in order to build an understanding of how army officers defined acceptable levels of fitness and infirmity amongst its soldiers between 1715 and 1795. The differences between Hudson’s interpretation of the disabilities listed in WO116 and my own will be discussed in Chapter 4. This study particularly focuses on the endorsement of officers’ perceptions of military disability by the Hospital through the award of a pension or Invalid place. The role of the armed forces in developing and reinforcing its contemporaries’ attitudes towards physical impairment has been noted elsewhere.⁴²

⁴⁰ Hudson, ‘Arguing’, 105-17; Hudson, ‘Disabled Veterans’, 117-44.

⁴¹ Hudson, ‘Arguing’, 105-17; Hudson, ‘Disabled Veterans’, 117-44.

⁴² For example, Julie Anderson, *War, Disability and Rehabilitation in Britain: Soul of a Nation* (Manchester: Manchester University Press, 2011); Joanna Bourke, *Dismembering the Male: Men’s*

Disabled servicemen were viewed as a distinct group with symbolic importance to the seventeenth and eighteenth-century British nation-state.⁴³ Becoming ‘disabled’ in the seventeenth century was an honorific gendered term with direct connotations of sacrifice and deserving status.⁴⁴ ‘Disabled’ was elastic enough to refer simultaneously to the tragic loss of youth, vitality, and bodily strength through long service.⁴⁵ Being ‘maimed’ or ‘broken by war’ carried similar undertones of both emotional and physical loss but was primarily focused on the tragedy endured by very young adult men. Interestingly, ‘maimed’ was not a term frequently used by the Hospital. By the early eighteenth century, the term ‘disabled’ had developed a meaning relating to the loss of natural power and function, but still carried the connotations of sacrifice within eighteenth-century culture. Although the term was later expanded to refer to all deserving members of the impotent poor who had lost their age or strength, the military origins of the physically disabled soldier’s injuries both increased their cultural visibility and identification while limiting contemporary perceptions of precisely what forms their impairments might take.⁴⁶ This was especially true of literature. A man’s chronological age was still relevant, but emotional and physical wounding gradually became the leading cultural signifiers of the ‘real’ disabled soldier, truly deserving of a

Bodies, Britain and the Great War (London: Reaktion, 1999); the contributors to David Gerber (ed.), *Disabled Veterans in History* (Ann Arbor: University of Michigan Press, 2000); the contributors to Stephen McVeigh, Nicola Cooper (eds.), *Men After War* (London: Routledge, 2013); Turner, *Disability*, 9, 19, 31, 68, 71, 77, 83, 137, 148.

⁴³ Hudson, ‘Disabled’, 117-145; Roger Cooter, ‘The Disabled Body’, in *Companion to Medicine in the Twentieth Century*, ed. Roger Cooter (London: Routledge, 2003), 370; John Resch, *Revolutionary*; Simon Parkes, ‘Cultural Transfer, Wartime Anxiety and the Lenore Translations of 1796’, *Romanticism*, 17, no. 2 (2011), 175-85; also see footnotes 22, 25, 26; Simon Parkes, ‘“More Dead than Alive”: The Return of Not-Orlando in Charlotte Smith’s *The Old Manor House*’, *European Romantic Review*, 22 (2011), 765-84; Simon Parkes, ‘Wooden Legs and Tales of Sorrow Done: The Literary Broken Soldier of the late Eighteenth-Century’, *Eighteenth-Century Studies*, 36, no. 2 (2013), 191-207; Paul Seaward, *The Cavalier Parliament and the Reconstruction of the Old Regime, 1661-67* (Cambridge: Cambridge University Press, 1989), 208-9, 211-13; Paul Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988), 103, 129-30, 151; Turner, *Disability*, 21, 73-77. I am grateful to Dr Parkes for allowing me to see a draft of ‘Wooden Legs’ prior to publication.

⁴⁴ Turner, *Disability*, 21.

⁴⁵ *Ibid.*, 21, 31.

⁴⁶ *Ibid.*, 21, 31, 74-6.

Chelsea Out-Pension. This cultural image however was at odds with the Hospital's pensioning of men.

The definition of complete disability was, of course, dependent on the manpower needs of the time. The longitudinal studies of Roderick Floud, Kenneth Wachter, Annabel Gregory and Leonard Schwarz have all noted that the outbreak of war led to the temporary retention of middle-aged weaker convalescent men who would otherwise have been discharged until a time when their regiment could be assured that they could replace them with a younger healthier man, or convinced that the man's continued presence was too costly in terms of medical care.⁴⁷ The Hospital's pension records offer a glimpse into the mind-set behind the identification of undesirable physical conditions irreconcilable with military officers' understandings of acceptable levels of chronic complaints amongst its men. The army assumed that many of its men would be unwell or undergoing treatment for a chronic condition at any one time. With the exception of mental disorder and total blindness, there was no one condition that would *automatically* lead to a man to be defined with the label of permanently 'disabled' from military service. This thesis is therefore a highly contextualized survey of how the army itself assigned men with this special 'disabled' status.

The third research theme is the relationship of the Hospital's pensions to other forms of contemporary charitable relief for the aging and infirm. This follows on from the wider questions about the identity and identification of suitable candidates for the Out-Pensions and Invalids. This thesis builds on recent studies to explore the influence of war on eighteenth- and nineteenth-century domestic policy through one of its most

⁴⁷ Leonard Schwarz, *London in the Age of Industrialisation: Entrepreneurs, Labour Force and Living Conditions, 1700-1850* (Cambridge: Cambridge University Press, 1992), 2003 edition), 96, 99-101, 228.

important institutions. The Hospital was one of only three permanent state responses to the domestic problems caused by the creation of the fiscal-military state.⁴⁸ The other corresponding state responses were Chelsea Hospital's two spiritual sister institutions; the Royal Naval Hospital at Greenwich and the growing 'half-pay' lists for retired, aging, or sickly commissioned officers. Other smaller scale or temporary charitable measures were adopted by the army at different times during the long eighteenth century, all of which were designed to conserve manpower and mitigate the social upheavals caused by military service. None were as prominent as the pensions offered by the Royal Hospitals of Chelsea and Greenwich, nor were they as financially generous. Despite their unique cultural status, the Out-Pensioners have always been somewhat marginal in studies of eighteenth-century and nineteenth-century war and society. This is partly because their contemporaries regarded them as an exclusive and well-maintained group. The Out-Pension provided these men and their families with a fixed annual income and, in the view of parish authorities, a seizable asset. This income was considerably higher than many of the weekly parish pensions paid to their civilian contemporaries. Contemporaries instead worried about the criminal tendencies of their unpensioned counterparts.⁴⁹ This thesis addresses this historiography marginality through an analysis of the pension as an asset.

⁴⁸ Innes, 'Domestic Face', 96.

⁴⁹ John Childs, 'War, Crime Waves and the English Army in the Late Seventeenth Century', *War & Society*, 15, no. 2 (1997), 1-17; Douglas Hay, 'War, Dearth and Theft in the Eighteenth Century: The Record of the English Courts', *Past & Present*, 95 (1982), 117-60; Jennine Hurl-Eamon, 'Insights into Plebeian Marriage: Soldiers, Sailors, and their Wives in the Old Bailey Proceedings', *London Journal*, 30, no. 1 (2005), 22-38; Jessica Warner and Allyson Lunny, 'Martial Violence in a Martial Town: Husbands and Wives in Early Modern Portsmouth, 1653-1781', *Journal of Family History*, 28, no. 258 (2003), 275-76; Jessica Warner, Gerhard Gmel, Kathryn Graham and Bonnie Erickson, 'A Time-Series Analysis of War and Levels of Interpersonal Violence in an English Military Town, 1700-1781', *Social Science History*, 31, no. 4 (2007), 575-602; Anna Clark, *Women's Silence, Men's Violence: Sexual Assault in England, 1770-1845* (London: Pandora, 1987), 137; Elizabeth Foyster, *Martial Violence: An English Family History, 1660-1857* (Cambridge: Cambridge University Press, 2005), 5-6.

The fourth research theme is one of scale. The Hospital efficiently administered an international pension system for over two centuries under the direct supervision of a very small number of government ministers and military officers. These Hospital officials examined thousands of new applicants every year while simultaneously managing the pensions of the thousands they had already admitted years before. Between 1703 and 1848, the Hospital paid regular pensions throughout the British Isles without any major financial breakdown irrespective of the huge financial or military pressures on it. From 1754 onwards, the system adapted to allow every pensioner to be paid six months in advance. Over subsequent generations, this system gradually expanded to pay men living in Germany, Gibraltar, British America, India, and Australia. In addition, the Hospital entirely oversaw the manning and maintenance of its Invalid companies and their later counterparts, the Royal Veteran battalions.⁵⁰ In 1791 there were 7,175 men enrolled as Invalids independent to the traditional Out-Pensioners.⁵¹ The Hospital not only showed its benevolence from pensions and subsidized places, it offered medical care to a small number of applicants in the form of bandages and supports, not all of which appears to have been sanctioned officially.⁵² The Hospital sponsored some applicants' entrance into charitable infirmaries, like St Thomas', the Lock venereal hospital, Bethlem (Bedlam) madhouse, Sir Jonathan Miles' private madhouse in Hoxton, and the Bath General Infirmary for rheumatism.⁵³ Bedlam

⁵⁰ Mann, *The Veterans*, 176.

⁵¹ *Ibid.*, 108.

⁵² WO245/29, Surgeons' Bills, 25th December 1789 to 16th March 1790; WO 245/30, 17th March 1790 to 24th March 1790; WO 245/31 Surgeons' Bills, 25th March 1790 to 24th June 1790; WO245/32, Surgeons' Bills, 25th June 1790 to 24th September 1790; WO 245/33, Surgeons' Bills, 25th September 1790 to 24th December 1790; WO 245/34 Surgeons' Bills, 25th June 1795 to 24th September 1795; WO 245/35 Surgeons' Bills, 25th September 1795 to 24th December 1795; WO245/36, Deputy Surgeon Robert Adair to Commissioners and Dr Moseley; WO116/1, Examination of Charles Kerr, 3rd Regiment of Guards, 30th July 1725; WO116/2, Examination of James Clerk, 21st Foot, 10th August 1727; WO 116/3, Examination of Henry Knight, Howard's Regiment, 1st November 1737; WO116/3, Examination of Robert Parker, 62nd Foot, 18th August 1741.

⁵³ WO116/2, Examination of Peter Bernice, 3rd Regiment of Guards, 8th November 1728; WO116/3, Examination of John Evans, Cornwallis Marines, 5th August 1742; WO116/5, Examination of Alexander

and Sir Jonathan Miles' madhouse in Hoxton held War Office and Admiralty contracts for the lodging and treatment of military lunatics from the 1750s onwards.⁵⁴ Chelsea Pensioner lunatics were supported by the Hospital until they recovered or died, which could be years later.⁵⁵ It is likely that these are only a small fraction of the medical petitions the Hospital received. The extent of the Hospital's involvement with some of the largest medical charities in eighteenth-century London further demonstrates the need for an in-depth analysis of its pensions. This will allow historians to examine how the Out-Pensioners were seen, how they wrote about themselves, and move beyond the traditional institutional history of the Royal Hospital as the residential home for a small number of pensioners.

1.3 The Chelsea Archive

The primary sources for this thesis are the administrative records of the Royal Hospital, most of which have been deposited in the National Archives of the United Kingdom. Manuscripts relating to the first twenty years of the Hospital are held in the British Library. Additional sources such as official histories of the Hospital, and soldiers' memoirs have also been used. For clarity, I have divided the archive and the sources used in the production of this thesis into seven categories. These are; Board papers, Out-Pensioner documentation, In-Pensioners, the Royal Hospital of Kilmainham, official histories and finally, soldiers' memoirs and autobiographies.

Matheson, 51st Foot, 9th September 1760; WO116/6, Examination of Thos Musket, 36 Foot, 26th July 1773; WO116/6, Examination of Daniel Flint, 36 Foot, 26th July 1773; WO250/462, Hospital Journal, 23rd April 1781.

⁵⁴ The first Out-Pensioner in Bedlam listed was Thomas Dean, WO116/1, Examination of Thomas Dean, 2nd Regiment of Guards, 31st October 1727; the first reference of the payment of a pension to Bedlam is WO259/459, Hospital Journal, 7th October 1748; the formalized contracts can be found in WO245/121, Lunatics in Bethlem Hospital Expense Accounts; the contracts and the regime for military lunatics is discussed in *First report: minutes of evidence taken before the select committee appointed to consider of provision being made for the better regulation of madhouses, in England* (London: 1816), 59-62, 65-76.

⁵⁵ WO245/121.

The level of preservation of Chelsea's paperwork varies considerably over these seven categories. The Hospital printed many of its valuable Pensioner certificates, attestation documents and travel passes onto very poor-quality paper, particularly after 1810. As the Out-Pensioners were expected to travel with and produce these documents regularly, it is not surprising that they fell apart. Fortunately, much of the surviving series of centrally-held certificates (WO96, WO97) and the Admission Books (WO116) were microfilmed in the 1960s saving them from further damage. Much of the administrative paper work, Board Minutes and notes, warrants, contracts, and accounts have survived. Records relating to the Hospital's grounds and estate management have survived surprisingly well, a testament to the continued royal and governmental interest in maintaining the most visible parts of the Hospital as a public statement of Crown benevolence and national wealth. This type of financial information was often kept in duplicate, transcribed onto high-quality linen-based paper and kept in heavy leather volumes. This did not prevent their exposure to damp, which has since damaged large sections of the Board Minutes from the 1790s and their accompanying pensioners' letters.

Parts of this archive have been recently digitized for family historians. At the time of writing, digitization remained focused on two forms of document: the Out-Pensioners attestation papers and their regimental certificates from 1760 to 1914. These have been made available through subscription family history websites, although the search capacity of these databases remains limited to named individuals only. Searches using only Boolean terms or by region, regiment or occupation were not available at the time of writing.

1.3.1 Board Papers

The Hospital was governed by a committee of men known as the Lords and Commissioners of the Affairs of Chelsea Hospital. They were often referred to as ‘the Board’. These are, in order of preservation: the Journals (WO250/459-69), the Board working notebook (WO250/470), the Board minutes (WO250/479 onwards) and the Board papers (WO 250/5-11 and WO180/1-60).⁵⁶ The Journals were the Hospital’s main reference work compiled from the individual bundles of Board minutes. The exact date of compilation is unknown. The Commissioners did not keep detailed surviving minutes of their meetings. Instead, the agendas and final decisions and rulings of the Board were recorded in a rough notebook (WO250/470) and then transcribed into the Hospital Journals. The Journals are annotated throughout in pencil. These pencil notes were probably late nineteenth or early twentieth-century additions. The handwriting is in a different style to the rest of the Board literature. The cross-referencing is not what would be expected if it was undertaken for the Hospital’s own clerical purposes. The annotator did cross-reference several of the Board’s most important rulings but skipped others in favour of more minor points about the staff. The annotator may have been trying to compile information for an early history of the Hospital.

The Board minutes are bundles of some of the letters received by the Board with the Secretary’s brief abstracts written on the outside. The bundles mostly contain War Office and officers’ letters dating from 1789. The Board papers are the most interesting of all of the surviving Board documents. These contain the same War Office documents and officers’ letters found in the minutes, but also contains soldiers’ own letters

⁵⁶ TNA refers to WO250/470 as ‘Board Minutes’.

alongside that of their patrons. This makes it possible to investigate the way in which Out-Pensioners approached sponsors. These letters date from the 1796 to the mid-1820s. Unfortunately the majority of these bundles have been severely damaged by mould and most of the later correspondence has already been completely destroyed.

The Hospital letter books have also survived (WO246/92-4). These contain transcribed correspondence between the Hospital Secretary and the offices of state, regimental agents, Out-Pensioners, and their patrons. The letters range from formal memoranda to the gossipy personal letters of the Secretary Kingsmill Eyre (circa 1683-1743, appointed August 1715).⁵⁷ Eyre combined his work at the Hospital with his work as an independent regimental agent for the Invalid companies. Some of his private business correspondence thus became mixed with the formal hospital letters, a common occurrence amongst eighteenth-century office-holders.⁵⁸ Eyre's personal letters are the only surviving account of divergent attitudes amongst the different Board members. He candidly recorded their, and his, thoughts about the pretensions of different officers and applicants when applying for pensions.

The financial business of the Hospital was the subject of much controversy, largely because it was under the direct control of the Paymaster General, a politically sensitive position. This meant that the Hospital's expenditure was annually scrutinized in Parliament. Several formal enquiries into Chelsea were instituted by the Committees for Public Accounts (1691-2 and 1790s onwards) and the Select Committees on

⁵⁷ Dean, *RH*, 313; Hutt, *PI*, 316.

⁵⁸ For example, Mark Thomson, *The Secretaries of State, 1681-1782* (Oxford: Clarendon, 1932), 97-9, 144.

Finance.⁵⁹ This parliamentary scrutiny meant that multiple copies of Chelsea's accounts were compiled and regularly sent to different department of state. After becoming embroiled in a series of financial scandals between 1691 and 1714, the Board felt the need to give Parliament unusually specific documents. Rounded sums were thought to 'have a bad appearance' and have repercussions for the Commissioners.⁶⁰ The Commissioners of Military Enquiry scrutinized the Hospital in 1816 as part of wider investigation into Army bureaucracy and expenditure.⁶¹ Not all of the financial records have survived though. A Parliamentary inventory of these accounts in 1829 highlights the scale of these financial records, and reinforces exactly how many financial files have not survived.⁶² The eighteenth-century hospital's financial accounts were intensely studied by George Hutt in 1872 and more recently by William Henry Beveridge.⁶³

Ironically, the only financial records of the Hospital that have not survived are the records of the payments to individual Out-Pensioners. The payment of the Out-Pensions was the fundamental role of the Hospital's Pay Office, however only two early cashbooks have survived covering the years 1715 to 1716.⁶⁴ The absence of these records is unusual. It almost certainly relates to the way in which the Out-Pensions were paid. Prior to 1754, the Out-Pensioners were paid at the Hospital Pay office in London. Pensions were paid in arrears with most Out-Pensioners waiting one to two years before

⁵⁹ *Nineteenth Report from the Select Committee on Finance & etc.: Secretary at War, Comptrollers of Army Accounts, and Paymaster-General* (London: 1797); *Report of the Thirty-Fourth Report from the Select Committee on Finance etc: Chatham Chest, Greenwich Hospital, and Chelsea Hospital* (London: 1798).

⁶⁰ WO250/463, Hospital Journal, 2nd February 1784.

⁶¹ *The Nineteenth Report of the Commissioners of Military Enquiry* (London: 1812).

⁶² *Report of the Commissioners appointed to inquire into and to state the mode of keeping the official accounts in the principal departments connected with receipts and expenditure for the Public Service* (London: 1829), 276-7.

⁶³ William Beveridge, *Prices and Wages in England from the Twelfth to the Nineteenth Century: vol. 1 Price Tables: Mercantile Era* (London: Longmans, Green & Co., 1939) 245, 301-13. Beveridge's report also compares Greenwich Hospital's accounts. He focuses on the residential costs of the In-Pensioners of both institutions, although he does include the furlough money given to Greenwich pensioners (but not Chelsea pensioners).

⁶⁴ WO245/1, Out-Pensioner Cash Book, 1715-18.

their payments were authorized. Many instead commuted their pensions or relied on fee-charging ‘agents’ or moneylenders. This practice was made illegal in 1754 and responsibility for paying the Out-Pensioners was diverted to the Collectors of Excise working under the authority of the Agent for the Out-Pensioners of Chelsea Hospital.⁶⁵ Lists of Out-Pensioners were transmitted to Collectors, who then paid all of the men in their area of responsibility. The absence of these records in national and local archives suggests that they were centrally collected by the Agent or by the Excise, only to be destroyed on mass at a later date.

1.3.2 Out-Pensioner Documentation

The main biographical source for the Chelsea Pensioners is the Hospital’s Admission Books (WO116). These books were large bound volumes compiled by the Hospital clerks for two reasons. Initially they acted as a register of all men who attended, or were expected, at each individual Board Examination day. The books were then used as a record of the Pensioners. They contain detailed biographical information on both the Out-Pensioners and the In-Pensioners up to their date of admission into Chelsea’s residential wards. Extra information on applications was added in the margins as exemplified in Figures 1.2 and 1.3. The men were listed in the Admission Book first by the seniority of their regiment and then by their personal status, the normal format for military documents from this time. Clerks did occasionally make mistakes in this regard, and sometimes names were deliberately inserted in unusual places. It is not certain if men subsequently were called into the Board in this order but it is a reasonable conclusion given the structure of the entries, and the importance attributed to rank and seniority within the army.

⁶⁵ Section 3.3 and 3.4; Hutt, *PI*, 45-6.

were re-examined and entered into the new book. The earliest entries can be quite meticulous, describing both the man and the way in which he injured himself. James Wooding ‘complains of Rheumatizm born att yearly [Yardley] Chase Northamptonshire was a sawyer when took on which was St Georges day & Stabb under ye left nostril by a Bayonnett’.⁶⁷ Thomas Taylor was ‘quite Deaf by a great Cold he says he hath been miraculously preserved being one of seven of a whole Comp[any] that was lost born att Reading cut ye right of his forehead, bound himself to a weaver’.⁶⁸ Neill McDonald of McCartney’s Regiment was ‘a low man thin fac’t a Scar on pitt of ye Small pox on his left cheek Stab’d with a Bayonnet on the left Shoulder att Dunbalin [Dunblane? Dundalin?] & cutt on ye forehead’.⁶⁹ Some accounts discuss the man’s countenance as a way of measuring their health. The seven men described as ‘jolly’ between 1718 and 1728 were all either found fit for Invalid duty or refused a pension as they were considered fit.⁷⁰ Being ‘red-faced’ was also judged as an outward marker of health.⁷¹ Some descriptions can seem comical. Christine ‘Christian’ Davies (Mother Ross) was a ‘fat jelly chested woman’, a description which now seems somewhat contrary to her eleven successful years living as a male private soldier.⁷²

Descriptions were entirely dependent on the officer or surgeon authoring them: in 1784, four men from the 10th Dragoons were reported by the same officer as being ‘too heavy for a Light Drag’, the only time in 80 years of examination where this

⁶⁷ WO116/2, Examination of James Wooding, 1st Guards, 2nd December 1729.

⁶⁸ WO116/2 Examination of Thomas Taylor, Cardogan’s Regiment, 12th November 1729. Lost overboard at sea.

⁶⁹ WO116/1, Examination of Neill McDonald, McCartneys Regiment, 12th January 1719.

⁷⁰ WO116/1 Examination of John Bargeman, 21st April 1718; WO116/1, Examination of Thos Evans, Handesyde, 17th April 1719; WO116/2, Examination of Thos Collins, Groves, 28th April 1719; WO116/1, Examination of Wm Adam, Seymour’s, 28th April 1719; WO116/1, Examination of Thos Beard, 1st Guards, 23rd October 1723; WO116/1 Examination of Elias Boyneau, 3rd Troop of Horse Guards, 10th February 1726; WO116/1, Examination of Roger Hutton, 2nd Troop Grenadiers, 8th November 1728.

⁷¹ WO116/1, Examination of George Fisher, Royal Regiment of Horse, 7th June 1717.

⁷² WO116/1, Examination of Christian Davies, Stair’s Dragoons, 19th November 1717.

particular description was used. This description graphically demonstrates that a man's suitability for particular units could change drastically over time. Such descriptions were not written by surgeons, but by army officers. Surgeons only confirmed that the description was an accurate account of the man's wound, usually by signing the bottom of the officers' missive. Medical terminology is rare. Latin is only used for men with anal disorders (*fistula in ano*, *prolapsus in ano*).

The lack of medical terminology and the level of description in these earliest records are indicative of the function of these documents. The earliest descriptions were not necessarily giving the reason why a man was receiving a pension. These descriptions of a man's appearance, scars, and service history were being used to confirm a man's identity when he came to collect his pension at a later date. Surgeons were not usually present when a man was paid, just when he was admitted onto the lists. Pensions were paid by the clerks in the Hospital offices and so did not require a detailed account of a man's medical history.

The desire to construct detailed identifying accounts of the Out-Pensioners means that these earlier entries were not crammed in, like some of their later counterparts (Figures 1.1 and 1.2). This suggests that the early clerks either copied the descriptions of medical complaints, physical appearance and the outcomes of the examinations into the Book either during the Examination, or that they made rough notes and copied the descriptive information into the Book at a later date. The latter method was used to construct the Hospital's other reference texts, the Minutes of the Board of Commissioners. There is no obvious evidence that the same happened with the early Admission Book before the 1730s.

During the early 1730s, there is a more concerted effort to record the place of birth and previous occupations of the Pensioners. This meant that space became more of an issue from this period onwards as information on villages, counties and countries were added into the text. The clerks also lined the text, probably to make it easier to read and annotate if necessary. Gradually, the physical descriptions of the Pensioners became standardized. There is no reason to presume that the later Chelsea applicants listed in Figure 1.3 did not have as complex medical histories as their earlier counterparts in Figure 1.2, or that the clerks did not need the same level of description. However, the Out-Pensioner's descriptions were progressively shortened into one to four word statements. This then became the norm, and led to the creation of standardized descriptions and aetiologies for the different types of men they saw. For instance, 'worn out by Rheumatism', 'worn out by colds' or 'worn out by Fever' was increasingly replaced by vague 'worn out'.⁷³ By the 1780s, there was so much demand for the examinations that the clerks started precompiling the books by entering the regiments, ranks, names, reason for discharge and places of nativity from the certificates sent to the Hospital long before their examination. Only the outcome was noted later.

While these structural and administrative changes appear relatively minor, they are a major consideration when drawing conclusions about the process of invaliding, the nature of disability and the prevalence of chronic ill health among these men over a long time period. Firstly, it makes it harder to trace large numbers of Pensioners. These generic shorter entries jettisoned supplementary (yet important) information on the applicants such as records of their enlistment(s), their families' occupations, their

⁷³ On 'worn out' see Chapter 4.

officers and patrons, and in some cases the impact of severe health problems. John Naylor of the 16th Foot for example, found his ‘left side [was] desstroy’d by Colds in ye Trenches in ye High Lands of Scotland which has given [him] the dead palsie [so] that [he] can’t help himself.’⁷⁴ While not all early entries have such specific information, a substantial number do. If Naylor had been admitted thirty years later, he would have simply been described as having ‘dead palsie’. This removal of family, patron, and occupational information makes it more difficult to reconstruct the lives of Pensioners and their communities outside of London and the major Invalid garrison towns prior to 1796. More information is available on a small number of Pensioners who had to request further assistance from the Board, and whose letters have survived alongside their patrons from 1796 onwards.

The generic and homogenization of the entries also disguises the complex service history of some of these men. The early Admission Books are one of the few collated records to chart men’s movement between the Army, Navy, Marine services, and the dockyards and merchant shipping. While the majority of later eighteenth-century applicants only served in one regiment, this was not the case with many of their earlier counterparts.⁷⁵ For much of the eighteenth century, Chelsea was the preserve of the ‘career soldier’ or those with ‘multiple enlistments’ over a long period due to the insistence of more-or-less continuous twenty-year service. Chelsea did offer relief to those who had become chronically ill after only a short period of time in the army, although in practice, these men were at greater risk of refusal or subsequent dismissal

⁷⁴ WO116/2, Examination of John Naylor, 16th Foot, 3rd November 1727.

⁷⁵ John Cookson, ‘Regimental Worlds: Interpreting the Experience of British Soldiers during the Napoleonic Wars’, in *Soldiers, Citizens and Civilians: Experiences and Perceptions of the Revolutionary and Napoleonic Wars 1790-1820*, eds. Alan Forrest, Karen Hageman and Jane Rendall (Basingstoke: Palgrave Macmillan, 2009), 33, 41, fn. 46. Cookson estimated approximately 80% of applicants between 1802 and 1814 served in one regiment only.

than their longer-serving (and elder) counterparts. All branches of the Army were periodically subjected to reduction and disbandment during peacetime, albeit to varying degrees. It is not unreasonable to assume that many men did not enlist with an expectation of more than ten years' service or for one war; some actually ensured it by enlisting on contentious limited time contracts. It is well established that many used military and maritime service as an economic 'last resort', enlisting into an institution which promised them food, clothing, shelter and otherwise expensive surgical care and physic. For them, service was a rather disagreeable temporary period of their lives. Conversely, a large proportion of the eighteenth-century Chelsea In- and Out-Pensioners moved between different regiments and branches of the Army and Navy as well as through different 'civilian' employments. These transfers between regiments and services would often be the only way for a man to achieve twenty-years continuous service. This type of movement is extremely difficult to collate for large numbers of men before 1760. After 1760, some of the Pensioners' complex service histories can be traced using WO97. Once men were listed on the Admission Books, there was considerably more effort to record their subsequent movement through Invalid companies, Militia groups and independent armed companies. The Hospital was not as astute at recording their subsequent recruitment into 'non-army' force like merchant fleets, Ordnance or Navy.

The changing structure of the Admission Books is also important for another reason. The use of standardized non-specific medical terminology and physical descriptions meant that it is difficult to say for certain why an applicant was discharged from the army, or why he was subsequently admitted onto the Pension. The single one-word reason given in the later documents concealed much of the Pensioners' true state

of health and therefore disguises the interplay of other factors in his admittance to the pension lists. Without the precise dating and detail of wounds found in the earlier examinations, it becomes difficult to tell if some of the injuries described were long-standing infirmities judged severe enough to permanently prevent further service, or if they were simply an account of past health and physical appearance. In the latter case, a soldier may have been discharged because he was considered superannuated or supernumerary to the regiment's requirements. His injuries may have had nothing to do with it. Put simply, a man may have been listed as obtaining the Pension on account of a cut on his leg, but in reality have been discharged on account of his twenty-year service and his personal proximity to his former officers. In summary, this means that any longitudinal analysis of the role of individual illnesses, wounds or impairments in military discharge processes and army health can only ever be tentative at best. Unless it is explicitly stated in the text, it is difficult to draw concrete or systematic conclusions about the army's discharge practices for particular disabilities over time.

These standardized descriptions not only conceal the true state of health of the men, but can also influence our understanding of the admissions procedures and the Board's decision-making processes. This thesis will demonstrate that *at least* fifteen years-worth of service was the *most* important factor taken into consideration when a man applied for an Out-Pension. There were obvious exceptions where a disorder or wound had rendered a man completely unfit for any form of military service. Service history was crucially important in securing an Out-Pension. While the Commissioners did take some account of a man's service history, alternative services could be crucial in determining the Board's reaction to borderline, 'problem' or 'referred' cases where they judged the man had not served long enough to warrant an Out-Pension. Surviving letters

to the Board suggest that applicants were aware that lengthy and complicated service history was important. These were the cases that the Board set precedents with, or ignored their previous precedents in favour of.

In addition to the Admission Book, the Hospital was supposed to keep a number of separate records on each Pensioner. The following records were all supposed to kept on each Out-Pensioner: all handwritten or printed certificates of his 'regular' discharge from all of the regiments the Pensioner had served in; at least one handwritten letter of recommendation for the Pension from his former commanding officer with a signature from his general or captain, preferably with a detailed corroborative account of his service history; confirmation from the regimental or infirmary surgeon that he had reached a level of infirmity or age which prevented him from taking part in the majority of regimental activities; the outcome of his examination by the Board; any subsequent letters of complaint, enquiry or recommendation from any officers, parish vestries, overseers or guardians of the poor or other 'Person of Quality'; a list of which Excise and recruiting district the man lived in. After 1719, this information had to be sent once every 6 months.⁷⁶ The majority of these documents were kept in the Secretary's Office, with some duplicate copies passing onto the War Office, individual regimental Agents, and to the Office of the Agent of the Out-Pensioners.

Individual Out-Pensioners and their families can be located using parish records such as poor relief records, workhouse records, removal orders, Quarter Sessions and in newspaper reports. This unfortunately creates an urban emphasis. It is more difficult to trace those who did not fall into financial hardship or into crime. The nineteenth-century

⁷⁶ WO250/459, 23rd February 1719.

census records do offer more information on Pensioners residing in rural communities, but this again is reliant on knowledge of the Pensioners' residences.⁷⁷

1.3.3 In-Pensioners

In-Pensioners are fundamentally easier to trace than their Out-Pensioner counterparts. In-Pensioners were subjected to regular musters, far more so even than the yearly Commissary-General warrants suggest. Their ward numbers and their companies are listed in WO23/127-28, alongside the names of the Hospital nurses. These documents also include their requests for transfers (usually replicated in the Board Minutes) and in later entries their dates of admission, departure, and deaths. A small number of In-Pensioner probate records also survive, including some detailing the relationships that existed between the In-Pensioners.⁷⁸

Despite the survival of some of its paperwork, much of the paperwork about the daily running of the Hospital and the minutiae of the In-Pensioners' lives has been lost. The In-Pensioners spent most of their time under the direct supervision of the Hospital's military officers, whose records have not survived. The Board papers suggest that these men often dealt directly with the Governor, Lieutenant Governor and the Adjutant of the Hospital. Two of the Hospital's 'official' histories written before 1950 mention the existence of 'the Adjutant's Book', which must have contained the records of staff and Pensioner misdemeanours, dismissals, and arrivals. At the time of writing, there is no record of what has happened to this document. It is not held in any of the repositories

⁷⁷ The inclusion of Out-Pensioners in dependent or unoccupied categories in census materials is exemplified in B. Mitchell, *British Historical Statistics* (Cambridge: Cambridge University Press, 1988), 59.

⁷⁸ For example, TNA PROB 37/8, Ann Maria Morris vs Walter, 1812; PROB 11/905/301, will of John Ward, 24th January 1765; PROB 11/692/266, will of Robert Cox, 13th November 1738; PROB 11/1290/102, will of Charles Davidson, 11th May 1797; PROB 11/1450/168, will of William Clark, 20th October 1806.

with an interest in the Hospital's internal governance. Similarly, the daily records of the attending Surgeons and the Housekeeper have not survived.⁷⁹ The loss of these two sources is extremely regrettable. It means that we can only reconstruct a basic account of the medical experience of the In-Pensioners from the infrequent and distant proceedings of the Board. The 'House-Keeper and Matron' is probably the most neglected officer in the institutional history of the Hospital. The appointment of the housekeeper was an act of benevolent patronage, in a similar manner to the appointment of soldiers' widows as nursing matrons.⁸⁰ On a salary of £30 per annum with a deputy and rooms in the Hospital, she had a supervisory role over all infirmary patients, all nurses, and cleaning staff. She kept an account book, and listed repairs and damages to the valuable linen. While subordinate to both the Comptroller and the Physician and Surgeons, she clearly had authority in her own right and would petition against medical staff at the Hospital if she thought it necessary.

1.3.4 The Royal Hospital of King Charles II, Kilmainham

Regiments raised on the Irish Establishment received their pensions from a separate body.⁸¹ This was the Royal Hospital of King Charles II, more commonly referred to simply as 'Kilmainham'.⁸² Kilmainham Hospital was the forerunner of Chelsea

⁷⁹ Some isolated copies of the Surgeon's accounts have survived in WO245/30.

⁸⁰ For example, the 1686 petition of Ann Acton, Dean, *RH*, 97. The housekeeper was not solely an act of charity towards widows. The influential Graham family arranged the appointment of John Thornhill as Housekeeper in 1753. It does not appear to have been a very practical arrangement and a woman named Mary Sutton was simultaneously employed to manage the nurses. He was removed from post in 1754. Dean, *RH*, 221; WO250/462, 14th June 1754.

⁸¹ On the English and Irish Establishments circa 1680 to 1780 see John Brewer, *The Sinews of Power: War, Money and the English State 1688-1783* (London: Routledge, 1989), 29-34; H. C. G. Rogers, *The British Army of the Eighteenth Century* (London: George Allen and Unwin, 1977), 18-31; on the structure of the Army during the Napoleonic wars see Kevin Linch, "The recruitment of the British Army 1807-1815," unpublished Ph.D thesis, University of Leeds (2001).

⁸² On Kilmainham, see R. A. 'Royal Hospital Kilmainham', *The Dublin Penny Journal*, 2, no. 89 (1834), 289-90; Vivien Igoe and Frederick O'Dwyer, 'Early Views of the Royal Hospital, Kilmainham', *GPA: Irish Arts Review Yearbook*, (1988), 78-88.

Hospital. Founded in 1679, it was designed to house those found to be unfit during the ‘Grand Purgation’ of the Irish Army (1677).⁸³ These men were a concern as they,

...having honestly served the King from the time of their Youth, and being arrived to old Age, which render’d them uncapable of further Service...they cou’d not properly be continu’d any longer in the same; and they by their constant Service therein, having neglected all other Ways of procuring a Livelihood by Arts or Trades, must of necessity starve, if dismiss.⁸⁴

The two Royal Hospitals had much in common. They were both designed as sites of royal display and military authority, as well as being a locus of medical examination and military invalid discharge. They were both funded by a mixture of parliamentary grants, poundage deductions, and a tax on the sale of commissions. Kilmainham’s ‘Board of Governors’ was made up of Crown-appointed ministers and senior staff officers. The most senior was the Lord-Lieutenant of Ireland. As with Chelsea, staff appointments and pensions were treated as their property and used as a source of patronage. This led to considerable unease during the reign of James II, when it was felt that large numbers of Roman Catholics were being appointed to key positions within the English and Irish armies. Members of the Protestant Ascendancy were especially critical of this at Kilmainham, where the senior positions were viewed to be sinecures and rewards for long military service.⁸⁵ The writer Thomas Wilson accused Richard Talbot, 1st Earl of Tyrconnell and Lieutenant-General of Ireland, of wishing to ‘new-model the Army of Ireland, by turning out the Protestants, and entertaining Irish *Papists*, in their

⁸³ Thomas Wilson, *An account of the foundation of the Royal Hospital of King Charles II. &c. near Dublin, for the relief and maintenance of antient and maimed soldiers of the army of Ireland* (Dublin: Robert Owen, 1725), 3. Most senior staff appointments were made by 1684.

⁸⁴ Wilson, *Account*, 1-2.

⁸⁵ John Oldmixton, *Memoirs of Ireland from the Restoration, to the Present times* (London: J. Roberts, 1716), 45.

room' which was 'directly inconsistent with several Clauses of the Charter of the Hospital, that any Papist should be either employ'd as an Officer or admitted as a Soldier therein'.⁸⁶ He was directly implying that Tyrconnell had removed loyal Protestant men from their hard-earned rewards.

The service requirement was lower for Kilmainham. Men had to have served at least seven years continuously and been maimed, or had been brought into 'Weakness and Disaster' by 'their old Age, Wounds, or other Misfortunes'. It was not always necessary for men to have served seven years if their infirmities were very severe and incurable.⁸⁷ Successive applicants could live within the Hospital as In-Pensioners or as Out-Pensioners, collecting their pension instalments from their local Post Masters. A comprehensive account of Kilmainham's administration and its Pensioners regrettably remains beyond the limits of this thesis.⁸⁸ Nevertheless, surviving printed sources on Kilmainham and Chelsea Hospital's unpublished Board minutes suggest that there was much similarity in their internal governance, if not the scale of their Out-Pensions systems.⁸⁹

Kilmainham's documentation is patchy. The major decisions of its Board of Commissioners and Governors now only survive as printed abstracts.⁹⁰ The main biographical sources for Kilmainham's Pensioners are its 'Pension Admissions Lists'

⁸⁶ Wilson, *Account*, Preface.

⁸⁷ Wilson, *Account*, 26, 44; Anon., *Abstract of the by-laws, rules and orders, made by the governors of the Royal Hospital of King Charles II. near Dublin* (Dublin: printed by George Faulkner, 1752), 13; The seven year limitation had been dropped for Kilmainham by October 1751, *Standing Orders and regulations for the army in Ireland* (Dublin: George Grierson, 1789), 76.

⁸⁸ WO251/1, Hospital Correspondence, and WO247/25, Office Regulations Books, Memorandum and letters of Richard Neave, John Lynn, Richard Revell, Eustance Darby to the Board of Lords and Commissioners for Chelsea Hospital, 15th December 1820; WO247/25, T. C. Brookshank and Robert Gevilt to the Board, 18th December 1820.

⁸⁹ See Anon., *Abstract*, fn 38.

⁹⁰ *Ibid.*; for a brief survey on the documents during a later transfer and the closure of the buildings see J. Ainsworth, 'Manuscripts at the Royal Hospital, Kilmainham', *Analecta Hibernica* 23 (1966), 311-12.

(WO118) and their collected regimental discharges and admission papers (WO119). The admission lists were composed and structured in a similar manner to Chelsea's WO116. The only difference is that Kilmainham's pension admissions lists and discharge certificates are cross-referenced and indexed (WO119), which makes it easier to confirm the biographical information of individual Kilmainham Pensioners. More information on their planned places of settlement at their discharge has also survived in the certificates.

Chelsea Hospital largely ignored Kilmainham during the eighteenth century. In 1822, after a financial review, it was decided to transfer Kilmainham's administration to Chelsea Hospital. It is because of this transfer that Kilmainham's Out-Pensioner lists survive. Many of the other records about the military service of eighteenth-century Irish soldiers were destroyed in 1921, and it is likely that some documents relating to the administration of the Kilmainham Pensions were lost at that time.

1.3.5 Official and Unofficial Histories Prior to 1900

This thesis draws on the early published histories of Chelsea and its surroundings produced from the 1690s onwards. The provenance and contents of these are briefly summarized here. The (generally) prestigious nature of the area and its royal connections made the area of Chelsea a tourist attraction and the subject of general national interest. Chelsea had been associated with royal patronage, fine architecture, and genteel leisure pursuits since the sixteenth century. The Hospital was built in close proximity to the royal palaces of Hampton Court, St James' and Kensington (all connected by the so-called King's Roads). The migration of the aristocratic households out of Westminster into the western suburbs of London and Middlesex has been noted

elsewhere, but the Chelsea was considered particularly elite and prestigious.⁹¹ Many courtiers built large houses in the immediate area, attracted by its proximity to the Court and the Thames. A wide range of shops, theatres, and businesses opened in the area to cater for the propertied classes. The most significant was Ranelagh House and Pleasure Gardens, better known as the Ranelagh Rotunda. This large site was built on the defunct estate of Richard Jones, Earl of Ranelagh (1641-1712), the former Treasurer of the Hospital.⁹² Opened in 1742 by a group of theatrical entrepreneurs, the gardens centred on the Rotunda, a large covered amphitheatre with arcades, walkways and a large dining area.⁹³ Entertainments were offered six days a week.⁹⁴ It quickly became the most fashionable place to be seen. Horace Walpole once commented that the ‘vast amphitheatre, finely gilt, painted and illuminated’ attracted ‘everyone that loves eating, drinking, staring, or crowding, is admitted for twelvecence’, concluding that there was ‘much nobility and much mob’.⁹⁵ This did not stop Walpole attending regularly with his uncle Robert Walpole, and with his aristocratic friends.

Chelsea and Kensington were also important centres for the medical profession. The semi-rural picturesque Chelsea and Kensington developed a reputation as a centre of convalescence from the sixteenth century onwards. Away from the centre of London, the entire area was thought to be a ‘healthful’ place for wealthy invalids. The location and the general wealth of the clientele attracted large numbers of both collegiate and unorthodox medical practitioners, who set up private practices in the area. The most

⁹¹ Jeremy Boulton, ‘The Poor among the Rich: Paupers and the Parish in the West End, 1600-1724’, in *Londinopolis: Essays in the Cultural and Social History of Early Modern London*, ed. Paul Griffith (Manchester: Manchester University Press, 2000), 197-227.

⁹² On the influence of Richard Jones, Earl of Ranelagh in the pension system, see Chapter 2.

⁹³ The venture was financed by subscription to a fund managed by Green and Ambers bankers. *London Evening Post*, issue 2228, 18th February 1742.

⁹⁴ *Daily Post*, issue 7051, 12th April 1742.

⁹⁵ Horace Walpole to Sir Horace Mann, 26th May 1742, quoted in Peter Cunningham (ed.), *The Letters of Horace Walpole, Earl of Oxford*, vol. 2 (London: Richard Bentley, 1857), 167.

famous of these was Dr Domincetti's Bath House in Cheyne Walk.⁹⁶ Most of the Hospital medical staff saw private patients in their lodgings in or near the Hospital.

Not all of Chelsea's attractions were so polite and refined. The continuous stream of wealthy visitors, recently paid soldiers and pensioners travelling through Chelsea offered good business opportunities to many, such as sutlers, pawnbrokers, publicans, gin-sellers, prostitutes and thieves.⁹⁷ By the late seventeenth century, the remote roads around Chelsea had developed a reputation for highway robbery. The problem had become so bad by 1715 that George I ordered that the Hospital to arrange a network of sentries and patrolmen.⁹⁸ The patrols were made up of 26 volunteer In-Pensioners, who were paid up to 2s for the work.⁹⁹ The patrols answered to the Hospital's Adjutant. As his paperwork has now been lost, it is impossible to examine who the Patrolmen were and how physically fit the selected men actually were. The men patrolled between their Guardhouse and a number of sentry boxes stationed along the unlit roads between St James, Buckingham Gate, and Chelsea. The work was extremely dangerous and several Pensioners were killed on patrol. As robberies increased over time (or at least, were perceived to have increased), the patrols grew in number and strength.¹⁰⁰ They continued until 1805, when roads around Chelsea were deemed well-lit enough to render them unnecessary.¹⁰¹

⁹⁶ *London Courant and Westminster Chronicle*, 20th July 1781; Ben Weinreb (ed.), 'Cheyne Walk', in *The London Encyclopedia* (London: Pan Macmillan, 2008), 162.

⁹⁷ Alfred Beaver, *Memorials of Old Chelsea*, 2nd edition (London: S. R. Publishers, 1971), 160.

⁹⁸ Dean, *RH*, 196-7. Dean suggests that Robert Walpole's concern for his personal safety was the driving force behind the patrol. He also suggests that the lack of troops in London at the time may have added to the perception of a crime wave.

⁹⁹ *Ibid.*, 197. The patrols were made up of 20 In-Pensioners, 4 corporals and 2 sergeants, paid 1s, 1s 6d and 2s per week respectively.

¹⁰⁰ *Ibid.*, 196; WO 250/463, 8th December 1783.

¹⁰¹ Dean, *RH*, 198.

A large number of short histories were produced to meet public interest in the Hospital and its genteel inhabitants and environs. While the majority of these sources were generic, they highlighted the importance of the Hospital in public displays of philanthropy in the West London area. The Hospital was an established centre of royal display and pageantry under the Houses of Orange, Stuart, and the early Hanoverians. The first histories were royal almanacs. The earliest of these is probably the 18th edition of Edward Chamberlayne's *Angliæ notitia*, published c.1693-4, although John Chamberlayne's revised 1707 edition gave detail on foundation, the layout of the buildings, the Poundage, and the daily routines of the Pensioners.¹⁰² This basic formulaic structure is found in later published accounts. Most eighteenth-century examples are found in tourist guides to London, where the Hospital is listed alongside other famous charitable institutions such as the Foundling Hospital and the major workhouses.

More detailed histories of the Hospital were produced as part of nineteenth-century antiquarian studies of London. These represent the earliest academic scholarship on the Royal Hospital's relationship with its surrounding parishes. The most important of these were the works of Daniel Lyson (1792, supplemented 1799) and Thomas Faulkner (1805 and 1829).¹⁰³ These listed famous residences, churches and monuments, and include information on manuscript materials and artefacts that has not

¹⁰² Edward Chamberlayne, *Angliæ notitia, or the Present State of England with divers Remarks upon the Ancient State thereof*, 18th edition (London: 1693-94), 678-679; John Chamberlayne after Edward Chamberlayne, *Angliæ notitia: or the present state of England, With divers Remarks upon The Ancient State thereof* (London: 1707) 420; other published histories of London and accounts of the state of England mention the Hospital, but few are as detailed about the organization. Compare the Chamberlaynes' texts to Edmund Bohan, *A geographical dictionary representing the present and ancient names of all the counties, provinces, remarkable cities, universities, ports, towns, mountains, seas, streights, fountains, and rivers of the whole world* (London: Charles Brome, 1693), 87.

¹⁰³ Thomas Faulkner, *An historical and Descriptive account of the Royal Hospital and the Royal Military Asylum at Chelsea* (London: 1805); Thomas Faulkner, *An historical and topographical description of Chelsea and its Environs* (London: 1829); Daniel Lysons, *The environs of London: being an historical account of the towns, villages, and hamlets, within twelve miles of that capital* (London, 1792), 135-68.

survived elsewhere. After a lull between the 1830s and 1860s, a small antiquarian publishing boom occurred again in the 1870s lasting until the 1890s. These subsequent texts drew heavily on Faulkner but also added more anecdotes of the personalities who lived in Chelsea including some of the Hospital's senior staff.¹⁰⁴ The emphasis was still on the refined visitor, for whom Isabella Burt described Chelsea as 'the strongest claim[aint]...among the suburban resorts of our holiday excursionists'.¹⁰⁵ The Hospital's staff were significant contributors to these antiquarian studies, either writing their own or actively contributing to the work of other antiquarians. The late-Victorian Secretaries and Chaplains were notable in this regard, using their privileged access to the Hospital's oldest records as well as their own personal recollections and private letters as sources. This made these men, and later their still-resident families, important sources of Hospital lore in their own right, and some late Victorian and Edwardian antiquarian writers sought them out. Alfred Guy L'Estrange acknowledged his debt to Major-General George Hutt, then Secretary and Register of the Hospital.¹⁰⁶ Despite the importance of the Hospital in these texts, the Pensioners themselves were conspicuously absent. There was no interest in portraying any aspect of the area that was not picturesque or historic, and so the vast majority of the Hospital's living residents were excluded from these texts.

Hutt's involvement with L'Estrange highlights one of the more serious and neglected aspects of Chelsea's nineteenth-century historiography. While this thesis remains focused on the long eighteenth century, it is important to consider how the Hospital's later history influenced how it has been portrayed. By the 1830s and 1840s

¹⁰⁴ Beaver, *Memorials*, vii; George Bryan, *Chelsea, in the Olden & Present Times* (London: 1869), v-vi.

¹⁰⁵ Isabella Burt, *Historical Notices of Chelsea, Kensington, Fulham, and Hammersmith* (London: J. Saunders, 1871), 3.

¹⁰⁶ Alfred Guy L'Estrange, *Village of Palaces; or Chronicles of Chelsea* (London: Hurst and Blackett, 1880), vii.

there were serious financial and religious inducements to write about the Hospital. It was increasingly being viewed as an expensive luxury, obsolete, and was at serious risk of closure. This became more apparent as Out-Pensioners numbers soared between 1815 and the 1870s.¹⁰⁷ Hutt's history, *Papers illustrative of the origin and early history of the Royal Hospital at Chelsea* (1872) was a serious attempt to survey the Hospital's historical finances and property holdings in light of these debates. This text remains the most authoritative account of the Hospital's finances to date. Chelsea was not alone in facing this financial pressure. The naval Greenwich Hospital closed its residential wards in 1869, and the Trinity House almshouses also came under scrutiny.

The histories and historical novels of Chaplain-General George Gleig were treated as an important source in nearly all works published after 1840.¹⁰⁸ While there had always been an element of curiosity and voyeurism about the In-Pensioners, Gleig was alone in placing the men firmly as the central attraction rather than the buildings.¹⁰⁹ In doing so, he contributed heavily to the modern mythology surrounding the In-Pensioners. In a series of books, he imagined them at prayer or in their smoking rooms reminiscing with each other and telling stories to the reader. These accounts were not real biographies of the In-Pensioners however. Gleig's Pensioners were caricatures and stereotypes of how working-class elderly men should behave and speak, fulfilling picturesque images of genteel old age and very gentle working-class humour. Their fictionalised tales offered readers a more personal view of military leaders and famous

¹⁰⁷ Table Appendix 1.

¹⁰⁸ Beaver, *Memorials*, 280, 593; Bryan, *Chelsea*, 190-191; George Gleig, *The Chelsea Pensioners* (London: Henry Coburn, 1829); George Gleig, *The Veterans of Chelsea Hospital* (London: Bentley, 1844); on Gleig's work see Douglas Peers, 'Gleig, George Robert (1796–1888)', *ODNB*, online edition; for Gleig's religious reforms, see Kenneth Woodward, *Making Saints: Religion and the Public Image of the British Army, 1809-1885* (Madison, New Jersey: Fairleigh Dickinson University Press, 1998); Michael Snape, *The Redcoat and Religion: the Forgotten History of the British Soldier from the Age of Marlborough to the Even of the First World War* (London: Routledge, 2005), 90, 118-119, 200, 202.

¹⁰⁹ WO247/32, Miscellaneous Administrative Papers, 'Instructions to Steward', 19-20.

military campaigns. His work fuelled interest in the Hospital's oldest residents and newspapers and periodicals carried stories of their longevity and idealized natures.¹¹⁰ Gleig emphasized the fact that the In-Pensioners were now the sole relics of their families and of Britain's past military glories. The vulnerability he placed around them and his emphasis on the Hospital as their sole place of refuge subsequently became a replicated theme in Victorian high-art.¹¹¹ The Hospital's publicized status as a place of retreat for those without family or friends helped save it from closure during the 1870 Committee. It is important to stress that Gleig was not solely responsible for the nineteenth-century sentimentalized image of the In-Pensioners. He was drawing on a much older vision of the In-Pensioners as honoured 'old veterans', a concept that had been especially prominent in literature and art since the 1790s. However, Gleig fixed this sentimentalized image of the veteran on the In-Pensioners alone, effectively marginalized the Out-Pensioner majority in printed histories of the Hospital from the mid-nineteenth century onwards.

The history of Chelsea Hospital and its senior staff has continued to be of considerable interest to military antiquarians. During the twentieth century, a number of short stories and accounts of the Hospital's military officers were published in antiquarian journals like *Notes & Queries*. Many of these modern stories drew on a sentimentalized image of the In-Pensioner living within the Hospital's walls, and not on the wider history of the pensions establishment.

1.3.6 Soldiers' Memoirs, Biographies and Autobiographies

¹¹⁰ See for example, Alfred Gatty, 'Longevity at Chelsea Hospital', *Notes and Queries*, series 8, 7, (1895), 418; Walter Lovell, 'Longevity at the Royal Hospital', *Notes and Queries* series 8, 7, (1893), 385.

¹¹¹ Margaret Hichberger, *Images of the Army: The Military in British Art, 1815-1914* (Manchester: Manchester University Press, 1988); Margaret Hichberger, 'Old Soldiers', in *Patriotism: The Making and Unmaking of British National Identity*, ed. Raphael Samuel (London: Routledge, 1989), 50-93.

This thesis also makes extensive use of soldiers' and officers' writings in published and unpublished format. Discharged soldiers and sailors wrote approximately one-third of all known English language 'working class' autobiographies dating from the 1790s to 1914.¹¹² Soldiers' and officers' biographical writings have shaped our understandings of the experience of soldiering both as a profession and as a life event. Half-pay officers and a small minority of former soldiers wrote extensively about their wartime experiences, allowing us a limited (and usually sanitized) insight into particular campaigns and the oral culture of individual regiments.¹¹³ These memoirs have long been the staple source for historians of war and society. Many of these texts have only recently become the subject of historiographical interest as a genre in its own right and as a source for gender studies.¹¹⁴ They have never been used to interrogate how discharged soldiers felt about their time in service and their lives outside of the army.

Discharged soldiers and sailors wrote extensively about their experiences during the Seven Years' War, American War of Independence, and the Revolutionary and Napoleonic Wars. The vast majority of texts were simply formal narrative histories of individual campaigns written in chronological order or subjective biographies of the most senior Commanders such as Marlborough, Cobham or Wolfe. These remained popular until the twentieth-century and were usually written by half-pay or retired officers. These authors consciously used their commissioned gentlemanly status to

¹¹² Neil Ramsey, *The Military Memoir and Romantic Literary Culture, 1780-1835* (Farnham: Ashgate, 2011), 43; John Burnett, David Vincent and David Mayall (eds.), *The Autobiography of the Working Class: An Annotated Critical Bibliography*, vol. 1 (Brighton: Harvester, 1989), xv.

¹¹³ Peter Stanley, "'Dear Comrades': Barrack Room Culture and the "White Mutiny", 1859-60', *Indo-British Review*, 21, no. 2 (1996), 169-72; On male performance and bragging in a similar environment see Tim Hitchcock, 'Sociability and Misogyny in the Life of John Cannon 1684-1743', in *English Masculinities, 1660-1800*, eds. Tim Hitchcock and Michèle Cohen (London: Addison Wesley, 1999), 25-43.

¹¹⁴ Ramsey, *Memoir*; Yuval Noah Harari, 'Military Memoirs: A Historical Overview of the Genre from the Middle Ages to the Late Modern Era', *War in History*, 14 (2007), 289-309; Alex Vernon, 'No Genre's Land: The Problem of Genre in War Memoirs and Military Autobiographies', in *Arms and the Self: War, the Military and Autobiographical Writing* (Kent Ohio: Kent State University Press, 2005), 1-39.

confirm their personal authority to comment on military affairs.¹¹⁵ The mid-nineteenth century also saw the growth of biographical writing and publishing among discharged NCOs and privates and sailors. These biographies contained more sentimentalized accounts of families, religion, and the nature of war. The majority of reminiscences were reflective accounts, edited and published many years after the events they describe while a smaller number have survived as unpublished letters, diaries and manuscripts. By the later 1790s, the ‘sentimental military memoir’ was a commercial success. The mass mobilization of men during the Revolutionary and Napoleonic Wars brought more literate men into the service, and these men went onto to publish and take part in the burgeoning print culture of the War. It continued to grow until the 1830s, by which time it had distinct radical and anti-military tendencies. This is an important consideration for the historiography of Chelsea, as these later soldiers tended to write more critically about their experiences of the Hospital and of the military in general. Previous biographies tended to avoid direct criticism of the Hospital or of their officers in general, limiting themselves to discussions of how fortunate the Pensioners were to get anything. Criticism of the military focused around particular issues such as corporal punishment or unusually cruel junior officers who were stressed as dishonourable exceptions.

The predominance of this genre, and the movements within it, has ultimately shaped our understanding of the experience of being a ‘veteran’, and on former soldiers’ attitudes towards the military and the Hospital. At present, however there is very little emphasis on these texts as ‘survivor’ narratives; that is, an analysis of how these veterans wrote about their experiences of war decades after the event. Some of these

¹¹⁵ Ramsey, *Memoir*, 1-15.

authors relied on the creation of a particular image both of ‘the veteran’ or ‘pensioner soldier’. This thesis raises and discusses these issues in more depth.

1.4 Structure

This thesis is structured in the following manner. Chapter 2 examines the foundation of the Hospital and its relationships to its charitable predecessors and contemporaries. It outlines the pension experiences of those who were discharged during the late seventeenth century. Chapter 3 is a detailed account of the processes of applying for a Chelsea Out-Pension, and keeping it. It examines the bureaucratic remit of the Hospital and its governing structure from the viewpoint of both the applicants and the Commissioners. The application procedure will be outlined in order to demonstrate the slow process of becoming a Chelsea Out-Pensioner. Military discharge was definitely not a single event for the chronically ill and wounded soldiers who arrived at the Hospital. It was instead a long-term process that required a transition from a serving regimental soldier to a long-term convalescent invalid moved far from his company to a registered Chelsea Pensioner. While the Out-Pension system did encourage a surveillance relationship with recipients, this surveillance would never be complete or indeed practicable, as the Hospital was well aware. Chapter 4 surveys the Hospital’s applicant population between 1715 and 1795. Their experience of the Hospital is categorized by their age, length of service and physical health. One of the most notable features of the applicant population was their success in obtaining some form of relief from the Hospital. Over 66% of all of the known applicant population were awarded an Out-Pension of 5d per day between 1715 and 1795. The applications are broken down according to age, service history, nationality, socio-economic background, and physical health in order to demonstrate why age and service history were the leading factors in

Out-Pensioner admission. Chapter 5 explores the cultural representations of the Out-Pensioners in British print culture. It compares the reality of the Out-Pension population listed in Chapter 4 with that of their cultural image.

1.5 Conclusion

This chapter has established the importance of Royal Hospital of Chelsea and its pension systems to the study of the eighteenth-century fiscal-military society. Chelsea may have only cared for a limited percentage of all men discharged from the army (and therefore all men who later found their health impaired by their former military service), but it frequently had thousands of men on its books at any one time. It was an institution that both created and then systematized categories of disabling impairments and conditions. The scale and importance of the Chelsea Pensions means that it needs to return to the centre of both military and medical historiography. This thesis hopes to be an important contribution to these fields.

Chapter 2. The Origins of the Royal Hospital of Chelsea and its Pensions

2.1 Introduction

Charles II founded the Royal Hospital of Chelsea in September 1681 as a charitable almshouse for ‘the relief of such Land Souldiers as are, or shall be, old, lame or infirm in ye service of the Crowne’.¹ The creation of a state-sponsored almshouse for English soldiers was undoubtedly expected by Charles’ ministers. He had already commissioned the identical Royal Hospital of Charles II for ‘antient and maimed’ Irish soldiers in Dublin in 1679.² This chapter seeks to contextualize the foundation of these two institutions within wider ideological shifts in late seventeenth-century British society. These two institutions were envisaged originally as small-scale answers to the domestic tensions caused by the manpower requirements of the growing fiscal-military state in Britain and Ireland.³ Their foundation was a marriage between the symbolic and practical needs of the Crown and the developing fiscal-military state. The pensioning aspects of the Hospital gave legitimacy to royal attempts to reform the weak armies inherited by Charles while mitigating the domestic problems that such a reform would cause. Royal sponsorship of such institutions was crucial. Every aspect of the two Royal Hospitals was designed to be emblematic of the restoration of the Godly social order after the disorder of the Interregnum. The buildings were both an ideological and physical reflection of the Court’s beliefs about the nature of divinely-ordained kingship,

¹ Warrant of 22nd December 1681, quoted in George Hutt, *PI*, 128-9.

² On Kilmainham, see Chapter 1, section 1.3.4; W. Stickland, ‘The Royal Hospital at Kilmainham and its Architect’, *Journal of the Royal Society of Antiquaries of Ireland*, 6th series, 13, no. 1 (1923), 101-4; Laurence O’Dea, ‘The Hospitals of Kilmainham’, *Dublin Historical Record*, 20, no. 3 (1965), 82-99.

³ Joanna Innes, ‘The Domestic Face of the Military-Fiscal State: Government and Society in Eighteenth-Century Britain’, in *An Imperial State at War: Britain from 1689 to 1815*, ed. Lawrence Stone (London: Routledge, 1994), 110; Patricia Y. C. E. Lin, ‘Citizenship, Military Families and the Creation of a New Definition of Deserving Poor in Britain, 1793-1815’, *Social Politics*, 7 (2000), 96-7, 107, 108-12.

and more importantly the restoration of complete control over a previously rebellious army.⁴ These royal foundations with their benevolent policing of military men allegorically demonstrated that all previously disordered aspects of society had once again accepted their place within the natural social hierarchy. The Crown, supported by Parliament, was once again fulfilling its divine Christian duties of authoritarian paternalism towards the poor.

In spite of their ideological significance, the Royal Hospitals were not originally designed to entirely replace the existing state apparatus for demobilized soldiers. They were largely understood as limited ventures more akin to the superannuation places and pensions starting to be offered to other low-ranking servants of the Crown. Neither were they particularly revolutionary in their approaches. The provisions of these two large almshouses were in many ways simply replacing the existing practice of providing subsidized housing to superannuated or infirm men in regimental barracks or garrisons. The foundation of the Hospital did not supplant the myriad of other forms of statutory or informal relief offered to former soldiers and their families during the long eighteenth century. Only a small minority of those discharged from the army ever dealt with the Royal Hospitals of Chelsea and Kilmainham. The Hospital instead was targeted at an exclusive group of middle-aged soldiers or those with significant life-changing disabilities. In order to understand the reasons for the foundation of such an exclusive charitable institution, this chapter contextualizes the Hospital within wider European shifts in military medicine. This chapter will first examine the range of responses to demobilized soldiers on a local and national level both before and after the

⁴ Christine Stevenson, 'From Palace to Hut: The Architecture of Military and Naval Medicine', in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 229-33; Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815*, (New Haven, Connecticut: Yale University Press, 2000), 56-61, 67-83.

establishment of the Royal hospitals. It will then further examine how status was attributed to former soldiers by the state, exploring what prompted the Stuart court to establish such an institution for such a distinctive category of its former servants. It examines how the court understood the process and privileges of superannuation. In doing so, it surveys the experience of demobilization from the perspectives of the court and of the soldiers themselves. The final section of this chapter will address how the new hospital came to determine which form of soldiers would be eligible for its bounty.

This approach is part of a general shift away from the early architectural and political biography that characterized the nineteenth- and twentieth-century historiography of the Hospital as an institution. Some of this corpus was outlined in Chapter 1. There has been more scholarship on the Hospital's architecture and its first thirty years than on other aspects of its history. The political biography approach is best demonstrated in the work of Charles Graham Troughton Dean, the most prominent twentieth-century historian of the Hospital.⁵ He wrote numerous short articles on its history and its more famous staff members between 1935 and 1960. His authorized history, *The Royal Hospital Chelsea* (1950) remains its most frequently cited work on the Hospital. The majority of Dean's scholarship however was dedicated to the first thirty years of the Hospital and the politics that dictated its construction and early administration.⁶ He was the first to comprehensively demonstrate the significance of party politics in the creation and establishment of the Hospital's pension systems.⁷ This emphasis is indicative both of the manner in which the Hospital's records have survived, and wider trends in the historiography of the late seventeenth-century political world. The architectural emphasis on the buildings is also true to a lesser extent of

⁵ Formerly of the North Lancashire Regiment. Captain of the Invalids from 1929 until his death in 1963.

⁶ C. G. T. Dean, *RH*, (London: Hutchinson & Co., 1950), 150-223; On earlier histories see section 1.3.5.

⁷ Dean, *RH*, 22-43, 68-6, 94-124-141, 159-92.

Kilmainham, although the destruction of large parts of its archive have necessarily limited work on the institution.

These early histories largely took a biographical approach to the foundation of the Hospital. The involvement of some of the most politically influential men of the late seventeenth-century, namely Sir Stephen Fox, Richard Jones Earl of Ranelagh, Sir Christopher Wren, and John Evelyn, encouraged this approach. These men left substantial personal archives relating to the Hospital and their involvement in it. Some of the earliest records of the Hospital owe their survival to these personal collections. The involvement of these men in charitable works for demobilized soldiers has traditionally been used in political biographies to examine their political ambitions, attitudes towards design, and their attitudes towards Christian charity.⁸ Christopher Clay's biography of Fox for example considers Fox's involvement solely in terms of his interest in almshouses, and not in terms of his pre-eminent role in late seventeenth-century state finance. Fox combined both his humanitarian interest in soldiers with his financial interest in the army. He was the government's main private financier and contributed substantial funds to the support of the armies on the English establishment. This meant he was largely financing the type of ineffectual superannuated men that the Hospital was designed to remove from the standing army. Thus, Fox's role in removing them to an almshouse was both an act of Christian charity and a way to ensure the cost-effectiveness of his investments.

This chapter follows recent studies of Matthew Neufeld, Christine Stevenson, Eric Gruber von Arni, Joanna Innes and Geoffrey Hudson in moving away from this

⁸ Using Stephen Fox as an example, Christopher Clay, *Public Finance and Private Wealth: The Career of Sir Stephen Fox, 1627-1716* (Oxford: Clarendon, 1978), 132-9; John Childs, *The Armies of Charles II* (London: Routledge and Kegan Paul, 1979), 48-52.

biographical emphasis in order to contextualize the role of politicians and courtiers in the Hospital with wider research about their intellectual milieu. Particular emphasis will be placed on the complexities of late seventeenth-century understandings of the role of the state in charitable provision in peace and war.

2.2 Provisions for ‘Unfit’ Soldiers in England and Wales, circa 1660-1790

Former soldiers, especially those with chronic health problems, were in an unenviable position. The army recruited from the lowest sections of the labour market and relied heavily on unskilled labourers or those whose livelihoods or harvests had failed. While the army had provided them with a temporary if somewhat distasteful shelter, many men found that their time in service had permanently prejudiced their health and ability to return to their former trades. They also faced a general suspicion that long-serving soldiers were morally deviant. The courtier Thomas Povey regarded old soldiers as ‘men naturally brutish and bred up in all disorder, vice, and debauchery.’ He shared his contemporaries’ view however that it was possible to reform these men through structured relief. This section will summarize the experience of lower-ranking soldiers and their families’ long-term experiences of discharge from the army in the face of these assumptions. Many of the provisions listed here were used by former soldiers until the mid-nineteenth century. It is important to survey these provisions because they were often the only methods of gaining charitable relief left open to those who were not considered eligible for assistance from Chelsea hospital. It is divided into three parts covering the immediate experience of being discharged from the army through to the parish and regimental systems that offered relief to demobilized soldiers and their families. Former soldiers, mariners and their families have been recognized as a distinct

category in English poor law historiography.⁹ The legislative framework of this distinctiveness will also be discussed. Many soldiers preferred to rely on their former regiments both for casual and permanent forms of charitable provision. Garrison provision for aging soldiers has not yet been discussed in the context of government superannuation schemes, military pensions and the foundation of the Hospital. The analysis of demobilization will be largely focused on England, Scotland and Wales. Former soldiers who returned or migrated to Scotland, Ireland and other British colonies were not subject to the same statutory obligations. A full examination of their localized experiences is beyond the scope of this thesis, although significant research has been undertaken on the English and Channel Island Invalid companies, Highland tenant estates, American Loyalists in Canada, and white settlers in Australia and British India respectively.¹⁰

2.2.1 Medical Provision and the Discharge Process

The Hospital was founded during a period of heightened interest in many European absolutist states in the medical care of sailors and soldiers. This is considered to be part of the ‘military revolution’ of the seventeenth century. Experienced soldiers and sailors were an expensive and prominent asset of the nation-state.

⁹ Innes, ‘The Domestic Face’, 110; Patricia Y. C. E. Lin, ‘Citizenship, Military Families and the Creation of a New Definition of Deserving Poor in Britain, 1793-1815’, *Social Politics*, 7 (2000), 6-7.

¹⁰ Ulbe Bosma, ‘European Colonial Soldiers in the Nineteenth Century: Their Role in White Global Migration and Patterns of Colonial Settlement’, *Journal of Global History*, 4, no. 2 (2009), 317-36; Andrew Mackillop, *More Fruitful than the Soil: Army, Empire and the Scottish Highlands, 1715-1815* (East Linton: Tuckwell, 2000), 123-9, 148-52, 246; J. E. Cookson, ‘Early Nineteenth-Century Scottish Military Pensioners as Homecoming Soldiers’, *Historical Journal*, 52, no. 2 (2009), 319-41; Christine Wright, ‘Military Settlers: The Men of the Royal Veteran Companies and the Royal Staff Corps (1825)’, *Journal of the Royal Australian Society*, 95, no. 2 (2009), 157-75; Christine Wright, *Wellington’s Men in Australia: Peninsular War Veterans and the Making of Empire, circa 1820-40* (Basingstoke: Palgrave Macmillan, 2011); Maya Jasanoff, *Liberty’s Exiles: The Loss of America and the Remaking of the British Empire* (London: HarperCollins, 2011).

The need to preserve their health in a cost-effective manner led to the gradual creation of new, or the reformation of existing, structures of military health services. These changes led to the introduction of more ‘clinic-based empiricism’ amongst military surgeons, whose work was then cited to justify further imperial expansion. Military medicine therefore was gradually ‘incorporated into wider social, intellectual and political frameworks’ influencing understandings of imperial expansion, gender and race.¹¹ The majority of these shifts were focused on serving soldiers, but a small number of institutions were founded to care for those who too infirm or impaired to return to service. These institutions were exercises in the treatment and control of former soldiers. The oldest of these specialized institutions was Amsterdam’s *Soldatengasthuis* founded in 1587 as a charitable institution for English soldiers wounded while fighting in the Netherlands.¹² It was attached to the municipal *Gasthuis* and was designed to keep the soldiers separate from civilian *Gasthuis* patients. It housed approximately 52 men, although probably housed more on account of bed-sharing. The *Soldatengasthuis* was the inspiration for nearly all of military hospitals of this time.

The most substantial influence on the foundation of the Royal hospitals of Kilmainham and Chelsea was not the *Soldatengasthuis*, but *Hôtel Royal des Invalides* in Paris. This palatial hospital was founded in 1670 by Louis XIV. It remained Europe’s

¹¹ Laurence Brockliss quoted in Hudson, ‘Introduction’ in *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007): 9. The chapters of Geoffrey Hudson and J. D. Alsop in the same volume are good bibliographic introductions to the subject of imperialism in British military medicine, J. D. Alsop ‘Warfare’, 23-50; for a review of the maritime nation, David Boyd Haycock, ‘Health, Medicine and the Maritime World: A History of Two Centuries’, in *Health and Medicine at Sea, 1700-1900*, eds. David Boyd Haycock and Sally Archer, (London: Boydell and Brewer, 2009), 1-3; Erica Charters, ‘Making Bodies Modern: Race, Medicine and the Colonial Soldier in the Mid-Eighteenth Century’, *Patterns of Prejudice*, 46, no. 3 (2012), 214-31; Ole Peter Grell, ‘War, Medicine and the Military Revolution’, in *The Healing Arts: Health, Disease and Society in Europe, 1500-1800*, ed. Peter Elmer (Manchester: Open University Press, 2004), 57-83; Matthew Neufeld, ‘The Framework of Casualty Care during the Anglo-Dutch Wars’, *War in History*, 19 (2012), 427-46; On the effect of the military revolution on the British army’s medical structure see Cook, ‘Practical Medicine’, 1-26.

¹² Stevenson, *Medicine and Magnificence*, 13, 45-6; Christopher Lloyd and Jack Coulter. *Medicine and the Navy, 1200-1900*, vol. 2, (Edinburgh: E. & S. Livingstone, 1961), 103-5.

largest residential institution for aged, superannuated and disabled soldiers until its closure in 1905. It was able to accommodate over 6,000 men if necessary.¹³ *Invalides* was the French monarchy's response to the financial and strategic costs of maintaining 'unserviceable' men in French armies. All aspects of the buildings were calculated to emphasize Louis as the locus of all civil and military patronage.¹⁴ *Invalides'* utility as a site of monarchical display, national charity and 'practical surveillance' of the men was of great interest to successive English monarchs, courtiers and writers.¹⁵ Charles II went as far as commissioning at least two of his favourite courtiers to visit it in person.¹⁶ He requested information from English travellers such as the MP and businessman Thomas Povey. Povey was probably approached on account of his personal knowledge of *Invalides'* admission of English, Irish and Scottish men who had previously fought for the French.¹⁷ Povey went on to write an account of the *Invalides*.¹⁸ Charles' repeated requests for accounts of *Invalides'* buildings and governance is played a part in the French court's commissioning of Jeune de Boulencourt's official history.¹⁹ Translations of this official history and Povey's manuscript account circulated in the English Court, whose educated gentlemen were obviously interested in both *Invalides'* design and its

¹³ This figure does not include the men it housed on Invalid companies outside of the Hospital, or the men who applied to *Invalides* for temporary relief. Woloch, *French Veteran*, 6; Dean, *RH*, 6; Mann, *The Veterans*, 22-3.

¹⁴ On the depiction of Louis throughout the building, Anon., *A Pattern of a Well Constituted and Well Governed Hospital, or a Brief Description of the Buildings and Full Relation of the Establishment, Constitution, Discipline, Oeconomy and Administration of the Government of the Royal Hospital of Invalids near Paris* (London: Richard Baldwin, 1695); on Louis' cultivation of his personal image, Peter Burke, *Fabrication of Louis XIV* (New Haven: Yale University Press, 1992).

¹⁵ Jean-Pierre Bois, 'Les Soldats invalids au XVIIIème Siècle: Perspective Nouvelles', *Histoire, Économie et Société*, 1, no. 2 (1982), 237; Carson Ritchie, 'The Hostel of the Invalides by Thomas Povey (1682) Lambeth Palace Library MS. 745: Part 1', *Medical History*, 10, no. 1 (1966), 2.

¹⁶ Charles sent William Robinson, the Surveyor-General to the Army in Ireland, and his favourite son (and military secretary) James Scott, Duke of Monmouth. Carson, 'The Hostel Part 1', 2; Stevenson, *Medicine and Magnificence*, 68-9; Woloch, *French Veteran*, 278-81.

¹⁷ Ritchie, 'The Hostel Part 1', 3, 10.

¹⁸ For a transcription of his unpublished manuscript, Ritchie, 'The Hostel', 1-22, continued in Ritchie, 'The Hostel of the Invalides by Thomas Povey (1682) Lambeth Palace Library MS. 745: Part 2', *Medical History*, 10, no. 2 (1966), 177-97. The manuscript is discussed by Bois, 'Les Soldats', 241. Bois incorrectly cites the manuscript as MS. 754.

¹⁹ Carson, 'The Hostel', 2; Le Jeune de Boulencourt, *Description générale de l'Hôtel Royal les Invalides établi par Louis le Grand* (Paris: 1683); the English translation was Anon., *A Pattern*; for references to James II reading it, Dean, *RH*, 96, 131, 140.

managing of large numbers of potentially disorderly men.²⁰ Particular interest focused on how the rigid military discipline of *Invalides* encouraged employment and religion amongst the men.²¹

In spite of Charles II's interest in European provisions for sick and wounded soldiers, his political situation meant that expensive medical care had to remain focused on the military's curable sick and wounded. The nature of this care however remained *ad hoc*, driven by the finances and immediate operational contexts of the army and navy in individual theatres of war. Until the 1740s, the government relied on a complicated system of contractors and subcontractors for its medical care and supplies.²² While the War Office through regiments and its civilian contractors and agents was technically responsible for the care of the sick and wounded, in practice expeditionary and regional Commanders-in-Chief were given complete autonomy in their theatre of war and they often did not police these contracts during campaigns. The Admiralty administered a separate system through their Commissioners of the Sick and Wounded Seamen and of Prisoners of War, later reformed as the Sick and Hurt Board.²³ These Commissioners would assume responsibility for any sick or wounded soldiers who arrived in their ports or hospital facilities. This state of affairs meant that the medical care available to aging,

²⁰ The official history and the latter English translation could be found in numerous courtiers' libraries. For example, Richard Mead, *Bibliotheca Mediana sive catalogus librrooum Richardi Mead* (London: 1755), 54; Edward Harley's library, Thomas Osbourne, *Catalogus Bibliothecae Harleianae*, vol. 2 (London: 1743), 576.

²¹ Anon., *A Pattern*, 145-52; Bois, 'Les Soldats', 241.

²² On contracts with Royal College of Physicians and other medical practitioners, Cook, 'Practical Medicine', 9-24; Patricia Crimmin, "The Sick and Hurt Board: Fit for Purpose," in *Health and Medicine at Sea, 1700-1900*, eds David Boyd Haycock and Sally Archer (London: Boydell and Brewer, 2009), 99-102; Eric Gruber von Arni, *Hospital Care and the British Standing Army, 1660-1714* (Aldershot: Ashgate, 2006) details the individual contractors in each theatre 1660 to circa 1720; on medical contractors in English ports, Neufeld, 'Framework', 429-32, 436-8.

²³ Cook, 'Practical Medicine', 4, 6; Crimmin, 'The Sick and Hurt', 90-107; Crimmin, 'British Naval Health, 1700-1800: Improvement over Time', in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 183-200; for a narrative history of naval health Lloyd and Coulter. *Medicine and the Navy*, vol. 2 80-298, vol. 3, 1-9; Neufeld, 'Framework', 427-44.

sick or generally unhealthy soldiers was entirely dependent on their social status and continued presence in the army.

The acutely ill, wounded and those with persistent chronic complaints were usually treated by their regimental surgeons, apothecaries or those attached to their expeditionary forces such as Navy surgeons or accompanying contracted barber-surgeons.²⁴ Regimental surgeons treated men on the march or in camps. Minor ailments were treated in the men's tents or billets, the surgeon's personal quarters or in temporary infirmaries in nearby buildings rented or requisitioned for this task. These field infirmaries closed at the end of the campaign season or the war. The daily life of a regimental surgeon in winter quarters or peacetime was remarkably similar to that of their civilian counterparts. Much of their time was taken up with the treatment of broken limbs, digestive complaints, ruptures, venereal disease, ulcers, boils, and other skin complaints.²⁵ Unlike their civilian counterparts however, they faced large numbers of patients with epidemic fevers, 'fluxes', sunstroke, severe burns and complicated multiple trauma wounds at different stages of healing and infection. They relied on general panaceas, as they did not have the time or money to tailor their treatment to match the individual constitutions of their patients like their civilian contemporaries.²⁶

Medical care was not limited to these officially recognized sources: soldiers and their

²⁴ Cook, 'Practical Medicine', 4-9; Paul Kopperman, 'The British Army in North America and the West Indies, 1755-83: A Medical Perspective', in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 52-4; Rogers, *British Army*, 96-9.

²⁵ On seventeenth-century practice, see Lucinda McCray Beier, 'Seventeenth-Century English Surgery: The Casebook of Joseph Binns', in *Medical Theory, Surgical Practice: Studies in the History of Surgery*, ed. Christopher Lawrence (London: Routledge, 1992), 48-84; R. E. Barnsley, 'The Life of an 18th Century Army Surgeon', *JSHAR*, 44 (1966), 130-4; Michael Crumplin, 'Surgery in the Royal Navy during Republican and Napoleonic Wars (1793-1815)', in *Health and Medicine at Sea, 1700-1990*, eds. Sally Archer and David Boyd Hancock (London: Boydell Brewer, 2009), 73-74, 77; Irvine Loudon, 'The Nature of Provincial Medical Practice in Eighteenth-Century England', *Medical History*, 29 (1985), 1-32; Jean Ward and Joan Yell (ed.), *The Medical Casebook of William Brownrigg, M.D., F.R.S. (1712-1800) of the Town of Whitehaven in Cumberland* (London: Wellcome Institute for the History of Medicine, 1993).

²⁶ Alsop, 'Imperial Medicine', 36-9; Cook, 'Practical Medicine', 2-3, 13; Hudson, 'Arguing', 114-5.

families nursed their non-disabling or minor complaints with traditional remedies or self-medicated with cheap nostrums. Contagious cases or those who required on-going treatment or acute wounds could be sent to a local temporary infirmary or in isolated rooms. They would then be moved at the end of campaign session to different hospitals or their winters quarters or sooner if they were thought stable enough to be moved. Sick and wounded men were also lodged in nearby civilian infirmaries and cared for by religious nursing orders.²⁷ These hospitaller foundations could be paid by contractors or be forced to take in these men.

Hospitallers, contractors and medical officers alike were keen to move the most recovered stable convalescents out of the Hospital for reasons of economy, and out of a fear of their disruptive influence. Convalescents as a group were viewed simultaneously as sources and victims of physical and moral contagion. Officers and surgeons thought these men disorderly after their periods in hospital without harsh discipline and liable to cause trouble, usually by wandering around and conspiring to drink.²⁸ They were frequently right. Sergeant William Lawrence of the 40th Foot recorded the great lengths that he and his fellow convalescents went to get alcohol, eventually lowering a kettle out of the window of their locked ward.²⁹ He reported that at the time he felt being

²⁷ Carson, 'The Hostel, Part 1', 7-8; Carson, 'The Hostel, Part 2', 192-3; Erica Charters, 'Disease, Wilderness Warfare, and Imperial Relations: The Battle for Quebec, 1759-1760', *War in History*, 16, no. 1 (2009), 17, 22; Eric Gruber von Arni, *Hospital Care and the British Standing Army, 1660-1714* (Aldershot: Ashgate, 2006), 111-80; examples can be found in the following William Maxwell, *Stories of the Peninsular War* (London: Routledge, 1870), 85; Charles Vane, *Story of the Peninsular War, with additions* (London: Henry Colburn, 1848), 116; The Company of the Daughters of Charity were prominent nurses throughout Catholic Europe by the late seventeenth century.

²⁸ Robert Jackson, *An Outline of the history and cure of Fever, endemic and contagious, more expressly the contagious fever of jails, ships and hospitals* (Edinburgh: 1798), 334, 336; Donald Monro, *Observations on the means of preserving the health of soldiers and of conducting military hospitals*, vol. 1 (London: 1780), 125-6, 128.

²⁹ William Lawrence, *The Autobiography of Sergeant William Lawrence, a hero of the Peninsular and Waterloo Campaigns*, ed. George Nugent Bankes (London: Sampson Low, 1886), 199-23.

denied alcohol ‘seemed to be more of a hardship to us than our wounds’.³⁰

Convalescents like Lawrence were actually more at risk from the other patients. Their weakened states made them more prone to fever and complications, and they were amongst the first to die when a fever epidemic broke out.³¹ Convalescents would be discharged from hospitals in groups so that they could travel in a convoy under the supervision of an escorting officer who would pay for their subsistence on route.³² Transportation was a slow and traumatic experience. Most Peninsular war memoirs characterized these convoys by the agonized screams of the wounded as they were jolted in the wagons for days on end. It was also personally expensive for the officers. They had to arrange the men’s passage, their lodgings, medical costs and often burial costs and they frequently were not re-reimbursed promptly. While Marlborough formalized the conducting officers’ duties and re-imburements during the Nine Years’ War, prompt payment to officers and medical staff was rarely forthcoming.³³

The contractor system and the separate administration of the Admiralty’s Commissioners of Sick and Wounded led to confusion when wounded soldiers arrived back into English coastal towns as no one separate body assumed responsibility for their care.³⁴ Men arriving in Portsmouth or Falmouth after 1702 were usually found accommodation and medical care by the agents of the Admiralty’s Commissioners of the Sick and Wounded Seamen and of Prisoners of War. The Commissioners of the Sick and Wounded cared for recently returned sick and wounded men in small garrison infirmaries or more likely, housed them in rented rooms or taverns having actively

³⁰ *Ibid.*, 199-221.

³¹ John Hunter, *Observations on the diseases of the army in Jamaica; and on the Best Means of Preserving the Health of Europeans in that Climate* (London: 1796), 74; Jackson, *An Outline*, 337; Monro, *Observations*, 125-6.

³² Gruber von Arni, *Hospital Care*, 118-21, 166; Monro, *Observations*, 143-49.

³³ Gruber von Arni, *Hospital Care*, 118-21, 166; Neufeld, ‘Framework’, 436-7.

³⁴ Neufeld, ‘Framework,’ 483-49.

investigated the conditions inside these rented billets.³⁵ John Evelyn's experiences as a Commissioner of the Sick and Wounded led him to advocate the isolation of these men under military discipline in purpose-built military hospitals. He thought it would be,

more commodious for the cure & quartering our sick and wounded than the dispersing of them into private houses, where many more Chirgiones [sic], & tenders...& the people tempted to debaucherie.³⁶

The most serious surgical cases or more complex complaints were referred onto the London hospitals of St Bartholomew's and St Thomas' or to other infirmaries by the garrison surgeons. Others were given places in the naval general hospitals at Haslar or Plymouth (founded 1746 and 1757 respectively).

Charles and his court showed considerable (if occasionally fickle) interest in the health of his serving soldiers and sailors. Numerous inspection reports and proposals on the care of the sick and wounded were circulated amongst courtiers and senior civil servants. Both John Evelyn and Samuel Pepys recorded the detailed conversations these plans could cause amongst themselves, their friends and contemporaries outside of the Naval Board and the Committee for Sick and Wounded Seamen and Prisoners of War.³⁷ By the time of Chelsea Hospital's foundation in 1681, Charles had personally endowed two permanent hospitals for the acutely ill and curable wounded in Portsmouth and in Tangiers.

³⁵ *Ibid.*, 433-5, 438-40; Crimmin, "Sick and Hurt," 7-8.

³⁶ John Evelyn, *The Diary of John Evelyn*, ed. E. S. de Beer (London, Oxford University Press, 1959), 486.

³⁷ Pepys reads on 5th October 1693, 118-125; Mr Gibson's Memorial for the King on the present state of the Navy, which Pepys reads 28th May 1696.' 21st May 1681: Pepys discussing with Duke of York.

Prior to 1660, wounded and sick Parliamentary and captured Royalists also found care in two specialized military hospitals, Ely House and the Savoy. Care was given both in their wards and in its system of Out-Pensioners, some of whom were out-patients. The Savoy was also a barracks, with accommodation for convalescents and other troops.³⁸ The dismantling of these hospitals between September and December 1660 placed immediate pressure on garrisons and on individual parishes and counties as these men travelled or attempted to travel home in order to gain relief, resorting to the earlier Elizabethan-era Poor Laws and Statutes for Maimed Soldiers. This measure also ensured that any soldier or sailor who was wounded, diseased or otherwise disabled after 1660 would be entirely dependent on garrisons, camps, billets, corporations, and the London or naval hospitals.

The ill-defined nature of the transport and discharge of sick and wounded soldiers was financially devastating for the communities they arrived in.³⁹ The government's response was characterized by late payments or non-payments and personal solicitations. This was the case in the port of Harwich in Essex which was the main landing point for troops coming from Holland. The town sent many petitions to the Treasury about the state of the disabled soldiers who arrived there.⁴⁰ Magistrates in Harwich claimed that parochial taxes had doubled and even tripled through Essex as individual parishes tried to relieve the hundreds of disabled soldiers and their families

³⁸ The Savoy kept its association with convalescent care throughout the eighteenth century. The original hospital buildings were demolished in 1702, but its large garrison meant it had a large infirmary, and a large number of recovering convalescents associated with it. For an example of its out-patient care circa 1813 to 1815, see Thomas Jackson, *Narrative of the eventful life of Thomas Jackson late sergeant of the Coldstream Guards detailing his military career during twelve years of the French War ... his subsequent life ... Written by himself* (Birmingham, Josiah Allen and Son, 1847).

³⁹ Neufeld, 'Framework', 436-40.

⁴⁰ Gruber von Arni, *Hospital Care*, 93-4, 119, 121, 168.

travelling to London or to military bases in south-east England. There was always the risk that the soldiers would bring infectious diseases with them. Many did receive good medical care from the communities they arrived in, often at great social expense to local communities, corporations, institutions and private individuals.⁴¹ In spite of the generally bad reputation, and dislike, of soldiers and the army, there was genuine concern about the state of the maimed and disabled. One customs collector, a Mr Aslaby, could not disguise his shock when he saw a group of men from the siege of Maastricht arrive in Bridlington in September 1676. ‘The poor soldiers look as if they had come out of gaol, miserably poor. I believe they will be scarce be persuaded to go out of their own kingdom [again]’.⁴² The men returning from Tangiers were similarly shocking. The British occupation of Tangiers was marked by its high wastage rates caused by its hostile environment, poor food and medical supplies and abundant alcohol.⁴³ Special directions were made for their arrival in order to mitigate the impact of this politically embarrassing and religiously divisive group, who threatened to be ‘great eyesores, not only to those who own themselves Whigs, but to all that are not thoroughly affected to his Majesty and his Government.’⁴⁴ No such ambiguity existed in Ireland, where the sick and wounded could be housed away from the civilian population in the British Crown’s existing network of garrisons and barracks.

The contractor system threatened to leave these poorly paid men completely destitute at the moment of their discharge. NCOs and lower ranking soldiers were

⁴¹ Gruber von Arni, *Hospital Care*, 184-7; Neufeld, ‘Framework’, 436-40.

⁴² Thomas Aslaby to Sir Joseph Williamson, Clerk of the Privy Council, 9th September 1767, *S.P. Dom.*, Car. II. 385, No. 103-4. These men may have been survivors of the First or Second Siege of Maastricht (1673), prisoners of war or members of a mercenary expeditionary force.

⁴³ TNA, CO 279/30 ff. 358-9, quoted in Childs, *Charles II*, 72-4, 115-151; Tangiers garrison Hospital was built on marshes, and admissions were dominated by venereal disease; Gruber von Arni, *Hospital Care*, 9-31, Appendix A; Hugh Cholmley, *An Account of Tangier... with some account of himself and his journey through France and Spain* (London: 1787), 17-9.

⁴⁴ Childs, *Charles II*, 133, 229-30.

forced to pay for their medical care multiple times. Men paid first through their compulsory contributions to the non-effective fund, and secondly through stoppages in their pay when they fell sick.⁴⁵ Most regiments paid their medical expenses using their ‘non-effective fund’ (which was called the ‘stock purse’ in cavalry regiments).⁴⁶ The non-effective fund was used to manage the day-to-day costs of regiment, and also to provide some of the bounties used to attract recruits. It also paid for the salaries of the regimental surgeon and its assistants. All soldiers and NCOs had money deducted from their subsistence pay to fill the non-effective fund. The exact deduction varied depending on the context and theatre. The deduction was often set per expedition as part of the individual contracts and provisions. In March 1787, the government’s contract for surgeons’ pay in Flanders listed the previous charge of 12d per year (1d per month).⁴⁷ By 1727, every man in a foot regiment had 4d a month deducted.⁴⁸ The brunt of the medical costs however was borne by the injured and sick men themselves. This was because a proportion of the non-effective fund was taken directly from the sick and wounded. NCOs and soldiers had their pay docked or at times completely suspended during their time as ‘non-effectives’ in hospitals or infirmaries. The exact deductions varied depending on the theatre and individual hospitalizing institution. It was limited to 4d per day for troops serving in Scotland in 1755, only to be temporarily scrapped in 1760s in honour of their service. In other theatres, it was capped at 5d per day in 1757.⁴⁹ Both the British and Irish Establishments charged for medical care, only stopping the practice in 1777 and 1783 respectively. These stoppages were not taken

⁴⁵ Gruber von Arni, *Hospital Care*, 101; Alan Guy, *Oeconomy and Discipline: Officership and Administration in the British Army 1714-63* (Manchester: Manchester University Press, 1985) 66-7.

⁴⁶ On the importance of the non-effective/stock purse in maintaining ‘the interior economy’ of any unit see Guy, *Oeconomy*, 62-69.

⁴⁷ *S.P. Dom.*, *Entry Book 59*, 42.

⁴⁸ Guy, *Oeconomy*, 62-9.

⁴⁹ Brumwell, *Redcoats*, 158; Childs, *Charles II*, 74; Gruber von Arni, *Hospital Care*, 103; Tony Hayter (ed.), *An Eighteenth Century Secretary at War: The Papers of William, Viscount Barrington* (London: Army Records Society, 1988), 335; Guenter Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching in the Royal Infirmary of Edinburgh*, (Oxford: Oxford University Press, 2010), 37, 94.

from those who continued to fulfil their duties while receiving treatment for minor ailments. In addition, soldiers had 1s per annum deducted from their pay to subsidize the Royal Hospitals at Chelsea and Kilmainham. If officers found that their non-effective medical costs were higher than the fund could allow, they could apply to their local Commanders in Chief or to the Secretary at War or the Treasury in peacetime. Regimental paymasters and agents were supposed to keep detailed records of these men and transfer the owed monies to the infirmaries.⁵⁰ This did not frequently happen as any regiments ‘forgot’ to pay for their hospitalized sick once they had left an area. While army and naval contracts could be lucrative sources of income for civilian charitable infirmaries, the accounts were not usually settled very quickly.⁵¹ In short, the men were paying twice for any treatment and medicines as well as for a Hospital place they may never be entitled to use.

The army did not differentiate between illnesses when defraying this debt with individual soldier’s pay. The prescribed daily medical deductions took no account of the reason why a soldier was in hospital, not even in cases of venereal disease.⁵² The debt was calculated according to how many days he remained in the Hospital. This was in marked contrast to the Admiralty’s punitive approach to venereal patients. Sailors and Marines were fined for this ‘self-inflicted’ and costly injury.⁵³ It is unclear why this was never routinely used in regiments. While there is some limited evidence that certain institutions, agents and medics levied their extra charges to treat military venereal

⁵⁰ Thomas Simes, *Military course for the government and conduct of a battalion, designed for their regulations in quarter, camp, or garrison* (London, 1777), 148-9.

⁵¹ Gruber von Arni, *Hospital Care*, 99-109; Neufeld, ‘Framework’, 437-9.

⁵² This did not prevent afflicted soldiers’ sharing their wider society’s horror and sense of shame about this disease. They utilized the same behaviours of their communities. They visited quack doctors to avoid mercurial salivation, stole to fund private treatment, and hide the symptoms of the disease. William Blair, *The soldier’s friend: or, the means of preserving the health of military men; addressed to the officers of the British army* (Dublin: T. Stewart, 1798) 95; Kevin Siena, *Venereal Disease, Hospitals and the Urban Poor: London’s “Foul Ward”, 1600-1800* (Rochester NY: University of Rochester Press, 2004), 15-61.

⁵³ Lloyd and Coulter, *Medicine and the Navy*, vol. 3, 32, 357-8.

patients, a wider policy of punitive charging does not appear to have been widely adopted by the army.⁵⁴ This was in spite of a general assumption that soldiers' intemperance and excess was as responsible for their poor health as their harsh conditions.⁵⁵

The medical provisions and financial assistance outlined here formally ceased once a man was discharged from the army, a process known as cashiering. The continuance of this practice throughout the long eighteenth century remained to the detriment of those who were discharged without the coveted recommendation to the Chelsea Hospital. This applied whatever the reason for his departure from the army, including if he was fit (his regiment was disbanded or reduced), or if he was deemed to be physically incapable of the duties expected of his corps (aged or permanently disabled by his wounds or illnesses) by his commanding officers and by an inspecting surgeon. This process of deciding a medical or age-related discharge was surprisingly informal, and depended upon the individual man, officers and surgeons involved.⁵⁶ It remained that way until the mid-nineteenth century. The surgeon Donald Monro recommended discharging men who were 'much weakened by fevers, fluxes or other disorders' or those 'whose constitutions were ruined by sickness' but gave no ruling on the aging or superannuated.⁵⁷ It was not until 1828 that the first written guidance was issued by a medic to explicitly rule which individual nosographies made a man unsuitable for service.⁵⁸

⁵⁴ Lloyd and Coulter, *Medicine and the Navy*, vol. 3, 32, 357-8; see Gruber von Arni, *Hospital Care* chs. 2-4; Siena, *Venerereal Disease*, 24-6, 76, 116, 269, n 12.

⁵⁵ For example, William Buchan, *Domestic medicine: or, A treatise on the prevention and cure of diseases by regimen and simple medicines* (Philadelphia: 1774) 53-4; Blair, *The soldier's friend*, Ch. 12.

⁵⁶ See below

⁵⁷ Monro, *Observations*, vol. 1, 129-31.

⁵⁸ Henry Marshall, *Hints to young Medical Officers of the Army on the Examination of Recruits; ... with official documents and the regulations for the inspection of Conscripts for the French and Prussian Armies* (London, 1828).

The Articles of War dictated the limits of the state's obligations to discharged soldiers;

....his Wages or Pay shall go on and be duly paid till it does appear that he can be no longer serviceable in Our Army, and then he shall be sent by Pass to his Countrey with money to bear his charges in his travel.⁵⁹

Men left the army with a series of identity documents to confirm their former status.

The increased use of these technologies of identity over the course of the seventeenth century has been discussed in detail by Steve Hindle.⁶⁰ These documents legitimized the soldier or his family's movement through an area and the legitimacy of any claim to casual or formal relief he might make. They were usually printed or hand-written standardized forms but in some cases they were detailed letters. Men being referred to Chelsea were given separate forms to those of their non-recommended counterparts. However they were constructed, the passes ensured that travelling soldiers were not mistaken for vagrants as they travelled through distant parishes on their way to their homes or families.⁶¹ Parish overseers, constables and other local notables had the right to demand to see these passes and they would usually date and sign the pass when they had done so, thus outlining the route of the soldier and preventing any deviation or indirect routes. Parish constables were legally obliged to check for forgeries, and punish those who did not divulge the names of forgers. Some parishes gave casual relief alongside their signature. To receive the travel pass, subsistence money and their certificates, men had to publically declare and sign/mark that they had received all owed monies, clothing and provisions from the Muster-Master General (later Commissary-

⁵⁹ Mann, *The Veterans*, 22.

⁶⁰ Steve Hindle, 'Technologies of Identification under the Old Poor Law', British Association for Local History Phillimore Lecture, Friends' House, London, 3rd June 2006.

⁶¹ Tim Hitchcock, *Down and Out in Eighteenth-Century London* (London: Hambleton and London, 2004), 146-8.

General), and therefore that the army (and therefore the state) did not owe them anything.

One of these was the travel pass mentioned above (sometimes referred to as a passport) which was given with a travel payment. The value of the travel payment varied and was dependent on the status of the individual soldier, his corps and occasionally on his campaign experience, as well as on the distance he publically declared that he would be travelling. The sum of fourteen days' worth of subsistence was customary by the early seventeenth century, although it did depend on the finances of the army.⁶² Marlborough officially fixed the value for his men at fourteen days subsistence during the Nine Years War, and this subsequently became the norm for the rest of the eighteenth century. Additional sums were granted by local parishes, regiments or by central government if a man had especially long journey over land or by ship. Sometimes, this money was not enough, and men petitioned for more assistance on route. This money was occasionally issued to the officer by the regiment, or more usually, directly from the officers' own purse to be reimbursed at a later date. This arrangement continued for most of the eighteenth century, born mostly out of shortage of ready cash, and concerns about theft and the trustworthiness of lower ranking soldiers. The officers who later petitioned the Treasury about their late re-imburements usually framed it as a duty of an officer to care for his men, although it did not mean that they should be left seriously out of pocket by the experience.⁶³ Special funds were also periodically found for the survivors of particularly famous or politically sensitive campaigns, which could be personal endowments or authorized by central government.

⁶² For example, John Layer, *The office and dutie of constables, churchwardens and other the overseers of the poore, together with the Office and duties of the Surveyours of the High-wayes* (Cambridge: Roger Daniel, 1641), 35-6.

⁶³ *Calendar of Treasury Papers*, 12; on the use of debentures during the disbandments in the late seventeenth century amongst non-commissioned men see Childs, *Charles II*, 53.

These extraordinary payments were used to reward men, but also to facilitate their dispersal from an area, such as the customs duties' used to pay off the patients of Ely House at its closure in 1660-1.

Once a man had reached his destination or when his travel pass had expired, his certificates of service remained crucially important for the establishment of their lives as civilians away from the army. These papers were often the only way a soldier could access the range of statutory provisions put in place to facilitate the mass demobilization of a large number of poor, unskilled men. They legitimized the soldier's accounts of his bodily infirmity and apportioned any personal blame by excluding the possibility of venereal disease and deliberate self-mutilation, a crime associated with the most morally reprehensible vagrant beggars. In short, these documents were considered the cornerstone of his return to settled life.

2.2.2 Statutory Relief in England and Wales

Former soldiers and mariners and their dependents were the beneficiaries of a series of Privy Council and Parliamentary statutes designed to facilitate their return to civilian society and preferably to their place of legal settlement. These acts ranged from short-term localized Treasury acts, to release money to speed up their dispersal from London and other major cities, to long-lasting statutory changes ensuring their ability to claim county pensions or be given preferential treatment in sinecures. Former soldiers and mariners were not subject to the same employment laws, or after 1754 the acts of settlement, as their counterparts.⁶⁴ They were also immune from the vagrancy laws up

⁶⁴ Innes, 'Domestic Face', 114-6; Hitchcock, *Down and Out*, 146-8.

to a point, as their discharge and Out-Pension certificates offered a degree of liberty.⁶⁵ These acts were based on a shared premise that the former soldier was a distinct subgroup of the deserving poor, separate from other deserving poor groups who were more palpably defined by their physical or social impotency, such as the very elderly, widows, and orphans.⁶⁶

The most important piece of legislation was the 1593 Elizabethan ‘Acte for relief of Maimed Souldiours’.⁶⁷ This act was part of the original English Poor Laws. The 1590s were marked by economic decline, war, mass demobilization, and bad harvests. The rise in migration and vagrancy led to a heightened sense that public morality was declining at all levels of society and threatening the social order.⁶⁸ The ‘Maimed Soldiers’ act was part of a wider series of measures known as the English Poor Laws. The laws were designed to regulate and relieve the destitute mobile English and Welsh poor which were formalized between 1598 and 1601, although most built on laws ratified in the 1570s.⁶⁹ These laws formed the basis legislative structures of the English and Welsh poor relief systems until 1834. The legislation sought to ensure that all levels of the English society were fulfilling their obligations to their social inferiors and superiors.⁷⁰ Charitable relief was centred on the parish vestries and overseers of the

⁶⁵ See Hitchcock, *Down and Out*, 146-8; Hindle, ‘Technologies’; Steve Hindle, ‘Civility, Honesty and the Identification of the Deserving Poor in Seventeenth-Century England’, in *Identity and Agency in England, 1500-1800*, eds. Henry French and Jonathan Barry (Basingstoke: Palgrave Macmillan, 2004), 38-59.

⁶⁶ Hindle, ‘Civility’, 38-59; Hindle, ‘Technologies’.

⁶⁷ 35 Eliz. c. 4.

⁶⁸ Slack, *Poverty and Policy*, 103, 129-30, 151-2, 153-6; Steve Hindle, ‘Dearth, Fasting and Alms: The Campaign for General Hospitality in Late Elizabethan England’, *Past and Present*, 172 (2001), 54-5; Douglas Hay, ‘War, Dearth and Theft in the Eighteenth Century: The Record of the English Courts’, *Past and Present*, 95 (1982), 117-60; Innes, ‘Domestic Face’, 109, 112-16; Claire Schen, ‘Constructing the Poor in Early Seventeenth-Century London’, *Albion*, 32, no. 3 (2000), 452-4.

⁶⁹ 39 Eliz. I c. 3; 43 and 44 Eliz. I. c.2; *Statutes of the Realm*, 667-9; 39 Eliz. I., c. 5; 39 Eliz. I., c. 5, 6, 17-21; 35 Eliz. I c. 7; see A. L. Beier, *The Problem of the Poor in Tudor and Early Stuart England* (London: Methuen, 1983), 39-42.

⁷⁰ Slack, *Poverty and Policy*, 103, 129-30, 151-2, 153-6; Hindle, ‘Dearth, Fasting and Alms: The Campaign for General Hospitality in Late Elizabethan England’, *Past and Present*, 172 (2001), 54-5.

poor. Parishes were expected to regulate their poor, relieving the ‘deserving’ impotent poor and punishing the idle.

The Maimed Soldiers legislation instituted a separate type of pension to the parochial framework. These pensions were only available to disabled former soldiers, sailors and their widows. The act made provision for all those who ‘adventure their lives, lose their limbs or disable their bodies, in defense and service of Her Majesty [Elizabeth I] and the State’. They were to ‘be relieved and rewarded to the end that they may reap the fruit of their good deservings’.⁷¹ Geoffrey Hudson and Claire Schen have demonstrated that these statutory acts were not just simple political expedients designed to quickly disperse disbanded men.⁷² Instead, the acts were indicative of the court’s conservative understandings of the Christian social hierarchy and its obligations.⁷³ These men’s experiences of military hardship in the name of the English state placed them within a paternalistic community of honour and a hospitality relationship with the crown and their social superiors. Schen’s research on charity in London noted how soldiers and sailors injured by non-Christians constructed their petitions around a wider understanding of the role of the Christian community towards those punished for their faith.⁷⁴ This abstract identity as an honoured servant who deserved on-going Christian national charity was viewed as both something to be envied and emulated. Instead of recognizing the parishes’ relationship to its members, it recognized the state’s relationship with its former soldiers.

⁷¹ Hutt, *PI*, 5.

⁷² Hudson, ‘Disabled’, 118-22; Schen, ‘Constructing’, 452-4.

⁷³ Hudson, ‘Disabled’, 120-1; Schen, ‘Constructing’, 452-4.

⁷⁴ Schen, ‘Constructing’, 452-4.

However, underlying the paternalistic Christian conceptual framework was a general anxiety about this status and the problems former soldiers might cause to settled communities. The former soldier was simultaneously recognized as a man who could easily err into social deviancy and unsettledness.⁷⁵ Furthermore, their pensionable status meant others would fake this identity, bringing suspicion onto all those who claimed to be former soldiers. Thus, the Maimed Soldiers act was formalized alongside the ‘Act for the Punishment of Rogues, Vagabonds and Sturdy Beggars’.⁷⁶ This penalized those who assumed this deserving identity: any ‘lewd and wandring persons pretending to be Souldiers or Mariners’ were deemed to be felons without benefit of clergy. This composite identity underpinned the majority of this legislation. Through both of these acts, the special status of former servants of the Crown was confirmed.

The ‘Maimed Soldiers’ act formed the basis of multiple successors during the subsequent reigns of James I, Charles I, Charles II and during the Interregnum (1598, 1601, 1624, 1645, 1647, 1651 and 1662).⁷⁷ The Interregnum Long Parliament reinstated the county pension framework in 1647 and 1641 in order to compensate former Parliamentarians. In 1662, the act was reversed to reward former Royalists and exclude Parliamentarians.⁷⁸ This meant the act operated in the same basic format from its conception until the early 1700s. These pensions were administered at a county level, separate from the boundaries of the parochial poor law. It was funded through a parish tax supplementary to the established poor rates. The exact rate was set locally by the County Treasurer and in their absence the local Magistrates. Its county-wide nature

⁷⁵ Hindle, ‘Technologies’, 2-3.

⁷⁶ David Dean, *Law-Making and Society in Late Elizabethan England: The Parliament of England, 1584-1601* (Cambridge: Cambridge University Press, 1996), 176-7; Schen, ‘Constructing’, 453-4.

⁷⁷ 39 Eliz. c. 21; 43 Eliz. c. 3; 21 Jac. I. c. 28; 3 Car. I, c. 5; 16 Car I, c. 4; 14 Car. II. C. 9; for a detailed legislative history of this act and its later amendments Hudson, ‘Disabled Veterans’, 118-23, 129, 140, fns 23, 24, 25, 26; a modern transcription of the act can be found in Hutt, *PI*, 5.

⁷⁸ Hudson, ‘Disabled’, 122.

however limited the immediate financial impact of the soldiers' pensions on any individual parish. No parish was to pay under 10d or over 2s per week to maintain these pensioners. Any county with more than 50 parishes was not to pay recipients more than 6d per week.⁷⁹ Pensions were capped and dependent on the number of applicants in one area. The average value of the pension thus declined as more applied for it.⁸⁰

Applicants petitioned the County Treasurer or the local magistrates of his home county, who would then ascertain the validity of their claims and award the pension amount they felt was appropriate. The tying of a man's pension eligibility to his home county or place of settlement thus encouraged men to return to their former homes and families. Impressed men were to apply in the county where they were forcibly enlisted unless they were too sick to travel. Applicants had to present their discharge certificates to the County Treasurer who would provide an interim payment until the next Quarter Session. The man was expected to attend the next Quarter Session to be questioned over his eligibility and the nature of his service by the magistrates. Any former soldier was eligible to apply under the original wording of the 1593 acts.⁸¹

Over time however, many Justices began to develop their own eligibility criteria outside the terms of the original acts. They began to apply the same financial and moral criteria used to identify a parish's deserving poor.⁸² Questions about their physical health, ability or willingness to labour, religious affiliations, sobriety and moral integrity were used to vet both applicants and established pensioners.⁸³ Pension awards

⁷⁹ Edmund Wingate, *An exact abridgement of all the statutes in force and use from the beginning of Magna Charta [sic]* (London: 1704), 63-5.

⁸⁰ Hudson, 'Disabled', 123.

⁸¹ Hudson, 'Disabled', 121.

⁸² Hindle, 'Civility', 38-59.

⁸³ Hudson, 'Arguing', 107, 109; Hudson, 'Disabled', 123-6.

reflected these issues as well as the applicants' social class, previous income and nature of the wounds.⁸⁴ They removed those they felt were unsuitable to be subsisted by their local taxes. Like parish relief, the county pension became a way for justices to sanction those who misbehaved, and therefore had shown themselves to be beyond a community of honour.⁸⁵ Like nearly all other aspects of the English Poor Laws, the acts were adapted by those applying the laws. The former soldier's legislative distinctiveness was gradually subverted within changing localized discourses about the hierarchical nature of the deserving poor. These discourses were based on local cultures of charity and the economy of individual regions as well as the prevailing gendered notions of a man's suitability for labour.⁸⁶ The Long Parliament's interpretation of the law demanded that all applicants should be completely 'disabled in body for work', but it is likely that this was a legal codification of an already established local practice.⁸⁷ Hudson has illustrated how 'disabled ex-servicemen were thus henceforth legally obliged to conform to contemporary notions of what kind of disabilities impoverished'.⁸⁸ Pensioners had to not only physically demonstrate the effects of their age and past bodily trauma but also their declining health, senility, inability to labour and exhaustion of all other means of support. They had to fit in with contemporary structural understandings of deserving poverty.⁸⁹ Over time, these local concerns became more important than the pensioner's former status as a servant of the Crown.

The county pension acts officially lapsed nationally in 1679. Hudson has argued that it was a victim of Charles II's interest in establishing residential Royal hospitals for

⁸⁴ Hudson, 'Disabled', 121-30.

⁸⁵ Hudson, 'Disabled', 121, 123-4; Hindle, 'Civility'.

⁸⁶ On local contexts of poor relief in England and Wales, see Steven King, *Poverty and Welfare 1700-1850: A Regional Perspective* (Manchester: Manchester University Press, 2000), especially 29-39.

⁸⁷ Hudson, 'Disabled', 125-6, 127-29.

⁸⁸ Hudson, 'Arguing', 129.

⁸⁹ Hudson 'Arguing', 110-4; Hudson, "Disabled," 128-31, 134.

his superannuated soldiers.⁹⁰ County officials too preferred a hospital funded by the army itself, and not by their local taxes.⁹¹ The official lapse did not prevent petitioners or counties continuing to use the defunct act. Existing county pensioners continued to receive their pensions until their deaths even after the establishment of the Royal hospitals at Chelsea, Greenwich and Kilmainham.⁹² The Middlesex justices continued to levy rates for military county pensioners into the eighteenth century, and granted pensions to new petitioners into the 1740s.⁹³ These applicants' cases were based on service to William of Orange or Anne and not the earlier Stuarts or Parliamentarians. The continuation of these laws in Middlesex is interesting given its proximity to the Royal Hospital of Chelsea, where some of these petitioners would have received higher rates of pension. This case demonstrates how differently localities interpreted and applied the laws even after their lapse.

The existence of this separate county pension scheme did not exclude their extended families from other forms of parochial and charitable relief. Soldiers' deserted wives, widows and children could all apply for assistance from the local parish vestries and their poor rates under the terms of the English Poor Laws.⁹⁴ This relief could take the form of a regular pension or a one-off cash payment, a gift of clothes, tools or victuals, exemption from the poor rates, or be in the form of endowed charity such as a

⁹⁰ Hudson 'Disabled', 137, 144, fn 73.

⁹¹ Hudson 'Disabled', 137.

⁹² For example, *LL*, Middlesex Sessions, Justices' Working Documents, petition of George Russell, 24th July 1691, LMSMPS500140072; The Middlesex Justices formally closed the act in 1742 after they judged that all of the county pensioners were dead as they were no longer collecting their pensions, *LL*, General Orders of the Court, 29th April 1742, LMSMGO556010494.

⁹³ Listings of payments from individual parishes to the High Constables include *LL*, St Clement Danes, 6th September 1702, WCCDMV362170118; *LL*, St Boltoph Aldgate Overseers Accounts, 6th May 1707, GLBAAC100000347; for pensioners *LL*, Middlesex Sessions, Justices' Working Documents, petition of William Dickman, 11th October 1708, LMSMPS501010056; *LL*, Petitions of James Everad, 8th January 1722, and 15th October 1722 LMSMPS502060027 and LMSMPS502060030; *LL*, Certificate of James Banner's receipt of a county pension, 16th November 1722, LMSMPS502110053; *LL*, Petition of Michael Baker, 5th April 1733, LMSMPS503020035; *LL*, Middlesex General Orders of the Court, admission of John Burt, 12th October 1738, LMSMGO556010249.

⁹⁴ David Kent, 'Gone for a Soldier: Family Breakdown and the Demography of Desertion in a London Parish, 1750-91', *Local Population Studies*, 45 (1990), 27-42.

place in an almshouse, workhouse or house of correction, a subsidised enforced apprenticeship, nursing and medical care or paid work within the parish boundaries. During times of harvest failure, grain prices and supply were regulated at a local level in order to ensure that the poorest families did not starve on mass.⁹⁵ The 1662 Act of Settlement, coming in the wake of the economic and social conditions of the Civil War and a concern about rising poor rates, limited each individual parish's obligation to its own 'settled' poor. Settlement was gained through birth, an apprenticeship or employment contract lasting over one year or through renting a property over a set value and contributing to the parish poor rates. Wives assumed their most recent husband's legal place of settlement. Parishes had the right to remove anyone without legal settlement who was thought to be at risk of becoming 'a charge on the parish'. This aspect of the settlement laws in particular posed a problem to soldiering families, which had a high rate of rapid and endogamous remarriage. Widows who remarried would assume their new husband's place of settlement, while their children had settlement in their places of birth. In the parish of St Luke's Chelsea, many of the deserted wives and widows of Chelsea pensioners claimed they did not know their husband's or parents' place of legal settlement nor his exact place of birth, much to the consternation of the local overseers of the poor.⁹⁶

Discharged soldiers were encouraged to return to their place of birth or their last settled parishes by the Articles of War and the legislative framework of the county pension scheme. There was however a general acceptance that this would not always be possible or desirable. A number of acts were instituted from 1660 onwards to facilitate

⁹⁵ Slack, *Poverty and Policy*, 139-48.

⁹⁶ For example, LMA P74/LUK/121, Examination of Sarah Knapp, 28th July 1757, quoted in Tim Hitchcock and John Black (eds.), *Chelsea Settlement and Bastardy Examinations, 1733-1766*, (London: London Record Society, 1999), 108-9.

their quick resettlement into a civilian community and economy. The context of these acts has already been briefly summarized by Joanna Innes.⁹⁷ These acts exempted former soldiers and sailors from the myriad of local employment laws in operation in towns and cities allowing them to set up their own businesses. This revoked an Elizabethan act that stated all journeymen should have finished their apprenticeships.⁹⁸ The earliest of these employment acts was the 1660 ‘Act for Inabling the Souldiers of the Army Now to be Disbanded to Exercise Trades’.⁹⁹ They were allowed to ‘enjoy the same Immunities as they should have had and enjoyed, if they had served out their said terms, or times’. It specified that men should return to where they had settlement. The lucrative nature of this act at the time is highlighted by the compulsory 6-month imprisonment for anyone making false claims.¹⁰⁰ This act was expanded in 1662, with the added incentive that the former soldier could settle wherever he liked and set up in whatever trade he wished.¹⁰¹ The 1662 act was reissued in 1748 in the wake of the War of Austrian Succession.¹⁰² It was expanded again in 1763 after the Seven Years’ War.¹⁰³

Under the terms of the 1748 and 1763 acts, any former officer, mariner, soldier or marine who had served since 29th November 1748 and could prove that he had not deserted at any time was entitled to set up business in certain ‘craft or mystery

⁹⁷ Innes, ‘Domestic’, 115-6.

⁹⁸ *Ibid.*, 115-6; the act was 5 Eliz. I, c. 4.

⁹⁹ 12 Car. II, c. 16.

¹⁰⁰ *Anno Regni Caroli II Regis* (London: John Bill and Christopher Barker, 1660), 17-24.

¹⁰¹ Innes, ‘Domestic Face’, 115-6.

¹⁰² *Ibid.*, 115-6; “An Act to enable such Officers, Marines and Soldiers, as have been in His Majesty’s Service since his Accession to the Throne, to exercise trades,” 22 Geo II c. 44.

¹⁰³ An Act to enable such Officers, Mariners and Soldiers, as have been in the Land and Sea Service, or in the Marines, since the Twenty-Second Year of His late Majesty’s King George the Second, to excise Trades,” 3 Geo III c. 8; Anon., *A collection of the statutes relating to the Admiralty, Navy, Ships of War, and incidental matters; To the eighth Year of King George the Third* (London: 1768), 909-13.

[mastery]' anywhere in England, Ireland, Scotland and Wales.¹⁰⁴ He did not need to have served the obligatory seven-year apprenticeship of other men nor gained freemanship of a city or town. The act also recognized that many soldiers and others continued to trade or even learnt new trades within the army 'by their own industry'. The soldier could set up in any 'such trades as they are apt and able for' within 'his own house' with the sole purpose for the subsistence of his family. It essentially allowed for the setting up of a family business without the need to apprentice his sons. He could set up in a wide range of trades irrespective of his previous experience. Despite the relatively flexible wording of the statute, late eighteenth-century legal texts suggest that the minutiae of this act were periodically challenged at a local level.¹⁰⁵ The soldier had to be actively involved with the business; he could not be a silent partner nor employ un-apprenticed workers who were not family. The act used a narrow nuclear definition of family. On his arrival in his desired town, the soldier had to lodge all of his identity documents with the local corporation, burgher or if in the City of London, the Chamberlain. These certificates would then be presented to two Justices of the Peace to legally confirm his identity and eligibility to benefit from the act. He was also expected to be examined as to his last place of legal settlement. Crucially, the act also negated the Act of Settlement, and was surprisingly effective in ensuring that soldiers and their families were not routinely removed as long as they could practice their trade within their family home.¹⁰⁶ During his period of business in his chosen trade, he could not be removed and neither could his wife or children. This right to practice any trade also transferred onto his wife and children, and through customary practice onto his widow,

¹⁰⁴ 3 Geo III, c. 8; see James Barry Bird, *Selections from the laws of England; containing distinct and familiar treatises upon such heads and divisions of the law* (London: 1799) 17-20; for the wording: John Ward Dudley, *The law of a justice of peace and parish officer* (1770), 65-8.

¹⁰⁵ Bird, *Selections*, 18.

¹⁰⁶ Dudley, *The law*, 65-8.

with the legal commentaries surrounding this act suggesting that this was upheld without reference to the act.

The 1662 county pension act restored former Royalists troops. In addition, it exempted former soldiers and their families from parts of the Act of Settlement. It became illegal for parish overseers to remove them from an area unless they were deemed to become chargeable. If their businesses failed, then they risked removal. By the late eighteenth century, the act had taken on an additional aspect in the City of London. Former soldiers' sons-in-law and grandchildren began to claim entitlement on the basis of their in-laws and grandparents' former services, moving away from the traditional nuclear definition of family within the act. In many cases, the father had predeceased the applications, and the children were applying for new trade and business, and not simply assuming the existing business of their father.¹⁰⁷ The trade acts listed here had an additional benefit. The 'Maimed Soldiers' act and the English Poor Laws limited their obligations to those with legal settlement in England and Wales. The British use of mercenary forces and borrowing allied troops limited the parishes' and the Crown's obligation to pay for pensions, although many men of these men subsequently did petition for aid. However, those without settlement could use the terms of the 1748 and 1763 acts to settle and trade in Britain and Ireland.

Despite a general awareness of the problems faced by deserted or bereaved soldiers' families, they remained largely undifferentiated from the other groups covered by the legal framework of the poor law.¹⁰⁸ The wording of these statutory acts was highly gendered and predominantly focused on the returning male breadwinner, leaving

¹⁰⁷ LMA COL/CHD/FR/11/04/001-11, Records of King's Freemen; Vivienne Aldous, 'Records of King's Freemen in the City of London in the Eighteenth and Nineteenth Centuries', *Genealogists' Magazine*, 27, no. 6 (2003) 415-21.

¹⁰⁸ Hitchcock, *Down and Out*, 146-8; Rogers, *British Army*, 135.

their dependents vulnerable in the face of desertion, chronic illness, or bereavement. Low-ranking Parliamentary soldiers' widows did successfully claim pensions in their own right under the county pension acts during the Interregnum, but this lapsed at the Restoration.¹⁰⁹ There were isolated cases of widows claiming their husbands' pension after the 1660, but they were not statutorily entitled to receive a county pension in their own right.¹¹⁰ Soldiers' families became regular claimants on parish poor relief, especially in London and port cities. They were used institutions like the Foundling Hospital, the Lock and the British Lying-In Hospital.¹¹¹ In spite of the 1662 exemption of soldiers from the Act of Settlement, soldiers' families were often destitute. They were at risk of being charged as vagrants or threatened with forced removal if their husbands did not return and they lost their claim to parish settlement. Serving soldiers had no legal obligation to maintain their families. Their pay could be diverted to individual parishes in order to re-reimburse some of the costs a parish had incurred in looking after their families, but it was not diverted to families¹¹² This continued to be the case until the mid-nineteenth century, in spite of a marked growth in romanticism around the soldier's wife and the corresponding proposal of a number of voluntary schemes to assist them.¹¹³ Officers' families found it easier to access relief. The widows of commissioned officers were able to use War Office pension schemes to claim the owed wages or apply for pensions in their own right.

¹⁰⁹ Hudson, 'Arguing', 111; J. D. Appleby, 'Unnecessary Persons? Maimed Soldiers and War Widows in Essex, 1642-62', *Essex Archaeology and History*, 32 (2001), 209-21; Geoffrey Hudson, 'Negotiating for Blood Money: War Widows and the Courts in the Seventeenth-Century', in *Women, Crime and the Courts in Early Modern England*, eds. Jennifer Kermode and Garthine Walker (London: Routledge, 2004), 153-76.

¹¹⁰ Hudson, 'Arguing', 111; *LL Middlesex Sessions, Justices' Working Documents*, petition of Elizabeth Calida, October 1709, LMSWP5501090004; LL, petition of Widow Everad, 3rd December 1733, LMSMP5502960049.

¹¹¹ Jonathan Reinarz, "Investigating the "Deserving Poor": Charity and Voluntary Hospitals in Nineteenth-Century Birmingham", in *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, c. 1500-1950*, eds. Anne Borsay and Peter Shapely (London: Ashgate, 2007), 253-4.

¹¹² Myna Trustram, *Women of the Regiment: Marriage and the Victorian Army* (Cambridge: Cambridge University Press, 1984), 50-1, 210.

¹¹³ The ideologies, successes and failure of these schemes are analysed by Lin, 'Caring'; Lin, 'Citizenship'; Lin, 'Extending her Arms'.

Contemporaries' awareness of the uncertainties and vicissitudes of military service ensured that there was a general acceptance of the legislative distinctiveness of soldiers and their families throughout the seventeenth and eighteenth centuries. Special forms of central and localized relief provisions were established for them. This did not however necessarily translate into special status at parochial level, or uniform application of the existing legislation. Furthermore, the families of lower ranking men were not formally recognized by military authorities as a dependent group. Like most forms of welfare outside of Chelsea, it was considered to be the sole preserve of individual regiments and their gentleman officers. War Office interference in the day-to-day running of these private 'regimental worlds' was considered inappropriate and fiercely contested as it went against concepts of officer autonomy and regimental traditions.¹¹⁴ The War Office largely agreed that officers knew the characters of their men and their wives' best and so would be able to select the most deserving cases more accurately. This reliance on individual officers and regiments continued until the manpower crises of French Revolutionary wars forced both the Admiralty and War Office to consider putting more formal relief measures into place. The Army eventually only adopted some minor points of the proposals relating to the claims of bereaved families. It continued however to operate a number of its own alternatives for their discharged or disabled former soldiers, the majority only indirectly benefited a soldier's family.

¹¹⁴ On the ideological and cultural world of the eighteenth-century regiment see J. E. Cookson, 'Regimental Worlds: Interpreting the Experience of British Soldiers during the Napoleonic Wars', in *Soldiers, Citizens and Civilians: Experiences and Perceptions of the Revolutionary and Napoleonic Wars 1790-1820*, eds. Alan Forrest, Karen Hageman and Jane Rendall (Basingstoke: Palgrave Macmillan, 2009), 23-42.

2.2.3 Regimental and Garrison Relief for Aged and Superannuated Soldiers

Charles II inherited large numbers of demobilized, discharged, disabled and superannuated soldiers from both the New Model and the old and new Royalist armies. The new government's immediate response to these men was both ideologically driven and practical, designed both to confirm his authority as English monarch, and to end the continued expense and tension the armies had caused. It resulted in a number of short-term expedient measures. These measures were mainly based on the former allegiance of these men, but to some extent did take into account additional factors, in line with the Declaration of Breda and the resulting Act of Indemnity and Oblivion.¹¹⁵ His immediate response was to disband the Parliamentary regiments, making special provisions for both officers' and soldiers' pay arrears and debts.¹¹⁶ All Parliamentary pension measures were closed, including the centrally funded pensions for the out-patients of Ely House and for widows. The county pension act was adapted to exclude Parliamentarians and include Royalists. Other smaller scale schemes and charitable ventures designed to aid former soldiers failed very quickly, such as the London and Westminster plate lotteries.¹¹⁷ Two large Parliamentary grants to old Cavaliers in 1662 and 1670 did little to solve the problem. At the same time, rising demand for the county pensions coupled with rising parochial poor rates and taxes ensured that many Justices of the Peace and vestries were increasingly unwilling to admit disabled soldiers onto their county pension lists.

¹¹⁵ On the Act of Indemnity and Oblivion see Seaward, *Cavalier Parliament*, 196-214

¹¹⁶ *An Act for the speedy disbanding of the army and garrisons of this kingdom* (London: John Bill and Christopher Barker, 1660); Childs, *Charles II*, 9; *Mercurius Publicus Comprising the Sum of Forraign Intelligence*, issue 38, 13th-20th September 1660.

¹¹⁷ The trustees embezzled the funds. Dean, *RH*, 18.

The decline of the county pension and its harsher provisions for the disabled servicemen between 1660 and 1679, and Charles' on-going financial issues and unwillingness to increase parochial taxes had an unusual side-effect. Large numbers of formerly pensionable unfit and elderly soldiers began to find refuge within the army or within the wider social circle of former officers and their families. While some unfit and superannuated soldiers had always been provided for in this manner (for example, amongst the Yeomanry of the Tower), this option took on an especially prominent role between 1660 and 1680.

Army provision for the superannuated, disabled and discharged came in a number of forms depending on the individuals concerned and the capabilities of the regiment and of individual garrisons. Both the British and French armies attempted to provide for some old soldiers by not discharging them when they became 'unserviceable' instead placing them in domestic garrisons.¹¹⁸ This garrison provision for the superannuated was formalized in November 1674.¹¹⁹ Monmouth was directed to inform John Grenville, Earl of Bath and governor of Plymouth garrison that 'it is the King's pleasure that every garrison should entertain one soldier of those that are superannuated and maimed and thereby disabled to do much duty, till further provision can be made for them'. He sent the maimed Henry Weddal with the letter as the first appointee to Plymouth, suggesting that Weddal petitioned for the place.¹²⁰ While this practice was not formalized by Charles until 1674, it seems to have been a well-established practice. Weddal's petition was one in a long list of applications for this type of provision, and the men involved usually had a specific idea about where they wished to go. This was not always the nearest garrison to their correspondence address,

¹¹⁸ Hudson, "Arguing," 135; Mann, *The Veterans*, 26-9.

¹¹⁹ Mann, *The Veterans*, 26-8.

¹²⁰ Monmouth to Bath, 3rd November 1674, *S.P. Dom., Entry Book*, vol. 41, 391-44.

with some wishing to go back to their countries of birth. The wording of the official responses to these petitions suggests that former soldiers were fully aware of this garrison and regimental obligation. In spite of this, applicants had varying degrees of success. The smaller garrisons of Sheerness and Edinburgh for example were better equipped to provide for their former soldiers than places like Plymouth, which had a large rotating garrison and a corresponding large surrounding population of former soldiers and their families.

Men considered especially deserving or particularly skilled could be placed on the regimental or garrison's 'dead pay' list, part of the regimental's 'non-effective' sink funds which acted as an additional revenue stream.¹²¹ All regiments prior to 1716 added a number of real or imaginary soldiers to the muster rolls in order to claim money for them. The practice was not illegal and not entirely dishonest: it was a perfectly acceptable way for colonels to recoup the cost of their commission and any other financial losses as long as the number on the dead list was not excessive. The circumstances of the maintained former soldiers varied: evidently some were still considered to be serving soldiers. They were only expected to do light duties within the garrison but were paid as their 'normal' effective counterparts. This could include assisting with the daily tasks of a normal garrison, such as feeding animals, maintaining the regimental stores and paperwork. These dead pay men may or may not have more personal freedom than their comrades, for example being allowed live outside of the garrison with their families or run a business. Some received the same subsistence, diet, lodgings and medical care as their counterparts. Others received the 'dead pay' as a one-off payment or even as a regular pension and were allowed to live outside of the

¹²¹ Dead pay practices for superannuated, disabled or otherwise 'deserving' men were limited after 1713. Guy, *Oeconomy*, 64-5.

garrison distinct from their serving counterparts. This practice however affected the income stream and profitability of the regiment, so it is difficult to assess exactly how many men were maintained this way at any one time. The practice of listing officers' servants as non-effectives in garrisons meant that it is difficult to tell if they were rewarded former soldiers or simply civilian manservants, a practice that was officially prohibited in 1713.¹²² Additionally it was simply not profitable to maintain too many non-effective soldiers on the dead pay lists, as the colonels relied on this money to run the regiment. This was especially the case during peacetime when the non-effective funds could not be topped up with War Office recruitment grants.¹²³ Places within garrisons operated according to vacancy lists, which were often over-subscribed. Applicants would have to wait for their succession to a position at the rank/pay of a private.¹²⁴

Some men were maintained or at least given occasional employment or gratuities through the regiments without being placed on the 'dead pay' lists. The regiment's various pay stoppages further allowed the opportunity to employ non-serviceable men in a paid position or with a gratuity. Charges could be levied for burial of the dead, loading and unloading supplies, care of unused/defunct clothing and arms, or compiling muster rolls and doing other administrative tasks.¹²⁵ Some regiments funded their extraordinary positions through these pay stoppages. The positions of quartermaster, riding master, musicians, drill sergeants and surgeons and their mates could all be funded this way. Former soldiers were often hired into these positions. It was common for quartermaster assistants and quartermasters to have previously served as NCOs by the late eighteenth century. A job in a garrison allowed for some provision

¹²² Unofficially, it probably continued. *Ibid.*, 64-5.

¹²³ *Ibid.*, 64-5.

¹²⁴ *S.P. Ireland, Car. II.* Vol. 340, 35.

¹²⁵ Guy, *Oeconomy*, 66-7.

for the wives, widows and children of soldiers, who could be employed as laundresses, nurses or servants. In this respect, the notion that lower ranking soldiers have always funded their disabled and maimed is true.¹²⁶ While this saying is associated with Chelsea (funded through the 1d stoppage and the poundage), soldiers were also potentially funding casual relief for their former comrades through the numerous and arbitrary pay stoppages. These were regimentally-specific. Some officers just employed men as manservants or ostlers using their own money, therefore avoiding the regimental system.

The Court followed this practice, and kept a number of superannuated wealthy officers and soldiers on palace grounds. These were the Gentlemen Pensioners and the Yeomanry of the King's Guard. Their official duties were to act as the court's guards and gaolers, but by the late seventeenth century they were kept mainly as sentries and as a ceremonial presence. From 1688, these elite groups were joined by the less prestigious but equally 'rewarded' Invalid companies, men of much lower social class who mounted similar guards in the royal palaces at a lesser cost to the Royal Household.¹²⁷ Their terms of service and conditions varied, a reflection of their very distinct social status. Members of the corps of Gentlemen Pensioners were permanently in the royal presence, the Yeomanry guarded the rest of the court and palace grounds alongside any other royal guard units or Life Guards. The corps of Gentlemen Pensioners were made up of the higher ranks of officers chosen by the King, 'out of our best Families, and such as have best education in several counties of our Kingdoms, [so] that all our loving subjects of best rank of worth may find themselves interest in the trust and honour of

¹²⁶ Gleig, *Traditions of Chelsea College*, 18; Hudson, 'Disabled Veterans', 137.

¹²⁷ On their postings see Mann, *The Veterans*, 26-28, 169-84; The uniforms, lodgings and maintenance of the Invalids came from the War Office and Chelsea's revenues. The Gentlemen Pensioners and Yeomanry were part of the Royal Households establishments. It is not difficult to imagine that these lower ranking men were probably given the harsher, colder and more unpleasant guard postings and duties. The arrival of the lower-cost Invalids does correspond with wider cost cutting measures in the royal household at the accession of William and Mary.

our Service'.¹²⁸ While all were to have seen military service, the positions were treated by aspiring families as property investments. The places were bought commissions, and the existing lists of the Pensioners highlight the status of the families using these Royal Household positions.¹²⁹

The social status of the Yeomanry is harder to judge. Their positions do not appear to have been purchased; instead they were reflections of military service and reward and they were of lower rank than the Gentlemen.¹³⁰ The petitions of those who had been denied entrance to the Yeomanry, or removed from their offices suggest that the Yeomen of the Guard had to be financially secure prior to, and during, their service. Richard Wharton, who approached the king personally in Jersey for a place in the Guards, was refused admittance 'by reason of his poverty'.¹³¹ This is further supported by the circumstances of the 1689 mass dismissal of Pensioners and Gentlemen Pensioners by their respective captains, Charles Montague and John, Lord Lovelace. When the Yeomen protested, Montagu is reported to have countered that 'all such having competent estates, trades or other good employments' or were inefficient, old or unfit or 'undersized'.¹³² Montagu reminded them that their positions were not sinecures for life and were in fact a reward system presided over by Charles II, a statement echoed by Lovelace.¹³³ However, Montagu's statement implies that the Yeomanry had actually become a sinecure.¹³⁴ It also implies that there was a large number of superannuated elderly and sickly men within the force, and possibly that there had been for some time. Admission to the Yeomanry was determined in the same manner as garrison and

¹²⁸ Charles I orders 1633 quoted in James Bunce Curling, *Some Account of the Ancient Corps of Gentlemen-At-Arms* (London: Richard Bentley, 1850), 97-8.

¹²⁹ Bunce Curling listed the Villiers family, *Some Account*, 229-30, 259-63. These privileged positions were not true of the lowest ranking Invalids assigned to the court.

¹³⁰ *Ibid.*, 2, 122-4, 126-7.

¹³¹ *SP Charles II*, vol. 142, 136-68/

¹³² Smith, *Royal Body-Guard*, 7.

¹³³ Bunce Curling, *Some Account*, 170.

¹³⁴ Thomas Smith, *Royal Body-Guard*, 7.

regimental superannuated places, through a successional vacancy list. Men had to die in post or resign. The frequency of forced removals and resignations due to ill health is unknown, although some men did voluntarily retire from the position. The removal of these royal bodyguards was possibly on account of Williams' preference for his Dutch Guard and other forces with known loyalty, with their age and health being used as excuse for their removal, as happened with the higher ranking Gentlemen Pensioners.¹³⁵

These Household positions were largely restricted to a very small proportion of former officers and soldiers. However, they demonstrate how the court in particular envisaged the role of the superannuated and aging soldiers, and what form of military sinecure that the court was used to. The Yeomanry's duties in particular were not that different from those who asked for the superannuated positions in garrisons and regiments. None of the positions mentioned above were supposed to be sinecures, but all at some point were effectively used that way. In both circumstances, the captains could officially remove men from these places in favour of other fitter men, although this caused problems when there was an attempt to do so as it was thought to go against an established vacancy list. All of these groups were to be considered in these places as rewarded for already having performed good military service for the monarchy. Lastly and importantly, it is the scale of these measures that helps to contextualize Chelsea in the Court's mind. The Court was used to providing uniforms and lodging for a relatively small number of men, and one suspects, that they originally planned to replicate at Chelsea: a relative small institution for the Crown's small numbers of superannuated and elderly men who would wait for positions using a vacancy list.

Unfortunately the practice of maintaining large numbers of men on regiments was not sustainable. Between 1660 and 1684, some were provided for in Charles'

¹³⁵ Bunce Curling, *Some Account*, 161-4.

standing army of approximately 11,000, but this only made the problem worse. Many Parliamentarians ended up in the Tangiers garrison, only to become sick and die in large numbers. By the mid-1670s, the Crown's ever-increasing numbers of discharged, superannuated and disabled soldiers and sailors risked becoming focal points for political and social unrest.¹³⁶ This was particularly the case in London where the large groups of men congregated to wait for their disbandment certificates, pay arrears or for Crown or parliamentary consideration.¹³⁷ The practice of keeping them on the Pay Lists was not only costly, it affected military strength. By the late 1670s, it was noted that this practice had effectively curbed the operational capacities of the Irish army. The situation was so bad in 1678 that James Butler Lord Lieutenant of Ireland reported that Ireland's scattered six horse regiments and six foot regiments were inefficient due to the presence of these men.¹³⁸ This accelerated the establishment of Kilmainham Hospital.¹³⁹ This situation was recognised by the foundational documents of Kilmainham which declared that Charles II 'found it unreasonable, that such Persons who have faithfully served Us in Our Army whilst their Health and Strength continued, should, when by Age, Wounds or other Infirmities...be discharged without any Care to be taken for their future Subsistence'. It stressed that these men were being continued in the army as a charitable act, 'for want of some other fitting Provision for their Livelihood and Maintenance'.¹⁴⁰ The army had to be 'freed' of disabled and old men.¹⁴¹

¹³⁶ Seaward, *Cavalier Parliament*, 208-9, 211-3.

¹³⁷ Childs, *James II*, 83-4; Gruber von Arni, *Hospital Care*, 4.

¹³⁸ Quoted in Dean, *RH*, 22-3; it was not just for this reason for the state of the Irish army in 1676 see Childs, *James II*, 204-8.

¹³⁹ Staff office list oath quoted in Gruber von Arni, *Hospital Care*, 54-5, 55-7. Kilmainham suffered from Charles' attention to Chelsea and for its first twenty years was frequently in severe debt.

¹⁴⁰ Thomas Wilson, *An account of the foundation of the Royal Hospital of King Charles II, &c near Dublin for the relief and maintenance of antient and maimed officers and soldiers of the army of Ireland* (Dublin: Robert Owen, 1725), 4.

¹⁴¹ *Ibid.*, 14.

The continued British military presence in Ireland, Flanders and the West Indies further added to the numbers. Furthermore, the number of petitioning veterans was threatening to increase as former soldiers aged. Aging was a significant factor in prompting former soldiers who had not previously asked for relief to come forward. Many others had (perhaps by choice) not claimed their pensions or asked for parish relief immediately after their discharge either because they were not able to, or because they were still young or able to provide for themselves. Later surviving petitions describe that old age had made them succumb to injuries and disorders they had contracted many years earlier in his military service.¹⁴² By 1681, Charles' dissolution of Parliament allowed him to begin to build an English superannuated hospital to 'free' his English army from similarly inefficient men.¹⁴³ The foundation of the Hospital however did not solve the issue of superannuated men on the army lists. The continuance and intensification of these problems over the next two reigns ensured monarchical interest in the establishment of Chelsea Hospital.

2.3 The Foundation of a Hospital for the Superannuated and Unfit, 1681-92

The inclusion of the superannuated and otherwise 'unfit' in the original foundation documents is crucial to our understanding of exactly what Chelsea was originally envisaged to be. 'Superannuated' referred to any man in public office or public service who was considered to be incapable of continuing in his *current position*, on account of a gradual decline in their physical or mental abilities to perform the duties associated with that position. There was no definite age of retirement from particular positions, including in government, army and naval office; rather, it was based on their physical

¹⁴² Hudson, 'Disabled', 129-34.

¹⁴³ Mann, *The Veterans*, 23.

ability. When applied to these offices, the term did not automatically signify that the individual was not thought to be unemployable or unable to labour at any task, nor does it appear to have been used in a derogatory manner. This means that Kilmainham and Chelsea's original applicants were not exclusively imagined to be 'disabled' men incapable of any employment. While it was acknowledged that this was indeed the case for many, there was an acknowledgement that the Hospital was provided relief for who could potentially labour. This original tenant of the Hospital was rapidly obscured and amended as pressure on it grew. Superannuation not only implied that a man was declining in health; it also confirmed that he had served well for a long period of time.

The 1670s and 1680s saw a number of government departments create superannuated pension schemes. These schemes were departures from earlier measures in that the pensions were paid from the departments' annual revenues themselves, and not subsidised through the salary of the pensioners' successor. Chelsea Hospital therefore was a part of a much wider trend in reactions to superannuation. The first of these schemes was for naval officers 'by age rendered incapable of performing their respective duties', and was authorized in 1672.¹⁴⁴ The Lord High Admiral had to judge them unfit to continue, and put their case before the Admiralty Board.¹⁴⁵ Pensions were limited to those with fifteen years continuous service as boatswains, gunners, or pursers, and eight for those who did not have continuous service, such as surgeons and masters.¹⁴⁶ This was unique in that the pension was for life, and not for as long as the impairment lasted. The pension value was fixed at 100% of salary and allowances for all who qualified. By 1673 the scheme included all officers, but this appears to have

¹⁴⁴ C. G Lewin, *Pensions and Insurance before 1800: A Social History* (East Linton: Tuckwell, 2003), 194.

¹⁴⁵ *Ibid.*, 194.

¹⁴⁶ *Ibid.*, 194, 196.

been limited to those above the rank of lieutenant by the early 1690s.¹⁴⁷ Superannuation in the navy was limited to those with long service and on account of their age and a gradual loss of health related to their age: the role of sudden disabling wounds was more complicated. In 1677 the case of Charles Ashton led them to hold that it was ‘a matter of dangerous consequence’ to allow a severely wounded man who had retired due to these injuries onto the pension list of ‘Superannuated Officers’.¹⁴⁸ It did however allow a lump-sum payment for officers unable to labour on account of an on-going cure, valued at one year’s salary.

In 1687, the Treasury authorized a pension system for Excise officers known as the ‘Charity Bank’, although it was not until 1708 that the lowest ranking customs officers were eligible for superannuation.¹⁴⁹ The official superannuation fund began in 1712 and required that men should not be able to maintain themselves through their own labour. The bank was funded through deductions in their members’ salaries, in a similar manner to how the Royal Hospitals of Kilmainham, Greenwich and the navy’s Chest at Chatham would be funded.¹⁵⁰

Kilmainham and Chelsea hospitals were unique in that they provided for the lowest ranking within its measures from the beginning, unlike the other superannuated schemes listed here. The lowest ranking sailors were not included in the naval superannuation scheme. The fact that boatswains, carpenters and gunners were included in the scheme during the 1670s suggests that the scheme initially accommodated a number of the longest serving lower ranking skilled seamen, even if it did not cater for private or able seamen. Maimed private seamen were often given provision as ships’

¹⁴⁷ *Ibid.*, 196.

¹⁴⁸ *Ibid.*, 195-6.

¹⁴⁹ *Ibid.*, 198-9.

¹⁵⁰ Hudson, ‘Arguing’, 122-3.

cooks but they could be given a pension if they had lost multiple limbs and were considered unable to ‘exercise’ in these positions.¹⁵¹ It is possible that these men relied on the land-based county pension scheme, parochial pension or the Chest, which grew in prominence and wealth during the 1670s into the 1680s.¹⁵²

The founding of a hospital for superannuated, aging and generally unfit men was an attractive prospect to the Stuart Court. This type of royally-backed institution fitted into wider European shifts in the aesthetics and administration of absolute kingship, particularly with its emphasis on the creation of centralized professional military forces and efficient bureaucracies.¹⁵³ A superannuated hospital offered a means of creating professionally ‘fit’ military forces controlled through a higher centralized bureaucracy. In the short term it would help to remove the superannuated and disabled former soldiers who were currently draining the resources of the army, and diffuse any of the political implications of removing them en masse, and it would help prevent this situation arising again in the future.

The building of the Hospital continued under James II and his successor William. James was particularly enthusiastic about the Hospital and agitated for its completion during his short reign. Within nine months of his succession, he had significantly enlarged the Hospital’s revenues by endorsing the deduction of one day’s

¹⁵¹ Lewin, *Pensions and Insurance*, 195; J. R. Tanner (ed.), *A Descriptive Catalogue of the naval manuscripts in the Pepysian Library at Magdalene College, Cambridge*, vol. 4 (London: Navy Records Society, 1903), 373.

¹⁵² Hudson, ‘Disabled Veterans’, 122.

¹⁵³ John Brewer, *The Sinews of Power: War, Money and the English State, 1688-1783* (Cambridge, Mass.: Harvard University Press, 1988), 21-2, 61-63, 64-87; Thomas Ertman, “‘The Sinews of Power’ and European State-Building Theory”, in *An Imperial State at War: Britain from 1689 to 1815*, ed. Lawrence Stone (London: Routledge), 40-5; Christopher Storrs (ed.), *The Fiscal-Military State in Eighteenth-Century Europe: Essays in Honour of P. G. M. Dickson* (Aldershot: Ashgate, 2009), 1-22; Hamish Scott, ‘The Fiscal-Military State and International Rivalry during the Long Eighteenth Century’, in *The Fiscal-Military State in Eighteenth-Century Europe: Essays in Honour of P. G. M. Dickson*, ed. Christopher Storr (Aldershot: Ashgate, 2009), 23-53.

pay from all men in the army as well as authorizing the continuance of all poundage deductions. This deduction became the Hospital's main income source until the late nineteenth century.¹⁵⁴ He also granted several personal endowments, and obtained parliamentary approval for Chelsea's receipt of all hackney coach licensing money.¹⁵⁵ There are indications that James wanted to make the Hospital the centre of military pensions. While there is no evidence that he planned to expand the original Hospital buildings, he enlarged the number of people eligible for consideration by the Hospital through a system of interim payments or 'bounties'. James gave verbal instructions for these payments shortly after his defeat of Monmouth's rebellion, which were subsequently codified by Royal Warrants in August 1685 and finalized in January 1686.¹⁵⁶ These payments represent the first systematic pensions system applied to the army's lowest ranks. It was however entirely based around the Hospital as a residential centre. Those who found themselves 'disabled by wounds in fight or other accidents', 'unfitt' or had served 20 years could apply for admission to the Hospital. If found a deserving object, they were put on a subsisted vacancy list. Each man was given a 'dayly allowance', which was determined solely through the seniority of their regiment or by the 'degree or quality of the person wounded', including their achieved non-commissioned rank.¹⁵⁷ These 'dayly allowances' were only until they could be provided for within the Hospital's walls. Those who died while waiting for a place could have their burial expenses paid to the amount of 10s, as could those who had successfully succeeded to a vacancy at the Hospital.

¹⁵⁴ Dean, *RH*, 68-69; Hutt argues that it was in fact proposed under Charles II but not enforced, Hutt, *PI*, 31.

¹⁵⁵ Hutt, *PI*, 141-4, 179-80.

¹⁵⁶ 'Establishment and Regulation of Rewards and other Provisions to be made for His Majesties Land Forces', partially quoted in Dean, *RH*, 69-71; a detailed copy of the warrant is available in Hutt, *PI*, 146-7.

¹⁵⁷ Dean, *RH*, 70-71; Hutt, *PI*, 146-7.

This warrant in particular exemplifies wider shifts in James' aspirations for the Hospital. It was singularly important in the history of Chelsea Hospital as it set a number of precedents. Firstly, it outlined the first out-pensions to be administered by the appointed commissioners for the Hospital. While the warrant refers to these men as waiting for their vacancies, they were being referred to as Chelsea first 'Out-Pensioners' by 1689. While the warrant only viewed their Out-Pensioner status as temporary measure before a man was admitted to the Hospital, it set the foundations for the later stand-alone Out-Pension. The sums granted in this warrant were confirmed by William of Orange and remained in place until 1709.¹⁵⁸ It also established the standard certification and admission process of whose signatures and approval was needed for a man to be recommended for a place in the Hospital or onto its lists. Secondly, the document is indicative of James' desire to reform the English officer corps while remaining sensitive to their social status. The warrant downplayed the role of superannuation and old age solely as a qualifying factor, separating their claims to pensions from that of their subordinates. Finally, this warrant would have placed the Hospital as a direct equivalent of the county pension scheme and the later Parliamentarian's Committee for Sick and Wounded Soldiers. Under the terms of this warrant, a centralized system of compensation for widows with children, orphans and bereaved mothers would have been brought directly under the control of the Hospital's Commissioners and therefore the War Office through the Paymaster General. The Commissioners were expected to assess the merits of their cases, and award the sum of eleven months' pay to the widow, or if the man was unmarried and his mother over fifty and indigent, to her. An additional one-third of this payment was to be entrusted to their local churchwardens to be used to fund the child's care and their apprenticeship. There

¹⁵⁸ Hutt, *PI*, 184-5.

were particular warnings that this sum should be ‘secured from imbezzlement’, presumably by vestries’ supplementing their poor rates. This is the only government statute and pension to recognize the effects of the death of an adult child on their families’ household economy and the expected economic hardships of old age. It upheld a common assumption that adult children would care for their parents as they aged. Notably it was restricted to impoverished mothers aged over fifty years; fathers, grandparents and siblings are excluded. This warrant was never fully enacted, and impoverished mothers and orphans were never again to be assessed by the Commissioners of the Hospital. James’ removal from the throne in 1688 means that the full extent of his plans will never be known.

While James II may have intended to extend the Hospital’s charitable scope and the range of recipients, his successors never showed the same level of interest in the Hospital as a large-scale charitable venue. There were no systematic attempts to expand the residential capacity of the Hospital buildings until 1806. The Hospital was officially opened by William and Mary. They used it as a centre for political display and patronage, in a similar manner to Anne and George I. William and Mary both willingly recommended individual men for entry to the Pension lists: some of William’s favoured Dutch Guards were amongst the first admissions onto the Out-Pensioner lists. Anne similarly used it to reward former soldiers, but appears to have been suspicious of the cost of the institution.¹⁵⁹ Gradually, the Hospital’s importance as a site for courtly display waned as royal interest in it dissipated. It was valued and still regarded as a royal charity, but the buildings never achieved the same status until the late nineteenth century.

¹⁵⁹ *SP Warrant Book*, March 1703, 154; *SP Domestic Warrant Book*, March 1703; *Calendar of Treasury Books*, vol 18; 17th March 1703, *Calendar of Treasury Books*, vol. 18, 1703, 17-30.

Chapter 3. The Hospital and its Pension Administration, c. 1691-1848

3.1 Introduction

This chapter examines the bureaucracy of the Royal Hospital of Chelsea in order to promote a more rounded understanding of the Hospital's role in eighteenth-century society. The Hospital's pension administration is examined from both the viewpoint of the Board of Commissioners who ran it, and those who relied on it for charitable relief. This holistic approach provides a more nuanced view of the Hospital's role in eighteenth century society. Its sphere of influence was huge; indeed the Hospital was considered a major adjunct of the War Office bureaucracy. By the 1720s, the Hospital had developed a governing structure that was capable of managing the pensions of over 25,000 men as well as assessing the cases of thousands of new applicants every year.¹ The Commissioners oversaw a system that successfully paid pensions to all regions of the British Isles, Ireland, Germany, Gibraltar, North America and the Caribbean. The scale of this operation led to the development of particular ministerial auditing posts, most notably the Comptroller of Army Accounts. These posts were later to have key roles in the reformation of government finance in the 1780s.² This development was not only at the most senior levels of government but also on an immediate local level. The Out-Pensioners were the most visible recipients of centrally organized funds in England, Scotland, and Wales. They were required to publically line up in designated towns to be examined and paid by Collectors of the Excise, the most prominent civil servant of the British fiscal-military state in every British locality.³ This chapter aims to

¹ For annual figures, see Appendix 1.

² Through the Select Committees on Finance, Public Accounts, and the Commissions of Military Enquiry.

³ John Brewer, *The Sinews of Power: War, Money and the English State 1688-1783* (London: Routledge, 1989), 101-14.

demonstrate how the Commissioners managed this burgeoning system by tying this centralized system into the wider machinery of eighteenth-century local government.

This chapter begins by reviewing the Commissioners as a governing body between 1691 and 1827. It provides a brief chronology of the Hospital's governing structures before moving onto a detailed discussion of the role of the Commissioners and their staff with particular reference to their individual roles within the pension systems. Over time, the Commissioners' role changed as the Hospital moved beyond its original remit as a relatively small residential almshouse for the Crown's aged, superannuated and severely disabled soldiers.⁴ It builds on original research into their Board minutes and personal papers in order to build a detailed picture of the day-to-day running of the Out-Pension system. Each of the Commissioners' spheres of influence will be illustrated. This includes the first comprehensive discussion of the hierarchies operating within the Board of Commissioners, and the effects of these on the admission of men to the Hospital's pension lists. This section also contains the first detailed account of the role of the Secretary of the Hospital and his large clerical staff. The final section of this chapter surveys the Out-Pensioners' experiences of the Hospital and its organization and then outlines the process of admission to the Hospital from the point of discharge. Using detailed first-hand witness accounts, it will then describe the first examination process through the eyes of the men involved. The chapter ends with a discussion of how the Out-Pensioners received their allotted pension payments. It will describe the impact of a shift from informal structures of arrears-based payment to the more formalized credit-based system under the superintendence of the government's Excise service.

⁴ See Chapter 2.

This chapter has chosen to focus on the Commissioners' work with the Out-Pensioners and Invalids rather than on their periodic management of the residential Chelsea Hospital. The vast majority of the Commissioners' business revolved around their management of the Hospital's applicants for Out-Pensions or Invalid places. They dealt with thousands of applicants, pensioners, officers, regimental agents, informers, Collectors, and private individuals. Despite this, the Commissioners' relationships with the Out-Pensioners has been conspicuously absent from the overlapping historiographies of the Hospital. By focusing on their work with the Out-Pensioners, this chapter will complement and contextualize the earlier political histories of Hutt and Dean who concentrated on the individual Commissioners and their personal relationships beyond the Hospital. Some elements of this analysis are prosopographical, which is necessary in order to highlight the role of political debate on both the development of the Board of Commissioners and on the pensions they oversaw. This chapter will also, through necessity, focus on the period after 1715. While earlier records of the Commissioners' official meetings have been preserved, there are significant gaps as no records have survived from before 1703, or between 1709 and 1714.⁵ Furthermore, as the early Board heard fewer cases, it is more difficult to judge their working practices and attitudes towards particular types of applicant. These gaps in the archive are largely due to the tumultuous early history of the Board of Commissioners which was marred by accusations of mismanagement and the falsification of pension data, some of these accusations will now be discussed.

⁵ See Chapter 1.

3.2. The Development of the Board of Commissioners, c. 1691-1715

The Lords and Commissioners of the Royal Hospital of Chelsea were a select group of aristocratic government ministers, bureaucrats and senior military commanders. They were all drawn from titled court families, and several held positions within the Royal Household concurrent to their work at the Hospital. Their number included the President of the Privy Council, the Lords of the Treasury, the Paymaster General, the Secretary at War, the Secretaries of State, the Commanders in Chief (or Captain General), the army's financial Secretary, the Auditors of the Imprests, the Commissioners of Trade, the Comptroller of Army Accounts, the Surveyor-General, and the Judge Advocate.⁶ They were joined by the Governor of the Hospital and his deputy, the Lieutenant Governor. Of the entire Board of Commissioners, only the Governor and the Lieutenant Governor had direct military authority over the In-Pensioners and Invalids companies.

The personal involvement of monarch and some of the senior members of the government ensured that the Board of Commissioners, and the Hospital buildings themselves, became a hub of political factionalism. This factionalism was especially prevalent between 1691 and 1756 when the Hospital was initially the preserve of the Court Tories, then subsequently the Court Whigs (the Junto).⁷ The Hospital became less involved in court politics after the fall of the Junto, and largely remained loyal to the incumbent government for the rest of the century. It still however retained its Whig connections in a muted conservative form. While the party-political world of the Commissioners may have been alien to the men they pensioned, it could fundamentally

⁶ C. G. T. Dean, *RH*, (London: Hutchinson & Co., 1950), 298-9.

⁷ Dean, *RH*, 175-218; Henry Fielding, *The Champion: containing a series of papers, humorous, moral, political and critical* (London: 1743), 233-4.

affect their chances of getting a pension. Applicants' and existing Out-Pensioners' experiences of the early hospital were largely defined by re-examinations, punitive mass rejections, and the Paymaster-General's chronic inability to pay them regularly. While the unpredictability of their payments lessened over time and finally ended in 1754, the Board continued to rely on an administrative structure that had developed in response to the political factionalism of the early eighteenth-century.

The Board underwent three periods of restructuring between 1691 and 1715 as a result of factionalism. The initial changes were prompted by the need to constrain the role of the Paymaster-General in all areas of army finance after the disastrous tenureship of the insolvent Richard Jones, Earl of Ranelagh. Two further re-arrangements took place between 1712-13 and 1714-15 amid growing concerns about the Commissioners' perceived inertia and negligence towards its growing indebted Out-Pensioner population. This led to the superintendence of the civilian auditors Comptrollers of the Army Accounts over the Hospital's pensioning activities. Their appointment to the Board represented the intercedence of elected Parliamentarians over military and naval finance and therefore the size of Britain's military forces.⁸ The final controversy in late 1714 led to the appointment of a new group of Commissioners, who introduced a more systematic method of accountancy and record-keeping. They demanded more accountability from their applicants and instituted a comprehensive examination of all the existing Out-Pensioners and their documentation. In consequence, they struck off hundreds of men and their widows after reclassifying them to be ineligible for the Hospital's continued patronage. This took place in three waves between 1703, 1713, and 1715. The 1703, 1712 and 1715 reforms were contemporaneous with the expansion

⁸ See John Christopher Sainty, 'Comptrollers of the Army: Provisional List,' Institute of Historical Research Press, 2003, online edition.

of the Commissioners' responsibilities beyond their traditional role as stewards of the residential almshouse to their new role as administrators of the state's army pensions. This change in role was not the result of any conscious decision to bring the Hospital into line with James II's plans. Instead, the expansion of the Hospital was driven by the tense political situation caused by Britain's involvement in the Nine Years' War (1688-97) and War of Spanish Succession (1701-1714).

3.2. 1 The Superintendence of Ranelagh, Fox and Wren, 1691-1703

The first recognizable Board of Commissioners was established in August 1691 with three named members: Treasury Commissioner Sir Stephen Fox, Surveyor-General and architect Sir Christopher Wren, and the Earl of Ranelagh. Prior to this, executive control of the Hospital had been sole purview of Ranelagh as Paymaster General. He had managed all of the finances, and ciphred off large amounts to fund his lavish lifestyle. He had also assumed control of all admissions to the Hospital as the Privy Council and the Treasury referred all petitions from former soldiers to him.⁹ Fox and his supporters approached Queen Mary in 1691 in their capacity as Treasury Commissioners to try and gain more control over the Hospital's finances.¹⁰ The resulting warrant established a governing triumvirate with shared authority over all aspects of the Hospital, with the warrant defining the Commissioners' basic responsibilities for the next two centuries. They were now made jointly responsible for all aspects of the Hospital's inmates and buildings, including setting 'the yearly sums which they shall judge fit to be allowed to the disabled and superannuated non-commissioned officers and soldiers [who are

⁹ James Vernon to Ranelagh, *SP Domestic* 44, 237, 264-5; Ranelagh to Sir Roger Potts, *SP Domestic* 44, 102, 285; *Treasury Minutes* vol. 20, 22nd August 1705; *Treasury*, vol. 20 October 1705, 160-5; Petition of Ensign Joseph Fearson, 4th August 1691, *Treasury Minutes* vol. 1, 187-200; Petition of William Troup, *SP Domestic* 44 101, 185; *Treasury Minutes* vol. 54, 8th July 1698, 172-83; petition of John Breres, 16th August 1703, *SP Treasury papers*, vol. 3, 183-211.

¹⁰ Dean, *RH*, 124.

referred to the Hospital], and to the officers and servants who are to be employed in the said hospital'.¹¹ The Commissioners only lost the right to personally set pension rates in 1916. These obligations were confirmed again in two warrants issued in 1692 coinciding with the formal opening of the Hospital.¹² The first warrant outlined the duties of all salaried hospital officers and servants, and the second confirmed their role in the financial regulation of the Hospital and its waiting lists. All financial autonomy was removed from Ranelagh and settled onto Fox and Wren. Any order by Ranelagh had to be given 'by orders in writeing and counter-signed, and reviewed every six months. This countersigning method became standard practice of the Board for the next one hundred years. The concern over Ranelagh's power affected other institutions. When the Royal Hospital at Greenwich was founded in 1694, an elaborate system of Commissioners was established in an effort to avoid any one individual exercising complete control.¹³

The re-structuring of the Board to limit the spending of Ranelagh proved short-lived. The Hospital's main revenue source, the poundage and one day's pay deduction from the army, was still paid directly into Ranelagh's hands as Paymaster-General and official Treasurer of the Hospital. He continued to be secretive in his financial dealings, and repeatedly refused to hand over his accounts to the government's appointed auditors. This continued even after a series of investigations had been launched into the running costs of the army and the growth of the national debt in 1691-2, 1700, and

¹¹ *SP*, 14th August 1691, British History Online edition.

¹² 'First Establishment of the Officers, Under-Officers and the Servants of Chelsea Hospital', 1st January 1692; 'Memorandum to the Commissioners of Chelsea Hospital about makeing Payments', transcribed in Hutt, *PI*, 190-1, 207-8.

¹³ Anon., *Commission for Greenwich Hospital* (London: Charles Bill, 1695); it did not stop problems arising, see Thomas Bailie, *The Case of the Royal Hospital of Seamen at Greenwich, containing a Comprehensive View of the Internal Government* (London: 1778); *Report of the Thirty-Fourth Report from the Select Committee on Finance etc: Chatham Chest, Greenwich Hospital, and Chelsea Hospital* (London: 1798), 593-4.

1702-4. The final investigation, led by the Parliamentary Committee for Public Accounts led to Ranelagh's expulsion from the Commons.¹⁴ When he was compelled to submit some of his accounts for audit in March 1702, ministers realised that he had not routinely paid the Out-Pensioners since his appointment in 1686. It had been known for a while that the Out-Pensioners had not been paid regularly. In December 1701, a concerned James Vernon the Southern Secretary of State wrote to Ranelagh after calculating that £2082 17s 9 ¼d was owed to the Out-Pensioners. He insisted that 'putting it into a way of examination, in order to its being discharge, will be an act of great justice and charity' to the waiting soldiers.¹⁵ Vernon, and most of the Court, had severely underestimated the scale of the problem. The sum owed by the Hospital to its creditors was actually far higher, and despite obtaining a large grant from Parliament in August 1703, the Hospital never fully repaid all of the money owed to the Out-Pensioners, their families, and to local creditors.¹⁶ The final 1705 Treasury memorial on Ranelagh reported that he still had to account for approximately £22,000 of Parliamentary grants made to the Hospital, and for another £1400 owing to the families and creditors of the Out-Pensioners who had died waiting.¹⁷

The early findings of the Parliamentary Committee for Public Accounts led to significant changes in the structure of the Board of Commissioners. Five new named Commissioners were appointed in January 1703. These were Surveyor-General Wren, Paymaster General Jack Howe, the Paymaster of the Forces in the Low Countries

¹⁴ Dean, *RH*, 163; *Commons Journal*, 25th February 1700, 20th February 1701, 6th November 1704; *SP Treasury Minute Books*, vol. 20, 22nd August 1705.

¹⁵ Vernon to Ranelagh, 19th December 1701, *SP Domestic* 44 102, 284; *SP Domestic*, 1702, 457-81.

¹⁶ On the local implications of Ranelagh's mismanagement, *Calendar of Treasury Books, Treasury Board*, vol. 96, 14th July to 15th May 1704, 54; 22nd August 1705; memorial for the Commissioners to the Lord High Treasurer, 25th November 1704 quoted in Hutt, *PI*, 56.

¹⁷ Dean, *RH*, 224; *Calendar of Treasury Books Treasury Board* vol. 96, 22nd August 1705, 54; *Calendar of Treasury Warrant Book*, August 1704 19; the debt was still outstanding in January 1707, *Treasury Out-Letters*, vol. 20, 8th January; debt of the clothier of the Hospital William Wallis, *Calendar of Treasury Warrant Book*, September 1704, 1-15; *Calendar of Treasury Books*, vol. 19, 346-56.

Charles Fox, the Governor and Lieutenant Governor of the Hospitals Colonels Hale and David Crauford. The Board now had representatives of all aspects of Hospital government, including the military governance of the In-Pensioners. These new appointments were designed to ensure more accountability while simultaneously recognizing the honorary relationships of the Fox and Wren families to the buildings. Wren's formal responsibilities over the grounds had ended in 1692, but he remained indirectly responsible for the buildings in his role as Surveyor-General. His continued seat on the Board was a mark of respect, and he was granted a similar honorary position at Greenwich seven months later.¹⁸

3.2.2 The Board of Commissioners, 1703-1715

The new Board established a series of checks and balance that defined the Hospital's governing practices and precedencies for the next century. The appointment of this expanded Board reflected a wider desire to make the Hospital more accountable to Parliament, bringing it more in line with other government departments.¹⁹ While the Paymaster-Generals continued to keep their preeminent positions at the Hospital and in other government departments, their ability to organize contracts and issue money was severely limited.²⁰ At the Hospital, this meant that all warrants required three signatures from the Commissioners, ensuring that no one individual solely had control over the Hospital's finances and the Out-Pension lists again. Annual abstracts of all groups of Hospital pensioners were presented in Parliament every November from 1704 onwards. These estimates began to itemize each group of pensioners receiving relief from the

¹⁸ Dean, *RH*, 168.

¹⁹ *Ibid.*, 166-7.

²⁰ Anon., *An account of the proceedings of the House of Peers, upon the Observations of the Commissioners for Taking, Examining and Stating the Publick Accounts of the Kingdom* (London: Charles Bill, 1703).

Hospital from 1718. However this increased accountability did not prevent further financial scandals at the Hospital. The control of Parliament over the Hospital had to be reconfirmed in 1712 after the then Paymaster Jack Howe raised concerns that the Governor and Lieutenant Government had undue influence on the pension lists.²¹ After two unsuccessful inquiries into their actions by the Commissioners of Public Accounts, it was decided that the Comptrollers of the Army Accounts should become permanent auditing members of the Board.²²

This atmosphere of increased scrutiny coincided with arguably the two most momentous events in the Hospital's history: its formal adoption of the Out-Pensions as its main form of relief and its assumption of authority over the entire British Invalid establishment. This marked the Hospital's transition from a residential hospital with long waiting lists to a centralized organization predominantly providing outdoor relief only. The Hospital's assumption of this role was accidental rather than intentional. It was the effect of a cost-cutting reduction in the size of the British domestic and foreign army establishments, namely the reduction of the existing companies of Invalids and Marlborough's troops from Flanders.²³ Prior to 1703, the reduction of any corps was administered by their most senior commanding officer under the tentative supervision of the War Office. In March 1703, the Board was asked to apply their knowledge of disabled and superannuated servicemen to the reduction of the Invalid companies.²⁴ They were to in future 'reduce those [Invalids] who are best able to provide for themselves, and who you think are least Qualify'd [for] a pension'.²⁵ Those unable to labour or unable to find a place in the remaining Invalids were to be given 'out-

²¹ Dean, *RH*, 179, 298-9; Hutt, *PI*, 227.

²² Dean, *RH*, 179, 298-9; Hutt, *PI*, 227.

²³ WO250/458, Hospital Journal, 6th March 1703; WO250/458, 9th September 1703.

²⁴ Dean, *RH*, 170.

²⁵ *Ibid.*, 170; WO250/458 6th March 1703.

pensions' by the Hospital at levels equivalent to their existing pay. Sergeants were to receive 9d, corporals 7d and privates 5d per day. These new Out-Pensioners were given uniform flat rates of pay based entirely on their rank irrespective of their physical health. This was not extended to any of the Out-Pensioners admitted earlier than before March 1703.

While the importance of this series of rulings has been highlighted elsewhere, their impact on the Out-Pensioners and understandings of military fitness has not been discussed by previous historians of Chelsea. Firstly, these rulings established a precedence for giving the Out-Pensioners' flat rates of pension irrespective of the specifics of their service. These flat rates were later applied to all Out-Pensioners in 1713. These flat rates remained in use until 1806. Secondly, these rulings formally separated the Out-Pensions and Invalid establishment from the residential hospital, and so the Hospital was freed of its obligation to provide residential care in the Hospital or in subsidized private lodgings for its applicants. The Commissioners became a conduit for the recruitment of the domestic Invalid companies. In doing so, the Commissioners formally set the fluid dynamic between the Invalid establishment and the Hospital's Out-Pensions that would last until the twentieth century. Thirdly, these rulings confirmed the importance of medical opinion in determining what constituted a physical disability. The Commissioners began determining the eligibility of their applicants based on subjective medical definitions of physiological fitness. Prior to 1703, any one above the rank of Captain could legally certify that a man had been disabled by 'the quality and effect' of his wounds and therefore was entitled to be considered for a

pension.²⁶ Disability was defined in these circumstances as a permanent loss of function or health, irrespective of whether the certifying officer had any form of medical training. Surgeons' certificates were only needed for those who had only minor non-disabling injuries. The 1703 Board applied more stringent medicalized eligibility criteria to its applicants, thus bringing itself more into line with local magistrates' administration of the county pensions during the late seventeenth-century.²⁷ The soldier's pensionable status now had to be certified repeatedly by officers, successive army surgeons, and authenticated by the Hospital's own surgeons.²⁸ This emphasis on physiological impairment did have an unintended consequence. By giving the Hospital surgeon total discretion to ascertain what was a pensionable disability based solely on their medical opinion of the physical capabilities of the soldier's body, the role of personal fault and morality in influencing whether or not a man was subsidized by the state through a pension lessened. The surgeon's and the Commissioners' definition of fitness were dependent on their need to recruit physiologically healthy men for the Invalid companies. The applicant's moral probity was not entirely removed from the equation though, as he still needed a 'good character' certificate from his officer.

The surviving documentation from the 1703 to 1704 audits does not fully allow us to appreciate the desperate situation that the existing Out-Pensioners were in. Large sums of money had been advanced to Ranelagh on the assumption that he would pay at least some of the soldiers dependent on the Hospital and their creditors. It emerged in 1703 that he had not advanced any of these sum since 1696 and had only made

²⁶ 'Establishment and Regulation of Rewards and other Provisions to be made for His Majesties Land Forces', 1st January 1686, quoted in Hutt, *PI*, 147.

²⁷ Hudson, 'Disabled', 125-6, 128-34.

²⁸ Hudson, 'Arguing', 111, 113-5.

occasional payments prior to this.²⁹ This meant that some of the Out-Pensioners had not been fully paid for over fourteen years. The 1692 petition of the Huguenot soldiers Gideon Le Turte, James Coudrieres and Isaac Legeret demonstrates the wider implications of Ranelagh's failure to pay.³⁰ All three had been wounded at the first siege of Limerick: Le Turte and Coudrieres had lost their arms and Legret had a paralyzed arm. They alleged that despite having all of the correct documentation to apply to the Hospital, Ranelagh had 'denied them that admission and all sorts of assistance, besides even to the payment of their [pay] arrears; they were relieved by one Belcher, a cook, for nine months together, and now are threatened to be clapped in prison' for debt.³¹ They wished to be continued in the army either in one of the existing superannuated places in garrison or sent to an Invalid company. Their petition was referred to the Treasury but the outcome was not recorded.³² Their case demonstrates the far-reaching consequences of Ranelagh's mismanagement both to the soldiers and to those dependent on them for their income. The cook Belcher had probably lodged the men on the expectation that he would receive a substantial state-insured payment, an assumption that dominated many creditors' dealings with the Out-Pensioners. The Huguenots were the victims of Ranelagh's unofficial closure of the pension lists.³³ A memorial from 1703 demonstrates that Ranelagh had not been entering new applicants onto the pension lists when the existing pensioners had died. While there had been 107 Pensioners in 1690, there were only 51 Pensioners in 1703 and money was owed to the executors of another 47 men. The Commissioners did not comment on the unusually

²⁹ Dean, *RH*, 170; *Calendar of Treasury Books, Minute Books*, vol. 20, 22nd August 1705, 160-5.

³⁰ *SP Domestic Petition Entry Book*, 31st March 1692, 273; *Calendar of SP Domestic: William and Mary 1900*, 159-212; *Calendar of Treasury Books: Registers of Papers: Petitions and Reports*, vol. 17, Out-Pensioners of Chelsea College, 28th July 1702, 462-85.

³¹ *SP Domestic Petition Entry Book*, 273; *Calendar of SP Domestic: William and Mary*, 31st March 1692 159-212.

³² None are listed as later living in the Hospital nor in the surviving Out-Pensioner lists in WO250/458.

³³ Memorial to Lord Goldolphin, 6th May 1703, quoted in Hutt, *PI*, 53-4; Dean, *RH*, 161.

small numbers of men involved probably as they were more concerned with the fact they were unable to pay the debts accrued by these men. The need to remedy this situation led to the first official legislation to recognize the Out-Pensioners as an entity separate from the In-Pensioners.³⁴

The new Board ruled from 1703 to December 1714, when it was brought down by a Pay Office investigation led by Robert Walpole. The Board may have been appointed to reform all aspects of the Hospital in the wake of Ranelagh, but all of their attempts at financial prudence were swiftly undermined by the evolving political situation, and by their wider attitudes towards the role of the Hospital. Ranelagh's closure of the pension lists and his refusal to pay the Out-Pensioners had actually benefited the Treasury in the long term as it had limited the cost of the Hospital to the government. The new Board's enduring legacy was to transfer this economic difficulty onto the Out-Pensioner system and onto the Out-Pensioners themselves. This was not a deliberate attempt to limit Out-Pensioner numbers, but instead accommodate more of them. The new Board found that their assumption of authority over the Invalid companies, the opening of the previously closed pension lists, and their efforts to repay the debts accrued in their name by waiting pensioners, left them in considerable financial difficulty.³⁵ Their financial situation was made even more desperate by Britain's ongoing involvement in the War of Spanish Succession (1702-14). Hutt's investigations into Hospital pay warrants suggest that there were over 1100 new applicants from the regular army and the Invalid companies between 1703 and 1709.³⁶ This figure grew to 1000 between 1709 and 1711. This surge in numbers corresponded with the heaviest stages of fighting in the war with increasing numbers of men

³⁴ 2 & 3 Anne c. 18, 28; Hutt, *PI*, 55.

³⁵ *Ibid.*, 55-6.

³⁶ *Ibid.*, 83.

discharged on account of years of ill health and multiple wounds in Flanders.³⁷

Marlborough used his position as Commander in Chief to prioritize men from his Flanders campaigns over all others, including those had waited for several years or those injured in other theatres.^{38 39} The Hospital had initially responded to this desperation by raising their rates for the lowest ranks of serving NCOs, as seen in Table 3.1 (overleaf), and later by instituting flat rates.

Britain entered into an uneasy truce in 1711. The over-stretched Hospital was faced with the inevitable mass demobilization of the British army and increasing demands for its services. The Commissioners reconciled this increase in demand for pensions by lowering the rates paid to the Out-Pensioners in 1711, although it is uncertain if the drop was authorized before or after the truce negotiations ended. This process is demonstrated in Table 3.1. These pay decreases built on the precedencies set for the Invalids in 1703.⁴⁰ Instead of only applying the decrease to new applicants however, the 1711 changes were retrospectively applied to all existing Out-Pensioners as well. These changes in rates affected those from the ‘senior’ regiments disproportionately, removing the automatic status and recognition given to men from particular horse regiments. Troopers and Corporals of Horse lost a substantial 6d per diem while Sergeants of Foot also had their pension rates cut by 2d, a reflection of the high number of foot regiments raised for the war.

³⁷ Eric Gruber von Arni, *Hospital Care and the British Standing Army, 1660-1714* (Aldershot: Ashgate, 2006), 184-6 and Appendix 1.

³⁸ Dean, *RH*, 171-2; Hutt, *PI*, 56-7, 218-20; The impact of Marlborough’s influence on the lists was such that later Boards took the view that the Hospital’s waiting lists were sacrosanct. No Board members or staff officers were allowed to prioritize their own men over those already waiting to be seen. “Queue-jumping” could only be authorized by the monarch.

³⁹ Hutt, *PI*, 83-4; Gruber von Arni, *Hospital Care*, 25, 38-1, 102, 105, 1201-, 130-1, 133, 165, 181.

⁴⁰ See above.

Table 3.1. Out-Pension Rates, 1686-May 1713

Rank of Pensioner	1686 James II's Warrant	1689 William III's Warrant	1703 Men waiting for places in the Invalid companies	1709 Queen Anne's First Warrant	1712-3 Treasury Letters
Troopers of the Guards	1s 6d	1s 6d	1s 6d	1s 6d	1s
Corporals of Light Horse	1s 6d	1s 6d	1s 6d	1s 6d	1s
Master Gunners	1s 2d	1s 2d	N/A	1s 2d	Pensions transferred to the Ordnance service
Light Horseman	1s	1s	N/A	1s	9d
Horse Grenadiers	1s	N/A	N/A	1s	1s
Sergeants of Dragoons	1s	N/A	N/A	1s	1s
Sergeants of Foot	11d	11d	N/A	1s	9d
Corporals of Dragoons	9d	9d	9d	9d	9d
Corporals of Foot	9d	7d	N/A	9d	7d
Drummers	7d	7d	7d	7d	7d
Gunners	7d	7d	N/A	7d	Pensions transferred to the Ordnance service
Dragoons	6d	6d	N/A	7d	7d
Privates	5d	5d	5d	5d	5d

Source: Hutt, *PI*, 83-6.

In June 1713, five months after the formal Peace of Utrecht was signed and in the face of mass disbandment, the Board devalued the Out-Pension further. A flat rate of 5d per diem was introduced, irrespective of the nature of the applicants' physical health, or man's and his regiments' former status. As Table 3.1 shows, all earlier pension allowances had reflected the former status of a man *and* his regiment. This would have made the introduction of universal flat rates shocking to those who were used to the army's hierarchy of 'Senior' and 'Junior' regiments. After 1713, only those with a royal dispensation and a 'King's Letter' would be allowed a higher flat rate of 1s. These

men became known as ‘the Lettermen’, and their numbers were capped and strictly policed.⁴¹ This egalitarianism did not last. In 1723, the seniority of the Foot Guards was quietly recognized by the institution of a separate Sergeants of Foot pension list. This became a capped list like the Lettermen, with men waiting for another sergeant to die to get onto the list. This honorary list of 31 Sergeants of Foot remained in place until 1806.⁴² There is no indication that pension rates routinely reflected the perceived impact of the applicants’ age or loss of physical health at any time between 1691 and 1806. It was not until the advent of discretionary pension rates in 1806 that physical infirmity was systematically recognized when awarding a man’s annual pension amount, with the sole exception of blinded men.

Significantly, the Board made no effort to reform the ineffective payments systems that had gotten the Hospital and the Out-Pensioners into so much debt. Instead, the Commissioners continued to rely the old system and solicit extraordinary Parliamentary pay-offs when they ran into difficulties. The Commissioners had to petition Parliament for another £7000 to pay off these Out-Pensioners in 1711 and 1713.⁴³ The authority to pay the Out-Pensioners remained the sole purview of the Paymaster General Howe, who demonstrated the inadequacy of the government’s attempts to restrain the power of his office by withholding the pensions of over 1000 men between 1712 and 1714 in protest of the perceived laxity of his fellow Commissioners.⁴⁴

⁴¹ Hutt, *PI*, 84-5; Between 100 and 110 between 1718 to 1777, subsequently raised to 200 until 1783, and raised to 400 in 1784 to 1806.

⁴² *Ibid.*, 84-5.

⁴³ Dean, *RH*, 173, 180, 182, 186; Commissioners to Henry St John, 24th March 1705, quoted in Hutt, *PI*, 219-20.

⁴⁴ *London Gazette*, issue 5205, 6-9th March 1714; *London Gazette*, issue 5206, 9-13th March 1714; *Post Boy*, issue 2940, 11-13th March 1714; *London Gazette*, issue 5295, 15-18th January 1715; *Weekly Packet*, issue 133, 15-22nd January 1715; *Daily Courant*, issue 4134, 24th January 1715; *Postboy*, issue 3082, 5-8th February 1715; Dean, *RH*, 177-8, 185-9.

The pressure of the 1712-3 demobilization had led to increased scrutiny of the existing Out-Pensioners, and a desire to remove men from their lists before peace was formally declared. Between January and April 1713, the Commissioners re-examined and struck off 1882 men from their pension lists. Howe seemingly had approved of this display of prudence by his fellow Commissioners. He was therefore astonished to find that nearly all of these men had been quietly reinstated by November 1713. He refused to pay the reinstated men and his public accusations of ‘Indirect Practices’ (bribery) led to increased Parliamentary scrutiny into the Commissioners. In March 1714, the Commissioners published an open letter in the London newspapers to answer Howe’s public accusations and to a large increase in the visibility of Out-Pensioners. They were careful to distance themselves from any public accusations that they had disobliged or ignored their obligations to the Crown’s most deserving ‘objects of charity’ through either their lax practices or their dropping of pension rates. They assured readers that they were providing,

Such Provision made for their Support and Maintenance as is necessary; withstanding which many of them do pretend that they are not any ways provided for, and do frequently Beg in the Streets about the Cities of London and Westminster and several other Parts of the Kingdom, to the great Dishonour of Her Majesty’s Service, and Reproach of the Hospital.⁴⁵

Despite the important shifts in their duties towards the Out-Pensioners outlined above, the new Board’s relationship with the residential hospital was primarily one of continuity. Their measures were not designed to infringe on the rights of officers to discharge their men or recommend those without physical disabilities. A letter of

⁴⁵ *London Gazette*, issue 5205, 6-9th March 1714; *London Gazette*, issue 5206, 9-13th March 1714; *Post-Boy*, issue 2940, 11-13th March 1714.

recommendation from high-ranking commissioned officers was enough to override any unfavourable ruling by the Hospital's surgeons. While the new Board was quick to affirm its right to investigate and discipline all of its internal officers, servants, contractors and pensioners, in the long-term they changed very little.⁴⁶ They made no attempt to eradicate the unofficial emoluments and practices already customary amongst the staff.⁴⁷ This continuity should not be considered as a failure or solely as inactivity on the part of the Board. It was instead symptomatic of their wider attitudes towards the Hospital and their role within it. Their desire to improve the efficiency of the Hospital had to be reconciled with their shared understanding that their positions as Commissioners were charitable rewards for their long-term support of the court. This benevolent perspective was applied to all of the salaried positions listed on the Hospital's establishment including all of the military 'Senior' House officers, the civilian positions of the Comptroller, Chaplains, Physician, and the 'inferior' salaried servants like the cook, turner, and gardeners. The commissions of Invalid officers were also considered to be rewards for service restricted to former officers who had been wounded or had served over twenty years.⁴⁸ Between 1703 and 1714, many of the house officials were deemed to be ineffective or redundant, but the Board was reluctant to remove them from their sinecure positions.

Walpole's succession to the Paymastership in November 1714 signalled the beginning of the Whig ascendancy and the decline of the Tory Commissioners. Walpole began an investigation into the Hospital with the support of the ailing Howe, much of

⁴⁶ WO250/458, 24th February 1703; WO250/458, 10th April 1703.

⁴⁷ Dean, *RH*, 145-6, 170, 177.

⁴⁸ 'Instructions for ye Commissioners of Our Royall Hospitall at Chelsea', 24th February 1712 quoted in Hutt, *PI*, 230.

which ended up being published in the London press.⁴⁹ Walpole's ascendancy enabled him to replace all senior officeholders in government and at the Hospital with his own supporters. His first appointment to the Hospital was his friend and former personal secretary, Robert Mann.

By 1715, the Board's governing structure was firmly established. Responsibility for the Hospital and its Out-Pensioners had shifted from named individuals to distinct offices of government. Attendance at the Board became an accepted duty of the officeholders. Financial decisions required multiple signatories, although there was flexibility on the number of Commissioners needed to admit men as Pensioners. It does not necessarily follow that all of the individual officeholders were as involved in the Hospital as their fellow Commissioners. It will be demonstrated in the next section that it was actually the two most junior Commissioners who assumed the most authority for the management of the Invalids and Out-Pensioners. This governing structure did ensure an unusually high level of continuity and consistency in their decisions after 1715. Given the importance of the Hospital's administrative structure, it is remarkable how little scholarly attention it has received. Most work on the Board has focused on the period before 1715. The rest of this chapter now focuses on the Board's governance after this date.

⁴⁹ Dean, *RH*, 186-8; *London Gazette*, issue 5295, 15-18th January 1715; *Daily Courant*, issue 4134, 24th January 1715; *Post-Boy*, issue 3082, 5-8th February 1715; Anon., *An Historical Account of the Affairs of Great Britain and Ireland, with the Most remarkable Occurrences from Abroad for the Month of December* (London: A. Bell, 1715), 7-13.

3.3 The Board of Commissioners, 1715-1806

The most efficient way of understanding how the Board controlled the Out-Pension lists is to analyse the surviving Board Minutes. Very few of the Commissioners serving between 1715 and 1806 left records of their work at the Hospital in either the War Office records or their personal collections. There are no surviving personal archives for any of the eighteenth-century Governors or Lieutenant-Governors, who were key men in the administration of the Invalids and Out-Pensioners. The Board Minutes provide valuable insight to both the meeting practices and internal hierarchy of the Board, and of the Out-Pensions administration. The Boards' paperwork was considered crucially important by the eighteenth-century Commissioners and their staff, so it was meticulously kept and was referred to regularly by the Commissioners when trying to establish new rules. It was so important to keep them that space became a premium and successive Secretaries had problems housing them.⁵⁰ The extent to which the Board maintained and protected these books suggests that they were considered government documents from 1715 onwards, open to the scrutiny of ministers and Parliament.⁵¹ Significant efforts were made to trace missing texts when staff members died or were removed.⁵² For example, the home of the disgraced Secretary James Duke Crispe was raided when it was thought he had taken away the Hospital's reference books.⁵³ Unfortunately, this vigilance was not applied to the Out-Pensioner lists and Agents' paperwork.

⁵⁰ WO250/459, 4th May 1725; WO250/459, 2nd June 1730.

⁵¹ For example, WO250/463, Hospital Journal, 24th January 1784; *Nineteenth Report from the Select Committee on Finance & etc.: Secretary at War, Comptrollers of Army Accounts, and Paymaster-General* (London: 1797; *Thirty-Fourth Report*.

⁵² WO250/459, 4th March 1740.

⁵³ It took 7 years for Crispe to get his personal documents back. WO250/459 13th December 1718; WO250/459, 3rd February 1722.

The *official* number of Commissioners varied greatly between 1681 and 1830, ranging from three between 1691 and 1703 to a never-achieved fifty-six.⁵⁴ Between 1712 and 1828, there were thirteen government offices that technically bestowed the status of Commissioner on the holder.⁵⁵ In reality after 1715, the Board was structured around a core governing body of seven Commissioners: the Secretary at War, the Paymaster-General, the Commander-in-Chief, the two Comptrollers of the Army, and the Hospital's Governor and Lieutenant-Governor. These seven officeholders were expected to attend Board meetings at least twice a year, although some attended every meeting they were physically able to. Five Commissioners were legally needed to attend in person to make any financial decisions including admitting men onto the Out-Pension lists.⁵⁶ In 1727 in light of increased demand for Pensions, it was decreed that a Board of three Commissioners could award pensions, although five Commissioners were still needed to make financial decisions and prepare contracts.⁵⁷ Table 3.2 demonstrates that, in reality, the Board largely ignored these legal obligations when awarding pensions. The number of Commissioners attending per meeting is summarized in Table 3.2 (overleaf).

Table 3.2 proves that the Board regularly operated with just two attending Commissioners (14.78% of all cases where the number of attendees is known). This was in direct contradiction to their legal duties under the Letters Patent. While their rulings had to be verified by the other Commissioners by signature at a later date, there is no

⁵⁴ Dean, *RH*, 288-9; The appointment of 56 honorary Commissioners in 1712 was a product of Howe's ongoing feud with the core body of 5 Commissioners. He did not expect the 56 to attend but the warrant confirmed their right to scrutinize the financial dealings of the Hospital, for lists of warrants.

⁵⁵ *Ibid.*, 289-9. The positions were; First Lord of the Treasury, President of the Privy Council, two Secretaries of State, Paymaster-General, Secretary at War, two Comptrollers of Army Accounts, Commander-in-Chief, the two Generals of Horse and Foot, the Hospital's Governor and Lieutenant-Governor.

⁵⁶ The letters patent were renewed by every monarch. All are transcribed by Hutt, *PI*, 227-30, 233-5, 242-4, 245-6, 249-1.

⁵⁷ *Ibid.*, 245-6.

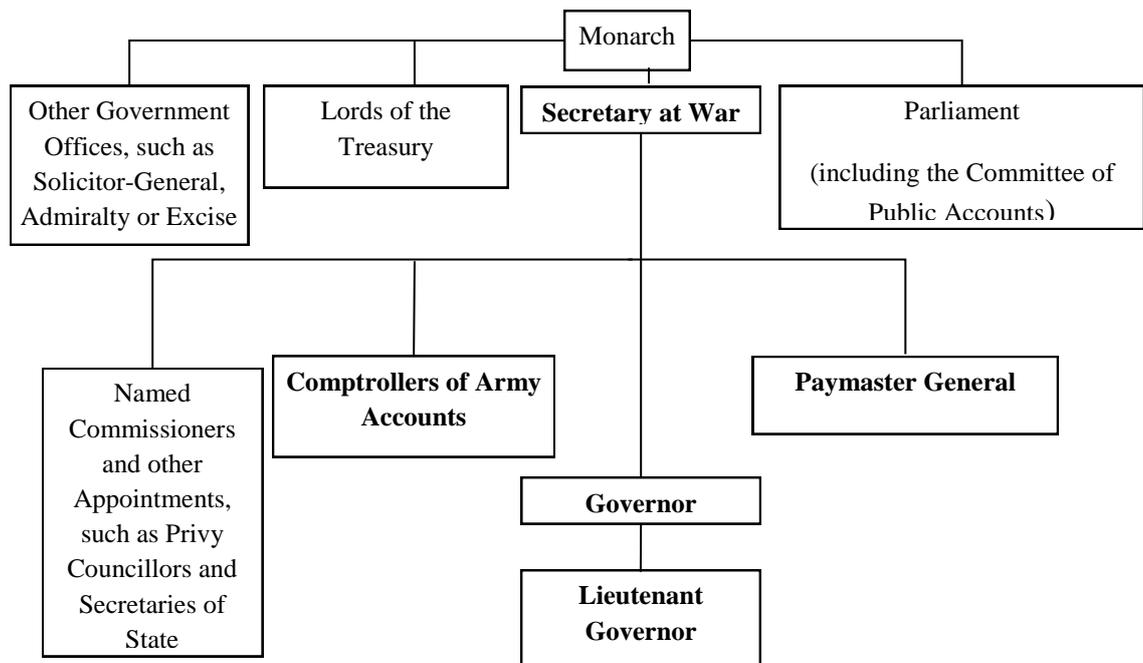
record of any pension applications being overturned on this basis. No Commissioners openly disagreed with a decision or refused to sign the admission books after 1715. Decisions made by just two Commissioners were rarely queried and simply rubber-stamped at a later date, even if the rulings had been made by the most junior of the Commissioners.

Table 3.2 Number of Commissioners Attending Meetings, 1715-1806

Number of Commissioners Attending in Person	Number of Meetings	Percentage
Unknown	178	12.90
0	4	0.29
1	52	3.77
2	204	14.78
3	406	29.42
4	337	24.42
5	154	11.16
6	38	2.75
7 or more	7	0.51
Total	1380	100.00

Source: WO250/458-68.

Figure 3.1 Hierarchy of the Commissioners, 1715-1828



Note: Those marked in bold regularly attended the Board meetings and acted as serving Commissioners.

Despite the apparent legal equality amongst the Commissioners, there was a distinct hierarchy amongst them, as illustrated in Figure 3.1. The Secretary at War was the most senior of all the Commissioners, with the personal authority to rule on difficulty cases himself, or ask for royal permission to do so. The Secretary at War had the authority to pension men who otherwise would be considered unsuitable. If he felt unable to make the decision, he had the access and authority to approach the monarch for a royal warrant. If a case was deemed to be unusual or require additional legal advice, it was referred to one of the six-monthly 'Full Board'. This term effectively meant that the Commissioners wished to refer it to the Secretary at War. The Paymaster-General acted as the Treasurer of the Hospital and he had to attend the Board in person at least twice a year. He was expected to superintend every aspect of the Hospital's finances and to discuss them with the other Commissioners and compile annual estimates for Parliament during his visits. The Paymaster however left much of the day-to-day running of the pensions to the Deputy Treasurer, a clerk who was permanently based in the Hospital Pay Offices in Horse Guards and Chelsea. The Paymaster and his Deputy had to have a close working relationship, as the Paymaster had to justify every one of his Deputy's decisions when compiling the Parliamentary warrants. Walpole, for example, had his friend and personal secretary Robert Mann appointed to the post in 1714. No financial decision or contract could be made without their written approval made in the presence of the other Commissioners.

The two Comptrollers of Army Accounts represented the civilian legislative in the military's invaliding and pensioning process. The Comptrollers were officially inaugurated as Commissioners in 1703, but they were not formally incorporated into the Board's pensioning activities until 1712. Very little is known about the office of the

Comptrollers. The post was always held by jointly two men. It is not known how they divided their workload. Their key role in the pensions administration is furthered underlined by the fact at least one Comptroller, Henry William Bunbury, lived above the Agent of Invalids Office in Whitehall.⁵⁸ The Comptrollers' importance grew during the public investigations into public finance which took place between 1780 and 1800.⁵⁹ A third Comptroller was appointed in 1806 to help with the implementation of Wyndham's pension acts and the wider expansion of army bureaucracy.⁶⁰ Another Comptroller was appointed in 1815-6 to oversee the demobilization and pensioning of men from Waterloo.⁶¹ Despite their symbolic authority over the Paymaster-General, there is no evidence that they ever questioned his decisions regarding the Hospital. The extraordinary Commissioners only ever attended when a legal or Treasury opinion was needed. The other Commissioners were free to question or reject their advice.

The internal hierarchy amongst the Commissioners disguises the fact that the three lowest ranking Commissioners and their servants were the most important cornerstones of the Out-Pension and Invalid system. The Governors and their Lieutenants have traditionally been considered ineffectual sinecures for retired commanders whose authority only extended to the In-Pensioners living in Chelsea. This thesis however suggests that they were far more important. Most applicants would never meet the most senior Commissioners, instead dealing directly with the Comptrollers, the Governors, and their Lieutenants. The Governors assumed an additional role as the symbolic commander of the Invalid companies, and personally arranged transfers between the In-Pensioners, Invalids and Out-Pensioners. The

⁵⁸ trial of Samuel Peyton, 26th May 1784, *OBPO*, t17840526-16. He may have been living there in his capacity as Comptroller or in his capacity as Paymaster-General, an office he assumed in May 1784.

⁵⁹ Sainty, 'Comptrollers'.

⁶⁰ *Ibid.*

⁶¹ *Ibid.*

Governors' dominance of the Hospital's pension system is demonstrated by the frequency of their presence. Table 3.3 (overleaf) outlines the attendance at meetings by each government position. The Comptrollers of Army Accounts, the Governors, and the Lieutenant-Governors attended more Board meetings and oversaw the admittance of more Out-Pensions than any of their senior counterparts. The Governors were present at over 54% of meetings and their deputies, the Lieutenant-Governors attended over 45%. The shadowy Comptrollers were even more important. They took turns to attend, meaning that they were present at over 84% of meetings. Furthermore, Invalids and Out-Pensioners regularly addressed their letters to the incumbent Governor, who would then make personal intercessions on their behalf.

Table 3.3 Board Meeting Attendance by Government Position, 1715-1806

Government Position	Number of Meetings	Percentage of Meetings
Commander-in-Chief	5	0.36
Secretary at War or Secretary to the Forces	233	16.88
Paymaster-General	578	41.88
Joint Paymaster-General (when applicable)	33	2.39
First Comptroller of the Army Accounts	650	47.10
Second Comptroller of the Army Accounts	520	37.68
Governor	747	54.13
Lieutenant-Governor Extraordinary	634	45.94
Commissioners including Lords of the Treasury, MPs, senior officers or other government ministers and bureaucrats	271	19.64

Source: WO250/458-68.⁶²

⁶² These figures excluded the years 1715 and 1715 due to the unusual frequency and nature of their meetings and the appointment of three external officers to review the Officers' and Widows' Pensions. The meetings of these men cannot be confidently collaborated using other sources. It is not possible to assess individual Commissioners' attendance after 1806.

Favouritism and complex power relationships lay beneath every aspects of the Hospital's pensioning business. Board business was discussed away from these formally announced meetings in more convivial settings. The Board Minutes and Secretary's letters make periodic references to *a priori* decisions made when the Commissioners or Secretary had 'seen', 'met with', 'waited on' or 'dined with' other Commissioners or senior ministers or army officers with the resulting decision acquiesced with at a later meeting. For example, a new method for provisioning the 'Governor's Table' was discussed and agreed upon privately by the 'Gentlemen belonging to the Govrs Table', and agreed by the Board three months after the event.⁶³ Contemporary accounts provide fleeting glimpses of the relationships between the Commissioners and the Out-Pensioners. While attendance was influenced by personal affiliations and personalities, some officeholders were more willing to engage with the Hospital. Governor Sir Robert Rich and his successor Sir George Howard were regularly referred to as having been approached in person by officers, agents, Invalids and Pensioners, more so than any of their predecessors or successors.⁶⁴ The role of the Governors in the Invalid companies became even more prominent after the death of Secretary Eyre in 1743, only to increasing again after the institution of the Agent of Invalids in 1754. Eyre had assumed a position of prominence amongst the Invalid officers especially after he was appointed their regimental agents in the 1720s. Eyre's letters suggest that some Invalid officers preferred to use their personal connections with Eyre to prioritize their cases. Some petitioners were evidently aware of the relationships between individual Commissioners. When Lieutenant-Governor Graham of Guernsey asked for one of his former men to be given a bed in the Hospital in 1741, he asked Secretary Eyre to solicit Governor Sir Robert Rich on his behalf. Eyre however felt that he had lost his influence

⁶³ WO250/459, 24th March 1741.

⁶⁴ Governors 1740-1768 and 1768-1796 respectively.

over the Hospital since Rich's appointment in 1740. He openly told Graham that he had 'the misfortune to have no Influence with the present Governor'.⁶⁵ While the Secretaries at War were often given similar sponsorship letters and petitions, these letters were considered part of his duties and represented a more formal approach to the Board. This does not mean that the Secretaries at War were not occasionally approached to act as patrons in the same way as the Governors. Some supplications to Hospital staff were more successful than others: one unsuccessful applicant violently assaulted Secretary Eyre after his supplications failed.⁶⁶ Newspaper reports however preferred to focus on the more sensational aspect of the attack;

Tuesday last as Kingsmill Eyre Esq: Secretary to Chelsea Hospital was going into his Chariot at the Horse Guards from attending the Commissioners of the said Hospital, he was violently assaulted by one Stevens, a Person who was Petitioning to be admitted a Pensioner, and Mr Eyre endeavouring to ward off with his Hand the Blows which Stevens made at him with an Oaken Stick, a Diamond of about 50l Value was struck out of his ring and Lost; the Fellow was immediately secured and is committed to the Gatehouse.⁶⁷

In spite of the importance of these more unofficial methods of approaching the Commissioners, Table 3.3 proves that the lower officeholders collectively played a more active role in the Hospital and its pension systems, irrespective of the personalities involved. The more or less constant presence at the Hospital of the Governor, Lieutenant-Governor and the Comptrollers provided a level of continuity and stability in all of the Commissioners' dealings with Out-Pensioners.

⁶⁵ WO246/93, Common Letter Book No. 2, Eyre to Jno Graham, 22nd December 1741.

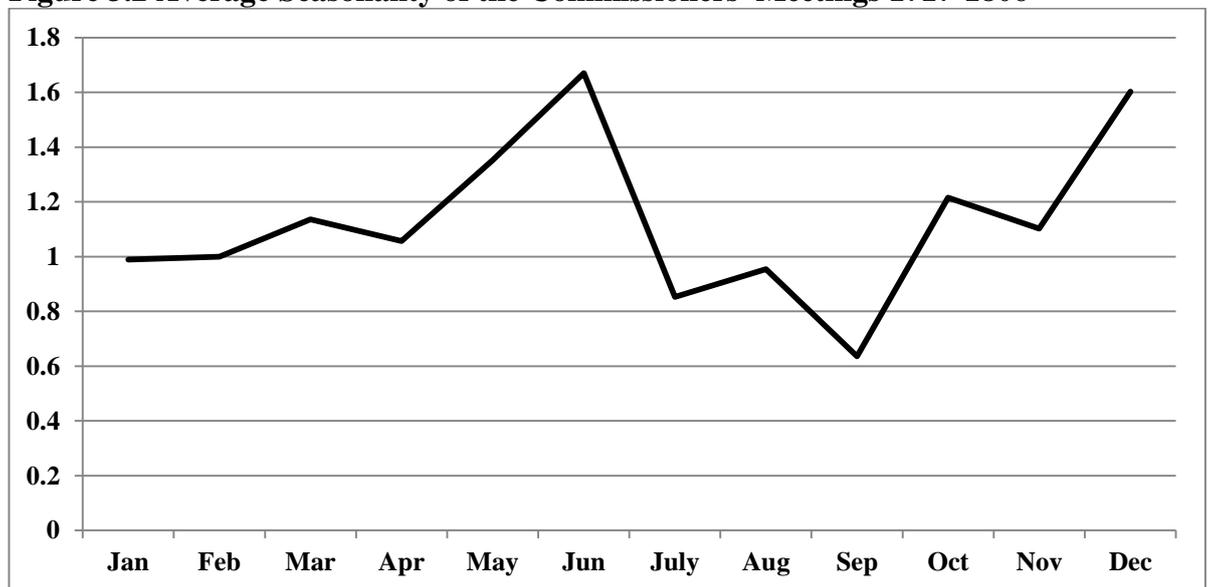
⁶⁶ *Daily Post*, issue 2711, 30th May 1728; *Weekly Journal or British Gazetteer*, issue 158, 1st June 1728, *London Journal*, issue 464, 22nd June 1728.

⁶⁷ *London Evening Post*, Issue 74, 30th May 1728; *British Journal or The Censor*, issue 20, 1st June 1728; the missing diamond was never found.

3.4 The Board as a Governing Body, 1715-1806

The Commissioners met regularly throughout the eighteenth and nineteenth centuries. These meetings were usually clustered around particular times of year as shown in Figure 3.2. Their peak periods of activity being May, June, October and December, corresponding with the Parliamentary ‘social’ seasons and the end of campaign year. The eighteenth- and early nineteenth-century campaign season took place between late February and August. It would take several months for the sick and wounded to return to England, causing the need for more meetings in May, June, October and December. While periods of intense campaigning or demobilization sometimes did lead to more ‘out of season’ meetings in January, February, April, July, August and September, the Commissioners preferred to keep to their traditional periods of business. They would simply schedule more meetings in their busy months.

Figure 3.2 Average Seasonality of the Commissioners' Meetings 1717-1806

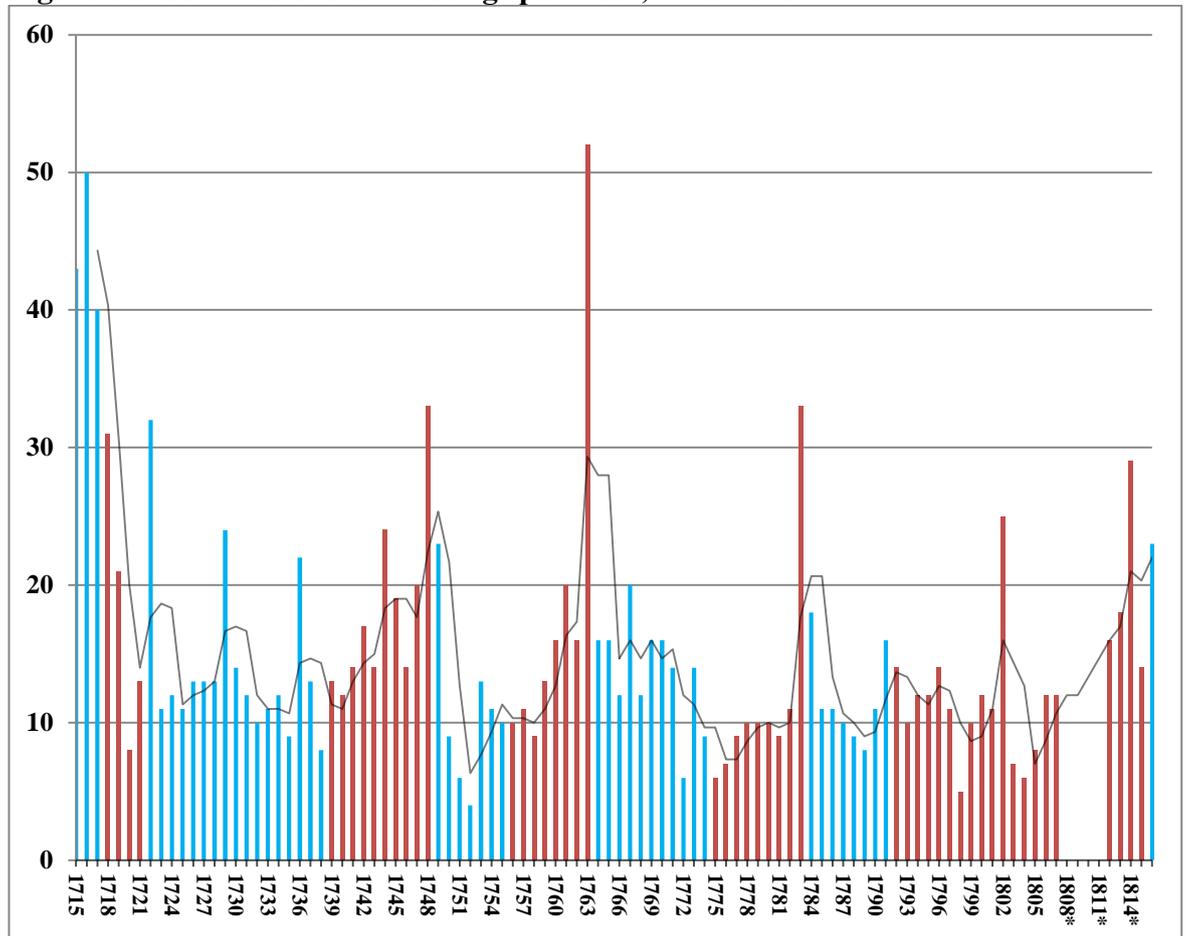


Source: WO250/458-68.

The Letters Patent and Royal Instructions legally obliged the Commissioners to meet at least once a month on the same day of the week. These meetings were publically

announced in the newspapers and with posters so that ‘all persons concerned may know when to apply to you without disappointment’.⁶⁸ This meant a minimum of twelve meetings a year, but the Board frequently exceeded that as shown in Figure 3.3.

Figure 3.3 Commissioners’ Meetings per Year, 1715-1816.



Source: WO250/458-68. War years are marked in red and include the six months after a peace treaty.

Figure 3.3 illustrates all of the 1380 official Board meetings that took place between 1715 and 1806.⁶⁹ There are a number of important trends visible in these meeting patterns, allowing historians to fully appreciate the administrative history of the Hospital’s relief patterns, and develop an understanding of why pensioners’ experiences

⁶⁸ Hutt, *PI*, 240.

⁶⁹ It is important to note that the 1380 recorded meetings listed here are a slight underestimate. There was at least an extra one or two meetings per year, as evidenced by the slight discrepancy between the meetings recorded in the Admissions Book and the Hospital Journal (WO250/458-69). These extra meetings were to discuss the accounts, annual estimates and contractors. Pensions were not usually awarded.

of the Board changed over the course of the eighteenth-century. Firstly, Figure 3.3 demonstrates that the Board's busiest periods were in the last six months before and after the conclusion of a war and peace treaty. These 1-year periods corresponded with the discharge of men in anticipation of a peace treaty. Extra meetings of the Board were required for up to a year after a war was concluded, allowing the Board to accommodate the needs of large numbers of men leaving the army at one time, many requiring long periods of convalescence before being able to arrive in London. The end of active campaigns caused peaks in the 6 months before and after the Treaty of the Hague (February 1721), the Treaty of Aix-la-Chapelle (April 1748), the Treaty of Paris (February 1763), the Peace of Paris (September 1783), the Treaty of Fontainebleau (April 1814), and Waterloo (June 1815).

The second notable trend is that the expectation and formal announcement of a war did not cause a similar increase in the numbers of meetings and consequentially the number of men examined by the Commissioners. This may seem counterintuitive given the army's chronic and well-documented recruiting problems and the fact that the Out-Pensioners were seen as a ready source of potential experienced soldiers. Figure 3.3 suggests instead that the army only began to rely on the Out-Pensioners as a reservoir of potential recruits after the first two years of a war. This marked the period when traditional recruiting methods began to prove ineffectual in replacing the men lost during the initial first two years of a conflict.⁷⁰ This two-year point was also when the first-wave of casualties would start reaching the Commissioners in London. There was also pressure to rule more of the newly arrived younger men as 'unfit' for Invalid

⁷⁰ Roderick Floud, Kenneth Wachter and Annabel Gregory, *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980*, (Cambridge: Cambridge University Press, 1990), 32-43, 53-8.

service.⁷¹ All of these factors led to the Hospital Commissioners referring to their examination work as ‘more frequent and tedious’ as a war dragged on.⁷² These numbers strongly support Schwarz’s assertion that the outbreak of war forced the army retained the experienced middle-aged men that they previously would have discharged as unfit and placed onto the labour market.⁷³ This trend suggests that the eighteenth-century Out-Pensioners were not viewed as an automatic primary source of quality recruits at the outbreak of a war, therefore the War Office only drew on them after several years’ of conflict. After this two-year point, the Board would be instructed by the War Office to raise more Invalid companies and find more willing recruits amongst the Out-Pensioners, causing an increase in their business. The Board in response would call ‘General’ or ‘Great Re-examinations’ of all existing Out-Pensioners. Wartime General-Re-Examinations were called between 1712 to 1713, 1719, mid-1740 to late 1741, mid-1756 to late 1757, and in mid-1775 to late 1776. New Invalid companies were raised at the start of each of these peak years of Board activity.⁷⁴

General Re-examinations were massive events and significantly added to the workload of the Commissioners and their staff. The Out-Pension system was based on the assumption that all Out-Pensioners would be subject to a cursory assessment of their continued health and eligibility for a pension whenever they came forward to collect a payment. These assessments would be made by their local Justices or by the Hospital and its agents. General Re-examinations were in essence a mass audit of the claims of all Out-Pensioners. It was not only designed to examine the pretensions of the Out-

⁷¹ See Chapter 4.

⁷² WO250/459, 28th May 1746.

⁷³ Leonard Schwarz, *London in the Age of Industrialisation: Entrepreneurs, Labour Force and Living Conditions, 1700-1850* (Cambridge: Cambridge University Press, 1992), 96, 99-101, 228; see Chapters 1 and 2.

⁷⁴ Hutt, *PI*, 84-5; Mann, *The Veterans*, 169-75.

Pensioners. The paperwork of all agents, Excise Collectors and Justices would be scrutinized at the same time. The numbers of Out-Pensioners could drop dramatically after these events, as the Hospital removed the names of dead or fraudulent claimants from the lists and reassign the fittest of the Out-Pensioners into the Invalid companies. The effect of these ‘Re-Examinations’ on the Out-Pensioner population are graphically illustrated in Table 3.4 (overleaf) and more fully in Appendix Table 1.1.

Before 1754, all men had to attend examinations in London or Edinburgh or send affidavits if they were unable to make the journey. This would have placed a huge strain on many Out-Pensioners. It was not until the late eighteenth-century that the War Office began to reimburse men for the unexpected inconvenience and travel costs of these extra examinations.⁷⁵ It is probable that the Out-Pensioners also had to pay to their affidavits drawn up by clerks of the courts and pay to post them to the Hospital. The advent of William Pitt the Elder’s ‘An Act for the Relief of the Out-Pensioners of the Royal Hospital of Chelsea’ in 1754 made this system more flexible for Out-Pensioners but added to the workload of the Hospital’s staff.⁷⁶ This was not the primary intention of the act, which was ostensibly designed to remove the reliance of Out-Pensioners on money-lenders. After 1754, the Out-Pensioners were re-examined in their local county town where they were re-assessed by specially appointed hospital contractors when they came to collect their pensions.⁷⁷

⁷⁵ WO246/98, Mr Lewis to Samuel Estwick, 4th June 1790; 1s for an overnight stay.

⁷⁶ 28 Geo. II, c.1; see section 3.4.

⁷⁷ WO246/98, Letters relating to Out-Pensions, Samuel Estwick to War Office, 15th July 1775; WO246/98 Lewis to Estwick, 1st June 1790; WO246/98, Lewis to Estwick, 4th June 1790; WO247/25, Richard Revell to Mr Lynn of the Secretary’s Office, 14th June 1824; WO247/25, Secretary Neave to Revell, 31st March 1825.

Table 3.4 Out-Pensioner Numbers in the Years Before and After General Re-Examinations, 1715-1795.

Year	Number of Out-Pensioners
1715	4740
1716	3428
1717	4895
1718	4926
1719	2894
1728	3375
1729	3391
1730	4162
1735	4107
1736	4581
1737	4561
1739	4436
1740	3957
1741	3856
1756	8605
1757	6645
1758	6222
1766	15727
1767	15557
1768	15890
1775	15904
1776	13931
1777	13436
1790	20522
1791	17620
1792	20150

Source: WO250/458-68; Hutt, *PI*, 84-5; Wartime General Re-Examinations are marked in bold.

Nevertheless, Figure 3.3 and Table 3.4 also demonstrate that the relationship between the General Re-Examinations, war and the raising of Invalid companies was not always straightforward. Some were politically driven while others were the result of internal audits. The 1715 to 1719 General Re-Examination was driven largely by external political events.⁷⁸ The combination of the fall of the old Tory-led Board, end of the War of Spanish Succession, the War of the Quadruple Alliance, and Jacobite Rebellions led to an unprecedented number of meetings being held within a very short space of time.

⁷⁸ The appointment of the new Whig Commissioners, the reduction of the army from the War of Spanish Succession between 1713 and 1715, and the raising and maintenance of sixteen new Invalid companies between 1715 and 1719 in the wake of the Jacobite Rebellion, Mann, *The Veterans*, 43-4, 170.

The high numbers of meetings in these years were only paralleled by the mass demobilization of men in 1763 at the end of the Seven Years' War. These heights were never reached again, even during the mass demobilization of men between the American War of Independence, and the French Revolutionary and Napoleonic Wars.

General Re-Examinations also took place in the peaceful years of 1729, 1736 and 1767. The exact motivation behind these Re-Examinations is not recorded and they do not appear to be tied to external political events. Ministerial change was not an important factor in these years. Table 3.4 shows that these peacetime Re-Examinations did not cause the same drops in the Out-Pensioner population as wartime ones did. It may be that these peacetime Re-Examinations were largely financial audits aimed at detecting fraudulent claims rather than the deliberate attempts to remove large numbers from the Out-Pension lists. It is highly unlikely that these wartime drops were caused by other factors. The Board had a precedent for calling smaller localized audits. These inspections were carried out by contracted gentlemen before 1754, who received substantial gratuities for successful prosecutions. These contractors were almost certainly regimental agents or their clerks. The best documented agent was Joshua Johnston who was appointed in 1739 to survey the claims of Out-Pensioners living in Ireland.⁷⁹ Working with his son George, he travelled to remote areas of Ireland to meet the people who validated the affidavits and certificates of fake Out-Pensioners and talk to informers about fraudulent pension claims.⁸⁰

Crucially, none of the General Re-Examinations appear to have been attempts to limit the number of Out-Pensioners or make judgments on their morality. Unusually for

⁷⁹ WO250/45, Board Papers, Special Cases, 3rd August 1739.

⁸⁰ WO246/93, Eyre to Joshua Johnston, 27th November 1741; WO246/93, 17th March 1742; WO250/45, 31st August 1739; 12th May 1740; 24th May 1740; 18th August 1741; 26th November 1743.

eighteenth-century charity, the investigators were not interested in anything other than their physical health or their willingness to make a false pension claim. The Hospital took the unusual approach of unofficially deciding that an Out-Pensioner's moral failings and/or criminal behaviour did not automatically bar him from the state's charity. Pensions continued to be paid to men indicted and convicted of all crimes. The sole exceptions to this indulgence were if the Pensioner in question had been indicted for High Treason, fraud against the Hospital or murder.⁸¹ Treason was taken to mean insulting the Protestant Royal Family in word or deed. The case of John Laws demonstrates this unusual response. Laws was indicted in 1752 after beginning a riot in Norwich. The riot was started 'under the pretence of insulting a Methodist preacher'. The Commissioners' interest in the case revolved around the question of whether he had at any time spoken 'disrespectfully of His Majesty, or of the Royal Family or of Acting against the Government', and not the fact he was charged with instigating a riot. The Commissioners would only take action against him if he had spoken or acted against the Monarchy.⁸² Even then, the Commissioners were surprisingly willing to 'forgive' delinquent Out-Pensioners. Garrison places were held open for them or they were reassigned to another garrison or allowed to return to their families with an Out-Pension and the only frequently used sanction was the refusal to grant them any owed pension arrears for the period of their absence.⁸³ The Commissioners showed considerable concern for their imprisoned charges and the Hospital regularly sent its senior surgeons to visit those imprisoned in the main London prisons. The Board's relaxed attitude towards convicts appears to have been well-known enough for men to try to take advantage of it: John Wardlow was blacklisted after he was caught lying about the

⁸¹ The Board's attitude towards murderous Out-Pensioners is not known. There is no obvious case of payments to maintain convicted Out-Pensioners until their execution. A survey of provincial and metropolitan gaol accounts may clarify this issue.

⁸² WO250/459, 6th February 1717; WO250/460, 24th June 1752.

⁸³ WO250/464, Hospital Journal, 2nd May 1791.

reason for missing his Re-Examination.⁸⁴ He claimed he had been in gaol, but did not realize that the Commissioners would check his claims with the gaoler. It turned out he had never been in prison at all.

The Commissioners' lenient attitude was in direct contrast to parochial systems of the time, and the predecessor, the county pension scheme which had penalized pensioners for relatively minor offences.⁸⁵ This tolerant attitude was not shared by their contemporaries. Magistrates, parish officials, and private individuals regularly reported the moral failings of the Out-Pensioners to the Commissioners in the same manner as they would report parish pensioners. This does not appear to have significantly affected their reactions towards their charges.

General Re-Examinations presented a unique opportunity for some former soldiers. General Re-Examinations were publically announced in newspapers. These adverts had the unintended consequence of effectively notifying former officers and soldiers that they could petition the Commissioners for pensions on the grounds of their current circumstances (infirmities, age, working conditions) rather than those of when they were discharged. Discharged soldiers legally had one year to apply to Chelsea, starting from the date of their official discharge and recommendation. Men who applied after this 1-year grace period risked being labelled as ineligible. The clerical staff usually refused to accept the certificates of these men and as such, these cases are only fully documented if clerks made a mistake and filed their certificates. The consequences of the Secretary's mistake in accepting late or ineligible cases were demonstrated in a

⁸⁴ WO116/1, Examination of John Wardlow, 1st Foot Guards, 10th December 1716.

⁸⁵ Hudson, 'Arguing', 107-9, 110-11, 115-6; Hudson, 'Disabled', 124-6; Steve Hindle, *On the Parish?: The Micropolitics of Poor Relief in Rural England, 1550-1750* (Oxford: Oxford University Press, 2009), 99-104, 224-6; Hindle, 'Technologies'; Hindle, 'Civility', 2 38-55.

case from 1724. In May 1724, the Secretary and his staff were reprimanded for a lack of vigilance after they had accepted certificates from ineligible men between February and May. A ‘Great number’ of these men had then dutifully travelled to London from ‘Remote parts of Scotland claiming ye Pention [despite] that [they] have been several years some many years out of ye Service’.⁸⁶ The clerks were not entirely at fault. When asked ‘how they came nott sooner to apply’,

...they own’d that they had advice by letters of Severall officers that if they came to London they would be admitted pentioners of Chelsea Colledge & that many more were coming itt being also observ’d that probably these men were in a way of living in their Countrey & would nott have apply’d or troubled ye Governmt if nott been invited...⁸⁷

The Commissioners were furious both about the officers’ involvement, and the fact that the men had had the temerity to ask them for an Out-Pension when they already had good incomes. However, these men had only self-financed the long journey from Scotland to London because their certificates had been accepted.⁸⁸ Despite the Commissioners’ hard-line attitude towards these particular elderly Scottish soldiers, this type of case was usually treated leniently in the long-term. The Commissioners usually showed indulgence, often hearing the case on the basis of their enclosed officers’ petitions.⁸⁹

This detailed analysis has highlighted how the Commissioners administered the Out-Pension system. It has been demonstrated how the three lowest-ranking Commissioners acted as sources of continuity in the administration of the Out-Pension

⁸⁶ WO250/459, 14th February 1724.

⁸⁷ WO250/459, 14th February 1724.

⁸⁸ WO 250/459, 14th May 1724. In all cases they had been out of the army too long.

⁸⁹ The outcome of the anonymous Scottish travellers’ cases is unknown.

system. They would not have been able to act in this way without their servants, who ensured that the Out-Pension ran smoothly and efficiently and did not exceed established precedencies.

3.5 The Clerical Administration of the Out-Pensions, 1715-1848

Five additional groups of men were expected to attend all meetings of the Board of Commissioners. These were: the Secretary or his most senior clerk, the Agent of the Out-Pensioner or his representatives, the officers or agents representing a regiment, the Hospital's surgeons, and the local Justice of the Peace. The absence of any of these groups could lead to the immediate termination of any Board meeting. Of these men, only the surgeons had an official say in the admission of men to the Out-Pension lists. By far the most important men however were the Secretary and the Agent to the Out-Pensioners and their respective staffs. These men, or their representatives, were present at every Board of Commissioners. The Secretary, the Agents, and their large departments of clerks were essential in the development of an efficient national Out-Pension system after 1715.

The Secretary was a civil servant and acted as the main conduit between the Commissioners, the War Office, and the outside world. He supervised the largest clerical departments in the Hospital and had significant authority over the clerks in the Pay Office, which was nominally supervised by the Deputy Treasurer. The Secretary's and Pay Offices worked in conjunction despite their different managers. These offices regularly received and read each other's correspondence, circulating any relevant information between them. The scale of the Hospital's pension administration meant that it had a permanent staff of ranked salaried clerks. Extra supernumerary clerks were

hired in preparation during government preparations for war or for demobilization. The size of this bureaucracy grew over the course of the eighteenth century as the number of Out-Pensioners increased. The Hospital started with two clerks in 1691, but it needed 16 and a permanent messenger by 1806.⁹⁰ The pensioning Greenwich hospital employed only 8 to 10 men in the same capacity.⁹¹ In spite of the growth of both the Hospitals' bureaucracies, their staff remained considerably smaller than their Excise, Navy Board and Treasury counterparts.⁹²

The clerks were part of the army of professional civil servants who ensured the smooth running of the British fiscal-military state. Little is known about their personal circumstances, although the establishment books suggest that most clerks had previously worked in the War Office or for the civilian contractor, the Agent of the Out-Pensioners. Their pay and conditions were directly comparable to their War Office and Admiralty counterparts.⁹³ All correspondence, letters of recommendation, discharge certificates, and affidavits had to be sent through and confirmed by the Secretary's staff. In 1719, the Board had formally instituted the requirement that all Out-Pensioners had to be examined before a Justice of the Peace once every 6 months to reconfirm both their ongoing physical infirmity and loyalty to the Crown. Affidavits of these examinations had to be sent to the Secretary's office otherwise their next pension payment would not be authorized. They transcribed, filed, answered letters, and dealt with anyone who came to their offices. The clerks' workload was so heavy by the early nineteenth century that they had organized themselves into co-dependent 'departments' with their own distinct hierarchies. These departments were 'Affidavits',

⁹⁰ WO250/459, 23rd February 1719; WO247/25; WO381/4, Registry of Clerks of the War Office, 1809-19; ADM1/5123/21, Draft Instructions to the Sick and Hurt Board, nd.

⁹¹ WO247/25; WO381/4; ADM1/5123/21.

⁹² Brewer, *Sinews*, 66-7.

⁹³ ADM1/5123/21.

‘Correspondence’, ‘Colonial and Foreign’, ‘Discharges and Warrants’ and ‘the Register’.⁹⁴ The ‘Register’ department was responsible for examining all new pension applications. A memorandum from around 1816 gives an impression of exactly how efficient the clerks had to be to administer the pensions of the tens of thousands of Out-Pensioners reliant on them for a regular income.⁹⁵ They had to ‘open and endorse every day at least 250 affidavits’ and tie them into bundles of 22. Three clerks then had to transcribe all of the information in these bundles with the expectation that they should confirm 800 names per day. It is a testament to these clerks that the pension system paid pensions to thousands of men every 6 months (and once every quarter after 1842), until the late nineteenth century.

The Secretary and his department acted as the main source of precedence, along with the Comptrollers, Governors and Lieutenant-Governors. Not only did the Secretary archive all of the Hospital’s paperwork and produce reference works, they were also living sources of hospital lore and pensioning precedencies. The Hospital letter books further support the view that much of the Hospital’s continuity in its pension rulings came directly from the Secretaries and their staff. The letters of Secretary Eyre and his successor Peregrine Furrye suggest that these men were so well versed in the Commissioners’ decision and rules that they could predict the outcome of individual cases with great accuracy. This allowed them to advise interested parties in the necessary requirements behind a successful petition to the Board. This ability was a notable feature amongst the Hospital staff until the 1840s. When the Commissioners of

⁹⁴ WO247/25, Untitled Memorandum, 9th July 1819.

⁹⁵ WO247/25, Untitled Memorandum, 9th July 1819; WO247/25, Rules of the Pay Office Affidavit Department, nd.

Military Enquiry investigated the Hospital in 1812, they interviewed ‘the very old’ First Clerk Joseph Lynn extensively as he could remember Board rulings from the 1770s.⁹⁶

The long tenure of the ambitious and well-connected Kingsmill Eyre undoubtedly transformed the nature of the Secretaryship. He managed the significant expansion of the Out-Pension system between 1715 and 1743, passing on a mature and complex bureaucracy to his successor Peregrine Furrye (d.1759) Furrye was also a regimental agent.⁹⁷ Eyre was a member of the influential Eyre family of politicians and senior judges although little is known about Eyre’s early life and career as a civil servant.⁹⁸ His assumption of control over the Hospital’s letter books offers a unique insight into the role of both the Secretary and the business of a regimental agent in the early to mid-eighteenth century. Agents acted as a regiment’s private bank, advancing money from the War Office to officers, allowing them to pay themselves, their men and buy goods and services.⁹⁹ Much of this money was advanced on credit. Like many other fledgling regimental agents, Eyre first worked as a government clerk, working for the Hospital’s most inefficient sinecurial Secretary ‘Catalogue’ Fraser and the *de facto* Secretary Crispe.¹⁰⁰ He succeeded to the Secretaryship through his patrons Walpole and Robert Mann in August 1715 after their accession to power, and shortly afterwards was appointed ‘Agent to all Invalid Companies’. Eyre initially did not run a separate office like some of his counterparts.¹⁰¹ The letters gradually became more formulaic until the early 1740s, but all confirm the nature of the Secretary’s role as intermediary with the

⁹⁶ WO247/25; *Nineteenth Report*, 374. Lynn was appointed in 1777. He served until 1816.

⁹⁷ *Gentleman’s Magazine*, October 1759, 572.

⁹⁸ Dean, *RH*, 198; C. G. Lewin, “Sir Samuel Eyre,” *ODNB*, online edition; William Page and P. Ditchfield (eds), *A History of the County of Berkshire*, vol. 4 (London: 1924), 48-51.

⁹⁹ On agency, Guy, *Oeconomy*, 59-62, 73; Alan Guy, ‘Regimental Agency in the British Standing Army, 1715-1763: A Study in Georgian Military Administration’, Part I vol. 62 (1979) 423-53; Part II vol. 63 (1980), 31-57.

¹⁰⁰ Guy, *Oeconomy*, 60.

¹⁰¹ *Ibid.*, 59-60.

Invalid officers. The letters re-enforce Alan Guy's assessment of the prerequisite skills of the administrator and agent for diplomacy and a reputation for punctuality and efficiency in all his affairs.¹⁰²

More importantly for the scope of this thesis, Eyre's letters highlight the relationships, and their effect on the movement of applications and paperwork between the Commissioners and the Invalid companies, agents and other individuals, the Out-Pensioners and Invalids. Eyre repeatedly fielded the Invalid Officers' demands for healthier recruits for their companies, assuring each officer that he would get the best men for them. He responded to their questions about the government and finances of Invalids, settled disputes, and recommended the individual Invalids they sent for consideration for better pensions.¹⁰³ He wrote to any Out-Pensioners or Invalids who wrote to him.¹⁰⁴ The letters also highlight the gift-giving and patronage networks that tied him to the Invalids. Eyre's successors inherited this mature administration. There is little indication that the nature of the Secretaryship with its fees, pre-requisites and gifts substantially changed until the 1780s, when War Office clerks were banned from taking 'unauthorized' fees and accepting gifts.¹⁰⁵ The other responsibilities of the Secretary were not as pleasant or as profitable. It was his responsibility to inspect the care of all Out-Pensioners who had been sent to the London madhouses by the Board, and visit all those confined in London's numerous prisons. While the Secretary invoiced the Hospital annually for these visits, it remains unclear if he delegated this duty to one of his subordinates.

¹⁰² *Ibid.*, 59.

¹⁰³ WO246/92-4.

¹⁰⁴ WO246/93, Eyre to Sergeant Thomas Armstrong, 12th July 1742.

¹⁰⁵ Guy, *Oeconomy*, 163-5. Authorized fees were allowed.

The Agent of the Out-Pensioners was the second most important man in the lives of the Out-Pensioners. The Secretary and his staff processed their applications for pensions while the Agent ensured that their pensions were paid on time. The Agent acted as an intermediary between the Hospital, the Excise, and the Out-Pensioners. The office of Agent was created in 1754 under the terms of Pitt the Elder's 'An Act for the Relief of the Out-Pensioners of the Royal Hospital of Chelsea'.¹⁰⁶ Pitt's Act was a definitive moment in the history of the Out-Pensioners. The act switched pensions from being paid in arrears to being issued six months in advance and invalidated all existing claims by money-lenders on their pensions. The pensions were paid to the state-appointed private Agent after 1754, whose clerks compiled lists of where each Out-Pensioner was living and how much he was owed. This information was then sent with the money to each regional Collector of Excise. There were between 50 and 54 Collectors between 1708 and 1783, rising to 77 in England, Wales and Scotland by 1785.¹⁰⁷ The Collectors would then be appointed a day to go to a county town to pay the Out-Pensioners from the surrounding area, probably combining this duty with their auditing of the books of the junior Excise Officers and Supervisors. The Agent operated out of a central office in London with its own staff with a secondary office in Edinburgh. Nothing is known about the earliest Agents. Their business was kept separate from that of the Excise. One may have expected this office to be subsumed into the Excise's efficient and mature bureaucracy (either into its central offices or its provincial establishment.), but it seems that this was never considered.¹⁰⁸ The Agent also took on the investigative role previously associated with private contractors like Joshua Johnston. All cases of fraud were reported directly to him or his deputies by the

¹⁰⁶ 28 Geo. II, c.1.

¹⁰⁷ Brewer, *Sinews*, 104-5; *Thirteenth Report of the Commissioners appointed to Examine The Public Accounts of the Kingdom* (London: 1785), 71.

¹⁰⁸ On the Excise hierarchy, Brewer, *Sinews*, 102-10.

Excise. The Agency was eventually abolished in 1848 when the duty of paying the Out-Pensioners transferred to the War Office.¹⁰⁹

The majority of this chapter has, so far, focused on the Commissioners and their employees' experiences of the Hospital and its Out-Pensions. During any one meeting no matter its length or time of year and how many of the Commissioners and their servants attended, the Board had to deal with a wide variety of cases and issues at each meeting. The Commissioners dealt with Out-Pensioners at nearly every meeting they had between 1703 and 1806. Nearly every copy of the Board Minutes after July 1716 starts with the phrase 'Examined and Admitted Several Invalid Soldiers'. 'Several' could mean that they had dealt with the cases of up to 300 applicants.¹¹⁰ This was in *addition* to their assessment of any cases that had been referred to them via formal written petitions, correspondence or informally by private conversations or solicitations in the street.¹¹¹ The amount of pension business was so great that they had considerable difficulties dealing with it. In 1784, at the height of the demobilization of the American War of Independence, the Board formally ruled that they would only consider 250 written letters per day. This 250 was in addition to assessing the men who had attended in person. They promptly broke their own ruling. The Board frequently postponed dealing with its staffing or financial matters in order to prioritize the cases of their would-be and existing Pensioners. The final part of this chapter will now approach the Hospital from the viewpoint of those petitioning to join the Out-Pensioners.

¹⁰⁹ Hutt, *PI*, 318.

¹¹⁰ For summaries of applicants per year, see Chapter 4.

¹¹¹ WO246/93, Kingsmill Eyre to Ensign Archibald McDonald, 23rd September 1742; WO250/460, 9th Oct 1751; WO250/460, 9th July 1753; WO250/460, 8th August 1753; Hudson, 'Arguing', 113, 117.

3.6 The Application Process

A man's arrival at the Board was in fact one of the later stages of his application for an Out-Pension or place in the Invalids, as previously discussed in Chapter 2. The process of being discharged from the army and recommended as a candidate for the Out-Pension took months. This section will illustrate this drawn-out process using the published autobiographies of three NCOs: Sergeants Thomas Jackson (1785-6-before 1851), James Hale (1785-7?-after 1826), and William Lawrence (1790-1869).¹¹² These three texts offer the most detailed accounts of the experience of becoming a Chelsea Out-Pensioner in the long eighteenth century. These men wrote (or dictated) their memoirs between 1826 and 1870, decades after their discharge from the army. Jackson, Hale and Lawrence had very similar backgrounds: all came from rural labouring families who did not initially want them to enlist, although all mention other enlisted family members. Jackson and Hale spent time in the British militia before transferring into the Regular army, while the teenage Lawrence ran away from his master to enlist. All married 'respectable' women during their time in service. All took part in Wellington's wars in the Spain and Portugal. During these campaigns, they all experienced repeated infectious fevers, only to be discharged on account of battlefield injuries. More importantly for this analysis, they were sent to the Board after 1806 and so all had the benefit of receiving higher rates of pension under Wyndham's discretionary act.

¹¹² Thomas Jackson, *Narrative of the eventful life of Thomas Jackson late sergeant of the Coldstream Guards detailing his military career during twelve years of the French War*, (Birmingham: Joshiah Allen and Son, 1847); James Hale, *Journal of James Hale, late Sergeant in the Ninth Regiment of Foot*, 2nd edition, (London: 1826); William Lawrence, *The Autobiography of Sergeant William Lawrence, a hero of the Peninsular and Waterloo Campaigns*, ed. George Nugent Bankes (London: Sampson Low, 1886). My thanks to Dr Matthew McCormack for recommending Hale's memoir to me.

Chapter 2 has already highlighted that the first step towards the Chelsea Out-Pensions for the majority of men was an extended stay in a hospital or invalid garrison. Hale, Jackson and Lawrence all experienced life-changing wounds and contracted secondary infections. Hale's arm was shattered by a musket ball in December 1813. It took four months in the General Hospital in Bilbao to remove all of the infected bone from his arm, and he remained in a convalescent garrison in England for a further two months. It took him a total of eight months to recover sufficiently from his injury to be considered as a candidate for the Hospital.¹¹³ Hale gave few details of his thoughts and experiences in the General Hospital at Bilbao. His memoirs' stoical response to the trauma of battlefield medicine is not uncommon amongst early nineteenth-century soldier-writings.¹¹⁴ The much later accounts of Jackson and Lawrence are more sensationalized, and provide more graphic accounts of the experience of being invalided. Lawrence was injured multiple times between 1812 and 1815. He served for nine years with a musket-ball embedded in his femur. By far the worst wounds he received were a penetrating chest wound at Ciudad Rodrigo, and shrapnel wounds to his legs at the Second Siege of Badajoz.¹¹⁵ He subsequently contracted a fever while being transported and had to undergo scarification and blistering on his head that left him 'quite insensible' for three months.¹¹⁶ It took him 6 months to recover in hospital but he continued to serve until the demobilization of the army in 1815. Jackson was shot in the leg climbing at siege ladder during the battle of Bergen-op-Zoom in March 1814. He had to have his leg amputated while imprisoned by the French. It took sixteen months for his amputation scar to stabilize and heal, and he had to endure regular debridement, which he provides a rare first-hand account of.

¹¹³ Hale, *Journal*, 126-31.

¹¹⁴ On the genre see section 3. 6. 1.

¹¹⁵ Lawrence, *Autobiography*, 101-2, 199-23.

¹¹⁶ *Ibid.*, 123

...never shall I forget the intensity of the suffering I endured in the first dressing. Military surgeons are not very nice about hurting one. What with the tearing off the bandages, which were by this time soldering together with dried clotted blood, and after them the cross strappings of the sticking plaster, which had, as it were, grown into the flesh; the opening of the wound afresh; tying of the ligaments of the arteries; cleansing and new strapping and bandages, I fear in my feeble strength, I must have sunk under the excruciating pain.¹¹⁷

When it became obvious that men like Hale and Jackson would not be able to return to his former duties through a loss of mobility, weakness, or difficulties eating or drinking, he would be officially cashiered. Jackson in particular found this process undignified;

Being seen about again upon crutches and getting well, it seemed as though I was become [sic] a nuisance on the muster roll, and must be got rid of. Being useless, I was of course, no longer worthy to eat the King's beef.¹¹⁸

If a man was thought to have been a good soldier, his officers had the option to recommend him as a suitable candidate for a Chelsea Out-Pension. This recommendation was not guaranteed, no matter how long a man had served or the nature of his perceived impairments. It is difficult to ascertain how frequently men were recommended to the Hospital. Tables 3.5 and Tables 3.6 contain the annual percentages of men discharged of the nine most Senior regiments within the British Establishment between 1787 and 1791. It is based on the figures recorded in the compiled musters kept by the Commissary-General. It is not possible to compile recommendation statistics for earlier periods as very few regiments kept

¹¹⁷ Jackson, *Narrative*, 90.

¹¹⁸ *Ibid.*, 115.

detailed musters for more than one or two years at a time. The Musters from 1787 and 1791 are amongst the best kept but there still are significant gaps. Tables 3.5 and 3.6 (overleaf) demonstrate how much the army itself limited access to the Chelsea Out-Pensions. The numbers of men discharged annually by each regiment fluctuated widely and was depended on where they were based. Men were more likely to be recommended when their regiment was stationed within the British Isles, as demonstrated by the sudden rise of recommendations amongst men of the 11th Light Dragoons in 1791. Regimental officers were actively excluded the majority of their former soldiers from even approaching the Commissioners by denying them the feted Chelsea recommendation. The number sent to Chelsea only ever represented between 10-20% of the total number of men discharged, with some higher peaks if a regiment received a new group of healthier younger recruits. The disbandment of a regiment could also mean that officers were more likely to recommend men that they previously would not have. This was viewed as a particular problem by the Hospital. All regiments began to recommend men more frequently after 1790.

Table 3.5 Recommendations to the Royal Hospital of Chelsea by Horse Regiment, 1787-1791.

Regiment	Year	Total Serving	Total Discharged	Total Recommended
Royal Regiment of Horse Guards	1787	261	29	11
	1788	242	24	4
	1789	N/A	N/A	N/A
	1790	244	42	11
	1791	244	24	8
1 st Royal Regiment of Dragoons	1787	198	10	4
	1788	198	13	5
	1789	194	12	5
	1790	192	6	5
	1791	198	2	1
1 st King's Regiment of Dragoons Guards	1787	296	37	13
	1788	296	22	11
	1789	N/A	N/A	N/A
	1790	286	24	6
	1791	297	13	6
3 rd Prince of Wales Regiment of Light Dragoons	1787	179	10	2
	1788	186	20	3
	1789	188	4	1
	1790	191	10	4
	1791	197	9	1
4 th Queen's Own Regiment of Dragoons	1787	N/A	N/A	N/A
	1788	296	16	9
	1789	197	17	4
	1790	196	18	6
	1791	198	21	6
10 th Prince of Wales Regiment of Light Dragoons	1787	194	12	1
	1788	195	4	1
	1789	194	5	0
	1790	196	20	3
	1791	185	27	2
11 th Regiment of Light Dragoons	1787	198	26	1
	1788	198	7	1
	1789	197	20	2
	1790	198	17	3
	1791	182	37	0
15 th King's Regiment of Light Dragoons	1787	198	10	1
	1788	198	7	4
	1789	194	13	6
	1790	198	14	1
	1791	175	46	7

Source: WO12

Table 3.6 Recommendations to the Royal Hospital of Chelsea by Foot Regiment, 1787-1791.

Regiment	Year	Total Serving	Total Discharged	Total Recommended
29 th Regiment of Foot	1787	N/A	N/A	11
	1788	207	92	4
	1789	361	63	N/A
	1790	418	121	11
	1791	423	171	8
31 st Regiment of Foot	1787	N/A	N/A	4
	1788	283	N/A	5
	1789	275	52	5
	1790	328	26	5
	1791	422	38	1
33 rd Regiment of Foot	1787	220	163	13
	1788	332	13	11
	1789	355	20	N/A
	1790	403	12	6
	1791	422	38	6
34 th Regiment of Foot	1787	N/A	N/A	2
	1788	219	68	3
	1789	382	72	1
	1790	395	97	4
	1791	441	135	1
44 th Regiment of Foot	1787	234	135	N/A
	1788	N/A	N/A	9
	1789	373	128	4
	1790	283	20	6
	1791	213	61	6

Source: WO12

Recommended men were offered free travel to London and their lodgings and subsistence were paid by their regiments until they were called before the Board. Men who were discharged abroad had their passage to London paid. This free passage was a notable feature during the Seven Years' War when other discharged soldiers were not offered passage home as the government wanted to encourage British settlement in North America.¹¹⁹ Men sometimes carried their discharged certificates and recommendation letters with them and filed them in person at the Hospital in the Secretary's Office. At other times, particularly during war, regiments would send their

¹¹⁹ Brumwell, *Redcoats*, 297-8; Mackillop, *More Fruitful*, 66, 88, 138, 178, 183, 185-6.

recommended men's documentation in bulk in advance. The Hospital only assumed authority over a man once they were admitted as an In-Pensioner, Out-Pensioner or into an Invalid company. Prior to that, he remained the responsibility of his former regiment via his Regimental Agent and any accompanying officers. The accompanying officers were expected to pay the man's subsistence and lodgings in London until the day when they were to attend the Board for their examination. This caused a considerable pressure on the areas surrounding the Hospital. Hale reported that the village of Chelsea was 'so crowded with invalids' when he arrived that he was sent downriver to Putney.¹²⁰ Other officers took their men to the neighbouring areas of Acton, Battersea, Chiswick, Clapham, Hammersmith, Lambeth, Tooting and Wandsworth.¹²¹ Some men waited further afield in barracks. Lawrence waited at Chatham and took the boat to Chelsea on the day of his examination.¹²² The officers or the Regimental Agents were expected to wait with their men and attend the Board with them to confirm their identities and testify to their credentials and the validity of their certificates. The absence of the Regimental Agent or officers would lead to the postponement of all pension applications from that regiment, and the men would remain a charge on the regiment as a punitive measure. This measure used transfer men between the Invalids and the Out-Pensions. After 1703, Invalid officers were supposed to ask for permission to discharge any man from their companies, no matter how unfit or sickly they were. Any discharged men had to be sent to the Hospital for their personal confirmation that he was completely unfit for any form of military service and they transferred him onto the Out-Pension. At that point, he was the responsibility of the Hospital. Invalids had to bring with them officers' letters, a travel pass (proving their right to travel 'a furlough') and any certificates

¹²⁰ Hale, *Journal*, 130.

¹²¹ Dean, *RH*, 192.

¹²² Lawrence, *Autobiography*, 245.

previously issued by their former regiments or the Hospital. An absence of any of this documentation delayed their processing.

Men had to go to London for their first 'Examination' by the Commissioners. This first examination was the cornerstone of the pension system as it was used to assure contemporaries that the Hospital was not awarded pensions unnecessary. It was the most prized and vigorously defended right and obligation of the Commissioners. The Commissioners were legally required to personally oversee the physical examinations of all first-time applicants for an Out-Pension. Despite their willingness to overlook the requirement that three Commissioners had to be present to pension men, they refused to relinquish this legal obligation. It took a direct Royal order communicated via the Secretary at War to dispense this requirement. This may have been a response to Marlborough's earlier influence on the Hospital's pension lists.¹²³ All Boards after 1715 viewed the Hospital's waiting lists and their duty to personally inspect all applications as sacrosanct. No Board members or staff officers were allowed to prioritize their own men over those already waiting to be seen. They would politely refuse to do so when asked by the most Senior Commanders including Major-General Jeffrey Amherst, William Augustus, Duke of Cumberland and Prince Frederick, Duke of York.¹²⁴ This caused particular tension with Commanders and Invalid officers who were stationed outside of England or Scotland. These Commanders and officers were repeatedly rebuked for trying to exempt their men from travelling to London to see the Commissioners in person. This requirement caused particular problems for those Out-Pensioners who wished to settle in British colonies in North America, India or Gibraltar. To be considered for an Out-Pension, or to keep their Out-Pension during a General Re-

¹²³ See page 91 and 95.

¹²⁴ For example, WO250/466, 7th March 1803.

Re-Examination, they had to make the journey to England even if it took them many years to do so. The Board however refused to pay for the Out-Pensioners' passage back to their colonial homes.¹²⁵

The memoirs of Jackson and Lawrence contain two of the only four surviving first-hand accounts of how the Commissioners and the Hospital's Surgeons physically examined Out-Pensioners during the eighteenth and nineteenth centuries. These accounts describe the methods of physical examination used in 1731, 1754, 1814, and 1815. The earliest account of an Out-Pension examination is in a Parliamentary speech by Sir William Strickland, the First Lord of the Treasury. He sat in on a number of Out-Pensioner examinations in the late 1720s and early 1730s. During a rare public debate about the size of the Out-Pension lists, Strickland described the precautions taken by the Commissioners to avoid fraud and ineligible claimants:

We have been so cautious, that we have made the fellows strip to the skin, that we might examine them the more narrowly, and might be the better able to judge whether they were actually disabled and unfit for any farther service; and after such a strict inquiry, we could not in conscience, we could not in humanity, refuse to admit them.¹²⁶

Strickland's account suggests that the Commissioners were present during some of the physical examinations. This very public display of the men's infirm bodies to the most senior government ministers and officers is striking in terms of its scale. The Hospital's senior military officers were probably used to this form of exhibition. Colonels were often involved in the inspection of new recruits and some officers would presumably have experience of the infirmary or hospital medical boards which discharged men and recommended them to the Hospital. Similarly, some of the civilian Commissioners may have also experienced a similar type of examination if they acted as patrons to charitable infirmaries and provided infirmary admission tickets to those patients they

¹²⁵ WO250/466, 7th March 1803.

¹²⁶ Anon., *A Collection of the Parliamentary Debates in England from the Tear MDCLXVIII to the present Time*, vol. 10 (London: John Torbuck, 1741), 112.

felt were deserving cases.¹²⁷ However, it is unlikely that most of the Commissioners would have seen large numbers of disabled men being physically examined by surgeons. These public examinations could be extremely intrusive. This was particularly the case during the long-running controversial medical trials that took place at the Hospital between 1721 and 1770.¹²⁸ These trials were looking for a cure for rupture, a condition which afflicted approximately 4% of all Out-Pensioners.¹²⁹ When the Hospital's surgeon William Cheselden did not believe that the experimental cures of the surgeon Samuel Lee had worked, he put the trial patients through a series of vigorous tests. Lee's patients reported they had been 'made to Cough, Jump, and use every other Action that they thought would case the Rupture again to appear'.¹³⁰ Another reported that Cheselden's deputy John Ranby had 'squeezed his testicles so much that the poor man was in great pain for four days after'.¹³¹ While the testimonies provided by Lee were designed to show the medical incompetence of the Hospital's surgeons, it does suggest that it was normal for men to be tactically examined by medical staff both before and away from the Commissioners.¹³²

By the 1740s, it appears that the majority of men were examined away from the Commissioners. The examining Hospital Surgeons passed on their findings onto the Board via notes written on the back of the officers' letters of recommendation. Some applicants took advantage of their time alone with the surgeons and tried to bribe them. This could backfire. James Murray of Lord Panmure's Regiment lost all claims to any form of state relief after he was 'offer'd the Surgn Money to Represent his Case favourably'.¹³³ The surgeon had slipped a written note to the Commissioners notifying them of Murray's attempts. There are only a few instances of these offers being made to the medical staff, although this absence is undoubtedly a reflection of the sensitive

¹²⁷ For example, Anne Borsay, 'Returning Patients to the Community: Disability, Medicine and Economic Rationality before the Industrial Revolution', *Disability & Society*, 13 (1998), 659; Jonathan Reinartz, "'Investigating the "Deserving Poor": Charity and Voluntary Hospitals in Nineteenth-Century Birmingham', in *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, c. 1500-1950*, eds. Anne Borsay and Peter Shapely (London: Ashgate, 2007), 253-4.

¹²⁸ Philip Mills, 'Privates on Parade: Soldiers, Medicine and the Treatment of Inguinal Hernia in Georgian England', in *British Military and Naval Medicine*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 163.

¹²⁹ See Chapter 4 and Appendix 3.

¹³⁰ Anon, *A Narrative of some proceedings in the management of Chelsea Hospital as far as relates to the appointment and dismissal of Samuel Lee, surgeon*, (London: 1753), 87, 94-5; also see Anon, *The Trial of Mr William Mitchell, Surgeon for Perjury*, (London: R. Baldwin, 1754).

¹³¹ Mills, 'Privates', 166.

¹³² *Ibid.*, 167.

¹³³ WO116/4, Examination of James Murray, Lord Panmure's Regiment, 1st February 1749.

nature of the crime and the changing structure of WO116.¹³⁴ Other men lied or exaggerated their injuries or interfered with their wounds to prevent them healing.¹³⁵ One surgeon reported that Edward James was lying about a wound to his leg as ‘tis impossible he could have been shott [in his leg] without being lame, his Certificate Alter’d.¹³⁶ Many medical texts recognized that soldiers would try to sabotage their recoveries to avoid duty and stay in hospital. Despite this professional body of knowledge, Henry Marshall’s authoritative text on military discharge, *Hints to Young Medical Officers of the Army*, was not published until 1828.¹³⁷

After their medical examination, the men were taken before the Commissioners themselves to be examined again. The Commissioners were amongst the highest ranking men in the military hierarchy. Presiding with them was a Justice of the Peace who would administer a legal oath to every applicant making them swear the truth of their answers and claims to an Out-Pension. The entire event would not be dissimilar to an enlistment ceremony or a court martial. The presence of the Justices and the senior officers meant that any examination could easily turn into a court martial with informers and witnesses being questioned about their claims and fraudulent paperwork. Jackson and Lawrence’s accounts give an indication of how intimidating this experience would have been for the applicants. Lawrence reported that he was called up before the Board one at a time.

I was asked my age and time of service, and one of the gentlemen called out “Seven!” but the doctor immediately said “Nine!” as I had a wound in my knee; they evidently meaning that I should have ninepence a day as my pension, as that was what was settled on me for life.¹³⁸

Lists of the Commissioners’ interrogation questions have survived from the 1830s (Appendix 3). There is little reason to think that the earlier examinations were much different. Only after the Commissioners had consulted with their collected paperwork of

¹³⁴ See Chapter 1.

¹³⁵ For example, WO116/4, Examination of Frances Wear, 23rd February 1749.

¹³⁶ WO116/2, Examination of Edward James, Tyrawley’s, 17th December 1729; WO116/4, Examination of Alexander Forbes, 1st February 1749.

¹³⁷ Marshall, *Hints*; This text built on Marshall’s experiences in the Napoleonic Wars and in the Kandyan Wars in Ceylon; Neil Cantlie, *A History of the Army Medical Department*, vol. 1, (Edinburgh: Churchill Livingstone, 1974), 440-44; the text was followed by the enlarged *On the Enlisting, the Discharging and the Pensioning of Soldiers, with the official documents on these branches of military duty* (London: 1832).

¹³⁸ Lawrence, *Autobiography*, 235-6.

officers', surgeons' letters and validated certificates and had administered a legal oath that that the Commissioners would decide whether the applicant should be accommodated in an Invalid garrison, awarded an Out-Pension or taken into custody as a fraudulent claimant. Jackson found the experience particularly frustrating, and noted his inability to influence their decisions. He apparently expected to be questioned about his service:

They eyed me up and down and seemed to consult for a moment, when one of them said, "Oh he is a young man, able to get his living." No questioned asked me, but at sight, I was knocked off, with the pitiful reward of one shilling per day – a might poor recompense, I thought, for having spent 12 years of the prime of my manhood in the service of my country; lost the benefit of my trade during that period; and the worse of all, crippled for life by the loss of a limb.¹³⁹

The application procedure described above applies to the period 1703 to 1828. It is not possible to determine how Pensioners were examined prior to these dates. We know that the fundamental requirements of Chelsea admission were already in place from 1691: the commanding officers' and regimental certificates, the confirmation of injury and service time by surgeons and officers, the possibility that a limited men could wait for a Hospital place in an Invalid garrison. Presumably petitioning letters from regimental agents, former officers or private individuals of quality also accompanied these early applications. However, it is not possible to determine how, or indeed if, Ranelagh dealt with the men he was sent. The Hospital did have a resident surgeon and surgeon's mate from 1689 and 1692 respectively, who attended the In-Pensioners. It does not appear that either of these men or their servants were involved in the pensioning of men until 1703. A short apothecary's bill for a number of already admitted Chelsea In-Pensioners is the only descriptive account of the earliest applicants. Although these men had already been admitted and were receiving care, it remains unclear if men were referred for an additional examination by Hospital staff, the most fundamental and non-negotiable selection criterion of the Board after 1715.

Under Ranelagh, those who were thought suitable for one of the Hospital's charitable places as a nurse or pensioner were placed onto waiting lists unless there was a specific royal order to the contrary. Ranelagh controlled these successional lists. Once

¹³⁹ Jackson, *Narrative*, 90-121.

accepted, these first pensioners were termed ‘Out Pensioners’. These original ‘Out Pensioners’ lodged in temporary accommodation in the surrounding villages or were treated in the larger London hospitals, with their expenses ostensibly off-set by the Hospital.¹⁴⁰ Some continued to live in domestic garrisons. They had to wait for a vacancy to move up the list, in a similar manner to officer’s appointments. Some never received their Hospital place, dying before a place became available or refusing to enter the House. Twenty of these earliest ‘Out-pensioners’ were recorded as residing with their settled families near the garrison towns of Berwick and Carlisle. They were granted the right to receive a pension there in lieu of a Hospital place, mainly because it was chronically oversubscribed.¹⁴¹ Given the ages and the physical health of the men the Hospital relieved, it is likely that an undocumented number chose to do the same, years before the official acceptance of the Out-Pension in 1703 as the main charitable fund/purpose of Chelsea. Higher staff positions were treated differently. Charles and his successors retained the right to personally appoint the higher ranking house officers, who were placed into paid office immediately.¹⁴² Despite this lack of authority, both Fox and Wren were still heavily involved in the Hospital and were obviously concerned about its finances.¹⁴³ It is probable that Wren and Fox were personally approached or petitioned by men for consideration for the charity, as were other courtiers. This type of charity towards former disabled soldiers was encouraged.¹⁴⁴ Fox had established a Charterhouse near his country seat for former soldiers. Nonetheless, the success of this type of application through courtiers remains unknown.

The fact that the advent of the new Board in 1703 did little to alleviate these problems has been outlined above.¹⁴⁵ However, their deliberations offer a limited insight into the success rates of the earliest Out-Pensioners. Table 3.7 charts the experiences of 287 Invalids who were awarded Out-Pensions between March 1703 and January 1704.¹⁴⁶ Unusually, the clerks went back to this document at different times, and recorded the final outcomes of these applications, an action that became the norm for their successors. Of these men, the fates of 134 are unknown, and the comments

¹⁴⁰ Dean, *RH*, 98-99; Hutt, *PI*, 177-80.

¹⁴¹ Dean, *RH*, 98-99; Hutt, *PI*, 177-80.

¹⁴² This practice later brought problems and personal rivalries, especially amongst the medical staff.

¹⁴³ Dean, *RH*, 124-5, 159-63.

¹⁴⁴ See Chapter 2 and Chapter 5.

¹⁴⁵ See above

¹⁴⁶ On the 1703 reduction, see above.

beside a further 8 are now unintelligible. Only 16 men were reported as dying while waiting, but the number is likely to be far higher. 121 men (42.4% of the known total) were provided for by Chelsea, they mostly as they succeeded to places to Invalid companies or to the traditional superannuated places in garrisons.¹⁴⁷ Five either deserted the lists after being sent to Invalid companies or were excluded from the succession lists.

Table 3.7 Outcomes of Men Admitted to the Out-Pension lists, March 1703 to January 1704.

Outcome	Number of Men
Provided for, including those provided for in the House	58 (5 entered the House)
Provided for in garrisons	63
Left or removed from the Lists or considered to be deserters	5
Re-enlisted	1
Dead	16
Did not apply when entitled	2
Unknown or ambiguous	142

Source: WO116/1-10.

The time of these successions varied greatly. Some men were admitted to the Hospital In-Pensioner beds or were sent to garrisons immediately, other applicants waited years for the same places. There is little evidence of why the waiting times varied so greatly. As the outcome of 46.% of the cases is unknown, it is impossible to accurately calculate the average amount of time Pensioners waited for their places in garrisons or in the Hospital. Nineteen men waited for four years and seven months, with a more frequent wait being anywhere between nine months to two and half years.

3.7 Conclusion

This chapter has outlined the development of the huge Chelsea bureaucracy at length. Such an analysis is necessary if we are to understand the immediate historical context of

¹⁴⁷ See Chapter 2.

the Chelsea pensions. It has highlighted the ways men were admitted to the Pensions or into the Invalid companies, and the types of pension they could claim. It has examined the history of the Board and highlighted its most fundamental contradiction. Its historical development meant that the hierarchical government of the Hospital and the Pensions was designed to prevent one or two men dominating its finances. It became the norm for its most important duty and biggest expense - the Out-Pension - to be operated by the two or three of the lowest-ranking Commissioners. Furthermore, this chapter has highlighted the previously-ignored authority of the three lowest ranking Commissioners in the Invalid and Pension establishment. While a recommendation did not guarantee that a man would be awarded an Out-Pension or a place in the Invalids or even that he would be seen by the Commissioners, Chapter 4 will demonstrate that most recommended men were pensioned by the Commissioners.

Once a man had been admitted as a Pensioner or as an Invalid, he entered into a life-long relationship with the Hospital and its officials. While this aspect of the Pension might imply ongoing government surveillance into the lives of the Pensioners, the reality was that after their admission to the Invalids or to the Out-Pensions, most men never dealt with the Hospital in person again. Despite its strong centralizing tendencies, the pension administration was increasingly decentralized over the course of the long eighteenth century, a fact that caused much concern by the 1820s and 1830s. The vast majority of the Pensioners experienced the Hospital, the Commissioners and their attitudes from a distance, filtered through intermediaries with vested interests in keeping them on the Pension. This filtered experience is further discussed in Chapter 4.

Chapter 4. The Out-Pensioners Population, 1715-1795

4.1 Introduction

This chapter focuses on the long-term experiences of the men and women who approached the Royal Hospital of Chelsea for charitable assistance and financial relief. It is based upon the quantitative analysis of over 60,000 individually documented cases outlined in the Hospital's main reference books.¹ It follows these applicants from their first approach to the Hospital through to their progression through its examination and payment systems, and considers how these processes changed over time. This chapter demonstrates how the Hospital accommodated two different groups of men it was expected to deal with: the aging soldier with twenty years' service, and the physically disabled soldier. The Commissioners managed the burgeoning number of applicants by adhering to a very narrow definition of their legal responsibilities, as outlined in the previous chapter. More importantly, they enforced the tripartite system of In-Pensioners, Out-Pensioners, and Invalid and Reserve companies. This progression could take years. Many admissions to the Hospital's pension lists were not clinically based. Successful applicants moved fluidly between these three groups as the state's, and their own, needs changed. Prior to 1806, the Commissioners were not determining a man's suitability for a pension on a hierarchical set of disorders or disabilities. This chapter outlines the contours of this system by analysing the applicants themselves as a population of military recruits, but also as the recipients of institutional philanthropy.

This chapter is separated into two sections. The first section discusses the methodological considerations of using the Hospital's data to reconstruct the applicant population. The second, larger section outlines the heterogeneous applicants of the Hospital. It considers the effects of age, ethnicity, geographic origin, family history, rank, and physical impairment on the awarding of Chelsea Out-Pensions. The characterisation of physical disabilities by the Commissioners is discussed in detail. It further demonstrates the representativeness of the applicants to the Hospital as members of the British army and militia. The resulting analysis suggests the British army enforced a more formal age-based discharge system than has previously been

¹ An estimated 71,868 applications are listed in the Hospital's main Admission Book, although some other cases are referenced in the Board Minutes.

acknowledged. Officers were using the Hospital to facilitate the rapid removal of middle-aged men from the army long before either the creation of the Army of Reserve in 1803 or the institution of short-service contracts in 1806. The Hospital pension lists and garrison places highlights that over time, a significant proportion of men were admitted as a form of compensation for long periods of service rather than an account of permanent physical ill health. Men over the age of 40 with twenty years' service gradually came to dominate the Hospital's applicant population. Despite this taciturn acceptance of length of service and age as legitimate pension qualifications, the Hospital continued to publically claim that all but the most elderly of its applicants were physical infirm to the point of partial or complete disability. This was done through the creation of a series of ambiguous quasi-medical descriptions for these men in army paperwork. This analysis focuses on how physical infirmities were framed. In doing so, it raises questions about recruitment and the retention of manpower in the army.

4.2 Methodological Concerns

The following analysis is based on the experiences of 60943 applicants who were invited to a physical examination before the Board of Commissioners between January 1715 and December 1793. A sample applicant population has been reconstituted from approximately 70994 separate cases contained within over 74,000 entries in the Hospital's Admission Books. The sample population accounts for 85.8% of all recorded cases of personal appearances or examination days in these books. The sample population was chosen for further analysis as the identity of these men can be authenticated using standard historical demographic techniques. Each applicant was isolated through a combination of twelve distinct reference points: regiment and/or former officer, rank, name, age at examination, reported length of service, inferred age at enlistment, physical description, village or town, county and country of nativity, occupation, the final outcome of their examination, and any supporting marginalia. Former officers have been included on account of the army's practice of referring to regiments by their current commander or colonel's name.² The army also regularly re-assigned regimental numbers.

² The standard reference is Arthur Swinson, *A Register of the Regiments and Corps of the British Army: the Ancestry of the Regiments and Corps of the Regular Establishment* (London: Archive, 1972).

Not all reference points have been given equal value. This study has prioritized name, age, physical description and service data over occupational data and, to a lesser extent, place of nativity. Not only was Name, age and service data always given during examination, it is easier to verify with other long-run biographical sources than occupational data.³ “Outcome”, as the most variable form of data, has only used to determine cases of repetition.

Repetition is a unique feature of the Hospital’s Admission Books (WO116). It distinguishes the Hospital’s admission registers from those of other comparative other military and naval recruitment datasets. A conservative estimate would be that 18% of applicants were repeated (see Table 4.1).⁴ Most duplication was deliberate, marking each time an applicant was recalled to the Hospital for a physical examination. Two listings on the same day testify to a man’s late arrival at his set examination day or the need for multiple trips between the surgeons and the Commissioners.⁵ Transfer in or out of the Invalid establishment also accounts for a large number of repetitions. Over 1130 men are known to have been assessed on multiple occasions on account of changes in their personal circumstances, transfers between units, or as a result of mass recalls of Pensioners.⁶ All transfers between the Invalids, In-Pension, and Out-Pensions lists had to approved by the Commissioners with another personal examination. This means that all applicants are potentially listed on their discharge on their Regular or Militia regiment and on their discharge from the Invalid companies or Regiment or from the domestic Militia. Repeated appearances before the Board could also signify a man’s progression to a higher rate of Out-Pension. In these cases, care has been taken to count each applicant only once.

10051 cases were excluded from further analysis on account of severe record linkage problems. The exclusion of these cases does not render the sample population as unrepresentative. They represent cases where an individual was listed multiple occasions very closely together with very slightly different age, enlistment and service times. Joseph Jones of the Royal Garrison Battalion is a typical example of this form of

³ Such as parish records, muster rolls, Commissary-General effective lists, Hospital lists and Chelsea’s surviving pension certificate series, WO118.

⁴ 3103 confirmed examples. The actual number is likely to be higher on account of the frequency of clerical mistakes.

⁵ See Chapter 3.

⁶ See Chapter 3.

mistake.⁷ Jones had four separate entries, a reflection of the postponement of his case for two months in 1784. During that time, he was recorded as having two different ages (56 and 57) and having served 23 and 25 years. These differences cannot be explained using the existing Board data nor by the known dates of examinations. These examples do not fit with applicants having birthdays between examinations or with the customary practice of rounding ages to the nearest five or ten years.⁸ There is significant reason to believe that these entries represent individuals already included in the 60943 sample. Unlike the other repeated individuals mentioned above, there is still a possibility that these 10051 entries do represent a completely different applicant. There may have been two Joseph Jones. Inclusion of these cases in the analysed sample population would prejudice the data, as many of the Out-Pensioners would be counted multiple times producing anomalous data.

It is important to stress that the aggregate data calculated using the sample population should still be used cautiously. The sample population almost certainly still contains a very small number of repeated applicants, in spite of the considerable efforts to isolate each individual applicant outlined above. The separation of individuals is further complicated by the Hospital's periodic clerical errors. Individuals with similar names or ages were confused by staff members. Names were misheard and misspelt; abbreviations were misread or alternated over time. The names John, Jonathan, Joseph, Joshua, and Josiah were shortened in many different ways, including J, Jno, Jn, Jo, Jos, Js, Josh, and Josuh. Not all of these mistakes were the Hospital's fault. Regiments occasionally did have several men with similar disabilities or similar names and ages serving together. Two Joseph Franklins served in the 30th Foot with two years overlap.⁹ This problem is even more pronounced amongst regiments that recruited heavily in Scotland.¹⁰ Between 1758 and 1789, the 42nd Foot (the Royal Highland Regiment) sent four Peter Grants to be considered for a pension, three of whom served

⁷ WO116/8, Examinations of Jos. Jones, Royal Garrison Battalion, 16th and 30th June, 16th and 23rd August 1784; WO116/8, Examinations of Joseph Porter, 8th Foot, 15th November and 15 December 1784; WO116/8, Examinations of John Lambeth, 60 Foot of 13th March 1789 and 17th June 1789; WO116/6, examinations of Mark Murphy, 14th Foot, 4th April, 2nd May and 21st June 1791.

⁸ So-called 'age-heaping'. For discussion of this practice see Susannah Ottaway, *Decline of Life: Old Age in Eighteenth-Century England* (Cambridge: Cambridge University Press, 2004), 45-6.

⁹ WO116/7 & WO116/8, Examinations of Jos. Franklin, 30th Foot, 12th December 1774, 16th October 1783; WO116/1 & WO116/2, Examinations of Mark Paulet/Paulet, 3rd Troop of Guards, 12th July 1722, 3rd and 30th April 1731.

¹⁰ On Scottish recruitment during the Seven Years War, Stephen Brumwell, *Redcoats: The British Soldier and War in the Americas, 1766-63* (Cambridge: Cambridge University Press, 2002), 264-289; the 42nd may have recruited using Gaelic proclamations, but its ethnic composition was largely English.

simultaneously.¹¹ The 78th Foot (Fraser's Highlanders) sent three Thomas Frasers to one Chelsea examination alone in 1760, two of which were listed simply as coming from the county of Inverness.¹² Staff did occasionally refer to men with similar names as 'Junior' and 'Senior' but this seems to have been restricted to those with extreme age differences or used to express a familial connection.

The physical descriptions of the applicants and their disabilities were often deliberately vague, a phenomenon that developed over time to facilitate the admission of men on the basis of long service alone.¹³ This can make it difficult to identify if a man was a new applicant or if he had attended the Board for a second time with a worsening or entirely different complaint. The repeated visits of Josh Davis of the 20th Foot to the Commissioners demonstrate this.¹⁴ He first attended in 1761 with a pronounced wound in the groin only to attend a second time after being wounded in the thigh. His identity was only confirmed by his regiment, rank, age, service history and place of birth. Lachlan Faulton of the 29th Foot was variously entered as 'Lach', 'Laughan' and 'Fallen'. His claim that he was 'disabled in the Rt hand' was rejected. He was admitted three years on account of 'rheumatic'. It is unclear if it was rheumatism that had initially led to his problems with his right hand or the two infirmities were entirely separate.

National language differences played a role in the inaccurate transcription of information. Recommending officers and applicants spoke a range of languages and with a wide variety of accents. Most place names were spelt phonetically. Some were referred to by their landowners or their traditional clan affiliations. Most small Scottish towns were referred to by their Gaelic name, although efforts were made to use the predominant Anglicized name if it was known. This is especially the cases for the border areas of Berwick, Roxburgh and Jedburgh. Welsh place names seem to have posed a particular challenge to the clerks. Welsh applicants were frequently listed solely by their county without any attempt to spell their parish or village names.

¹¹ WO116/5, Examinations of Peter Grant, 42nd Foot, 27th March 1759; 8th December 1760, 13th April 1764, 18th September 1789.

¹² WO116/5, Examinations of Thomas Fraser, 78th Foot, 28th October 1760; for statistical analysis of the Highland applicants at Chelsea during key campaign years see Brumwell, *Redcoat*, 319-20.

¹³ See below.

¹⁴ WO116/5, Examinations of Josh Davis, 20th Foot, 24th July 1761 and 10th February 1762.

Language differences could have a more direct effect on applicants. It could delay their pension applications. Not all applicants could speak or read English. Throughout the long eighteenth century, the army recruited or forcibly conscripted foreign soldiers individually or in large groups.¹⁵ Not all of these groups were entitled to apply for a Chelsea pension but some were. The army and navy made allowances for non-English speakers in its ranks through the appointment of bilingual officers. These officers did not always attend the Royal Hospital when they were called, much to the Commissioners' frustration. Most of the Commissioners, agents and clerks could speak basic French and German as tuition in these languages was considered a necessary part of a young gentleman's education. They could not speak the Gaelic languages they encountered more frequently in their pensioning activities. This threatened the validity of their interrogations of applicants: 'it is impossible to examine any Men in a Language the Commissioners do not understand'.¹⁶ Instead, the Commissioners and their clerks were forced to rely on impromptu interpreters found amongst whichever regimental officers, agents, and applicants were waiting to be seen at the time. Agents and officers were the preferred candidates, and not the applicant's friends or family as common in contemporaneous court trials.¹⁷ It may be that the Commissioners feared these impromptu interpreters might defraud those they interpreted for.

The interpretation issue reached a critical point during the early 1760s when the Commissioners were faced with a marked increase in applications from men from the Scottish Highlands. These men had mostly been recruited for the Seven Years' War.¹⁸ Some were men reaching the end of their twenty years of service, having first enlisted during the rebellions of the 1740s. The demand for "Credible" and 'responsible gentlemen' interpreters became formal. The Secretary sent out several letters requesting that all discharged men from regiments or Invalid companies based in Scotland be

¹⁵ Stephen Conway, *War, State, and Society in Mid-Eighteenth-Century Britain and Ireland* (Oxford: Oxford University Press, 2006), 57, 94 150-3, 215, 220; Peter Wilson, 'The German Soldier Trade of the Seventeenth and Eighteenth Centuries: A Reassessment', *International History Review*, 18 (1996), 757-1008; Matthew McCormack, 'Citizenship, Nationhood, and Masculinity in the Affair of the Hanoverian Soldier, 1756', *Historical Journal*, 49, no. 4 (2006), 971, 979, 987; On the army's purchase of slaves, Roger Norman Buckley, *Slaves in Red Coats: The British West India Regiments, 1795-1815* (New Haven: Yale University Press, 1979).

¹⁶ WO250/462, 4th September 1761.

¹⁷ Christopher Stone and Bencie Woll, 'Dumb O Jemmy and Others: Deaf People, Interpreters and the London Courts in the Eighteenth and Nineteenth Centuries', *Sign Language Studies*, 8, no. 3 (2008), 226-240; on Welsh interpretation in courts Sharon Howard, 'Investigating Responses to Theft in Early Modern Wales: Communities, Thieves and the Courts,' *Continuity and Change*, 19, no. 3 (2004), 414, 428, fn 30.

¹⁸ Brumwell, *Redcoats*, 268-89, 318.

accompanied by ‘some Creditable Person who understands the Erse Language to Attend the Board [of Commissioners]...to interpret, and that the Like Directions be given as often as Men are discharg’d from the Highland Corps’.¹⁹ In the long term, this sanction on regiments and regimental agents seems to have worked, probably as the delays in the pensioning of entire corps cost them significant sums of money. After the early 1760s, the Gaelic interpretation issue was not raised again. The interpretation of Welsh was never raised as an issue, most likely on account of the relatively small percentage of Welsh recruits to the army.²⁰

The legal implications of making the Chelsea oath were more pronounced in cases where the applicant was deemed to be incapable of understanding the implications of swearing the oath (*non compos mentis*). Swearing the Chelsea oath before the Commissioners’ Justice of the Peace was one of the critical moments in the pensioning process, directly comparable to the crucial legal requirement of taking all new army recruits before the Justices to confirm their willingness to serve. The Chelsea oath marked their transition into a different form of government service. It had to be taken by all men on the Hospital’s books irrespective of which pension or garrison place they were awarded. Refusal or prevarication to take the oath was treated as a crime and led to the permanent black-listing of the individual.²¹ The Commissioners could not legally exempt any man from swearing the oath without royal assent. This meant that some of the sickest and most vulnerable men applicants had their applications delayed. At Chelsea, a ruling of *non compos mentis* usually followed a diagnosis of madness, ‘disorder in the senses’, or sudden hearing loss brought on by colds or severe head traumas. George Onione of the 2nd Regiment of Guards ‘lost his Hearing & disorder[ed] in his head by a Cold Contracted on Guards, from his condition could not be sworn’.²² It was periodically blamed on drunkenness.²³ This situation compounded by illiteracy. Thomas Gee of Frampton’s Regiment (30th Foot) was ‘so Deaf he could not be Sworn nor can he read or be made to understand signs’.²⁴ There is evidence that officers took

¹⁹ WO250/460, 4th September 1761.

²⁰ See below.

²¹ This does not appear to have been a regular occurrence. On the swearing of the oath, see Chapter 3. For examples of prevarication, see WO116/2, Examination of Edward James, Tyrawley’s, 17th December 1729 where the oath was used to threaten him to give up a suspected forger; WO240/459, Petition of Benjamin Walker, Marquis of Granby’s Regiment, 16th October 1746.

²² WO116/4, Examination of George Onione, 2nd Regiment of Guards, 6th March 1752.

²³ For example, WO116/8, Examination of Thomas Twigg, Royal Garrison Battalion, 30th June 1784; WO116/8, Examination of Thomas Swain, Royal Garrison Battalion, 16th August 1784.

²⁴ WO116/4, Examination of Thomas Gee, Frampton’s Regiment, 24th January 1746.

considerable personal interest in these cases. Colonel Cochran of Cochran's Marines personally accompanied the deaf and illiterate John Frazer into his examination to try and facilitate his admission to the Out-Pension lists. Cochran had run this regiment for eight years between 1740 and 1748. Frazer's examination is the only insistence of Cochran attending in the Commissioners in person. Cochran's action indicates his familiarity with the Board's proceedings. He probably knew that Frazer's inability to give any description of himself or his impairment would delay his application. This act of compassion fortunately coincided with a rare visit from the Paymaster-General Sir Thomas Winnington (George II's favourite) who took the unusual step of allowing the admission in the King's name. Frazer was immediately admitted to the 5d pension, and spared the delays that characterized the admissions of his deaf counterparts.²⁵ It is notable that legal issues only seem to have surrounded those who had been suddenly deafened. The Commissioners seem to have been less concerned with checking the comprehension of men who had lost their hearing gradually over a longer period of time. Gradual hearing loss did not prevent a man's continued service in his former regiment or in the Invalids. Onione was sent for medical treatment by the Commissioners and later returned to his regiment as 'cured'.

Despite the frustration and delays language and comprehension issues caused, it remained a relatively minor issue at Chelsea and it was usually quickly overcome. The wavering of the oath was always rapidly granted by the Secretary of War once it had been confirmed that an individual was ruled *non compos mentis* or completely deaf. Permission and acceptance onto the pension lists was always granted within days with Board warrants singling these men out as the most worth and 'great Objects of charity'. There were also relatively few of these cases. The type of conditions and injuries that would cause this level of sensory loss would have been fatal in most cases. Some *non compos mentis* cases were accepted by the Hospital by proxy. Some mad pensioners were spared the strain of travel as their regiments, parishes, and hospitals applied directly to the Commissioners and the Secretary at War for this indulgence. It is that language and comprehension issues only seem to have caused significant problems at the earliest clerical stages of a man's admission to the Pensions. The decentralized nature of pension payment system seems to have effectively eradicated the problem of language issues after a man was examined and admitted to the Hospital's books. Prior to

²⁵ WO250/459, 5th April 1744; WO116/3, Examination of Jno Frazer, Cochran's Marines, 5th April 1744.

1754, those awarded the Out-Pension seem to have sold their pensions quickly to allow them to travel, although there is a distinct possibility that language barriers led to them making exploitative deals. After 1754, Out-Pensioners were paid through Excise officers or their deputies. Local government officers stationed in Gaelic-speaking areas were usually bilingual or had ready access to translators. The Gaelic speakers selected for garrison duties were usually sent to Scotland to Gaelic-speaking officers.

These clerical mistakes underline the fundamental weakness of the entire Chelsea Out-Pension system: it was absolutely reliant on third parties to confirm all of its applicants' and Out-Pensioners biographical information. This included their time in service, their age and their ongoing physical health. Many of these sources were indifferent to the fate of the applicant, or had a vested interest in facilitating a man's departure from the army and ensuring his receipt of a regular pension payment. The third parties' could be for financial gain or as this form of benevolence fitted with prevailing expectations of what made a good officer. The commissioned officers of a man's former regiment remained the Hospital's key source of biographical information. The information provided by these officers on a man's age, service history, physical health and his good character was essential in securing a man's first admission to the Chelsea pension lists. Cases that did reach the Board were summarily rejected or postponed if a representative of a man's former officer were not present. The officers, therefore, determined the content of WO116/1-13. With the exception of the already mentioned clerical mistakes of the early 1780s and 1790s, the majority of clerical mistakes in the three most verifiable data for this sample (age, length of service and service history) originated in the certificates and letters sent to the Board by these officers. Officers' mistakes with these most important elements of information led to the temporary and permanent exclusion of eligible men from the pensions. This prioritization on officers' information led to problems for those who had survived their former commanders. In the officers' absence, authority could be transferred to the officers' immediate social circle of their widows, professional agents, governors, commissaries, and quartermasters.

This prioritization of the Hospital's biographic age, service and health data over other forms of data does not mean that this information accurately reflected the circumstances of the individual applicant. There was no imperative to accurately record any form of army recruitment or discharge data during the eighteenth and early

nineteenth centuries, as previously discussed by Conway, Linch, Spiers, Skelley, and Floud, Wachter and Gregory.²⁶ Contemporary accounts of the size (and growth) of the army relied on the establishment estimates presented in Parliament, which often did not accurately reflect the number of men the army actually did maintain.²⁷ The establishment figures represent a unique problem for those studying the Chelsea Out-Pension and Invalid establishment systems as it is not always obvious if they were included in army pay accounts. Invalids were sometimes reported as part of the land guards and garrison ‘effectives’, but this was not always the case.

Occupational data in particular has been noted as an area of concern in army records. Recruiters, recruits and regiments often did not present the army with accurate biographical data. Young fit apprentices, schoolboys, runaways or Catholics were technically barred from enlistment, so were unlikely to give detail accounts of themselves. Recruits often continued to refer to their family or apprenticed trades after long periods of unemployment as a matter of custom. The army also did not need this type of information. Recruiters similarly were not that interested in the accurate recording of biographical data on account of time and a desire to keep their personal recruitment bounties. Occupational data was also been standardized in recruitment documentation as the enlistment story of the teenager Alexander Alexander suggests;

the serjeant entered me as a day-labourer. At this I remonstrated, but he silenced me by saying that it was his instruction, for all those who no trade, to be entered as labourers.²⁸

The high proportion of unskilled ‘labourers’ amongst the applicants to Chelsea suggest that Alexander’s story was a common one. However, the fact that Alexander questioned this practice suggests that many recruits and recruiters expected, and tried to ensure, that the information kept on them was accurate. Furthermore, some repeated entries show a man’s progression through a number of low-skilled trades such as labouring or brick-making as part of the make-shift economy. The recruiters may have only been recording one of their many trades. It is impossible to ascertain how accurate the occupational data recorded in the Admission Books was, and how far it reflected the

²⁶ Floud, 33-4, 98-99; Brumwell, *Redcoat*, 57-69; Conway, *War*, 57-66; Spiers, *Army*, 40-1, 44; on nineteenth-century inaccuracies, Alan Ramsay Skelley, *The Victorian Army at Home* (London: Croom Helm, 1977), 240, 281-2 ; Kevin Linch, “Recruitment,” chs. 1, 2.

²⁷ *London in the Age of Industrialisation: Entrepreneurs, Labour Force and Living Conditions, 1700-1850* (Cambridge: Cambridge University Press, 1992), 95-9.

²⁸ Quoted in Floud, *Height*, 99.

socio-economic background of the applicant without a substantial parish reconstitution. The level of reconstitution required in such a case study is unfortunately beyond the scope of this thesis.

There are wider questions about the representativeness of the sample population over time. As the sample is based on the Admission Books (WO116), it only represents a small proportion of the known Out-Pensioner population. The books listed all men coming to the Board, irrespective of whether it was their first or fourth appearance before the Commissioners. The Hospital's annual pay warrants give a far more representative account of the total Out-Pensioner population (Table 4.1 and Figure 4.1). The pay warrants were compiled every year (at times once every 6 months) to confirm the numbers of living Out-Pensioners. They were compiled from the new recruits listed in the Admission Books and the compilation of the affidavits Out-Pensioners were required to send annually. For example, the warrant issued on the December 1723 warrant authorized the payment of 2530 5d Out-Pensioners, 97 1s lettermen and 323 9d sergeants.²⁹

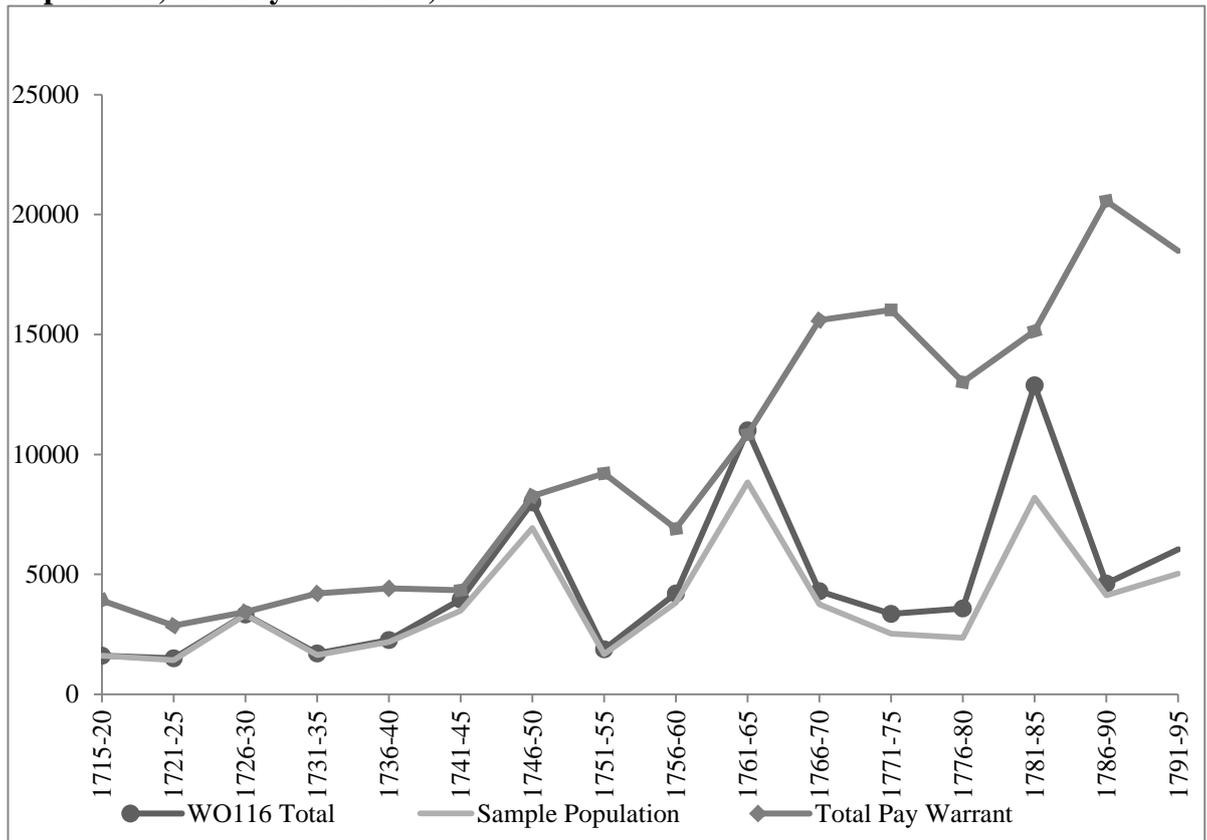
²⁹ WO250/459, 2nd July 1724.

Table 4.1 Comparisons of Applicant Populations as listed in WO116, Sample Population, and Pay Warrant, 1715-1795

Pay Warrant Numbers	WO116/1-13 All entries	Sample Population	Number of Pay Warrant Numbers	Sample Population as Percentage of Total Known Out-Pensioner Population
1715-20	1611	1610	3916.5	56.19
1721-25	1504	1423	2865.4	41.41
1726-30	3335	3320	3436.1	78.98
1731-35	1703	1642	4203.8	37.14
1736-40	2264	2182	4421	50.26
1741-45	3954	3488	4341.4	42.21
1746-50	8007	6942	8264	75.34
1751-55	1880	1681	9214	24.32
1756-60	4211	3823	6911.8	35.29
1761-65	11011	8836	10832	56.64
1766-70	4295	3762	15600.8	23.47
1771-75	3357	2528	16027.5	19.41
1776-80	3580	2361	13022.5	15.59
1781-85	12881	8196	15148.4	39.86
1786-90	4626	4122	20559.6	22.29
1791-95	6043	5028	18488.6	27.20

Sources: WO116/1-10; Hutt, *PI*, 84-5; WO250/459-68. The year is classed as starting in January. There is less available data for year 1715 compared to others.

Figure 4.1: Comparisons of Applicant Populations as listed in WO116, Sample Population, and Pay Warrants, 1715-1795



Sources: WO116/1-10; WO250/459-63; Hutt, *PI*, 84-5.

Table 4.1 and Figure 4.1 demonstrate the limitations of using WO116. The sample population numbers, the total number of entries in WO116 (74275) are plotted against the pay warrant population to demonstrate how large the discrepancy between the WO116 and the official pay warrants could be at times. Table 4.1 and Figure 4.1 confirm that the growth of Out-Pensioner population was linked to periods of mass mobilization and demobilization. The total Out-Pensioner population grew in the eighteen months surrounding the announcement of a peace, in congruence with the increase in demand for Commissioners’ meetings see in Chapter 2. At times, it could represent over 70% of the total population, at others between 16-20%. The sample population therefore represents less of the pay warrant population as the pay warrant population expanded.

It has not been possible to find a precise explanation of the discrepancy between the number of entries in the Books and the official pay warrants. The number of new names entering in the book each year does not tally with the increases or decreases in the Out-Pensioner totals as given in the pay warrants, even if all repetitions, all garrison

transfers and all rejected men were included. This issue is almost certainly related to the departure of men from the Out-Pension lists. The Hospital assumed that any Out-Pensioner who did not send their annual affidavits or did not contact their local pay agent was dead. This meant that the Hospital effectively relied on the pensioners' families, agents, and parish and county officials accurately reporting when death had taken place. All of these groups had vested interest in testifying that a man was still alive. Keeping a man alive on paper ensured that bereaved families would continue to receive a regular income and avoid becoming a burden on their local parish. Agents could still pocket a fee or keep the entire pension for themselves. This was the most commonly reported form of fraud at the Hospital. Paradoxically, it was the hardest form of fraud to detect. The long-distance administration of the out-pension system lent itself to this type of fraud.

The WO116 and the sample population are most unrepresentative between 1731 to 1735, 1751 to 1755, 1771 to 1775, and in the 1780s and 1790s. It is probably not a coincidence that major divergences cluster around periods of heightened military activity and demobilization, especially between 1762 to 1764, 1783 to 1784, and 1792 to 1793. New Invalids companies were also raised during these periods.³⁰

The trends outlined in Figure 4.1 support Floud, Wachter and Gregory's, and Schwarz's hypotheses that the army deliberately retained as many of its experienced men during wartime, leading to tightening of the labour market in the late eighteenth century.³¹ As such, the army was less likely to discharge experienced soldiers solely on account of their age or length of service, important factors in the selection for men for the Hospital at other times (see below). Fewer men were being sent to the Hospital in this period, explaining the discrepancy. At the same time, more Out-Pensioners were being taken off the Out-Pension lists by the Hospital's officials. The new Invalid companies needed recruits and so men were more routinely recalled for re-examination to check the suitability of their long-term health for the garrisons. It is likely that many of the men who were transferred into Invalid garrisons were not removed from the pay warrants. This is further evidenced by the fact that these periods of heightened

³⁰ See Chapter 3.

³¹ Leonard Schwarz, *London in the Age of Industrialisation: Entrepreneurs, Labour Force and Living Conditions, 1700-1850* (Cambridge: Cambridge University Press, 1992), 96, 99-101, 228.

mobilization also had the highest incidences of clerical errors in WO116. This is especially the case between 1782-4 and in 1792, Chelsea's busiest years on record. These periods marked the mass demobilization from the American War of Independence, and the build-up to the French Revolutionary Wars respectively.³² In the case of 1782 to 1784 and from 1792 onwards, it appears that a large proportion of the mistakes occurred because the clerks were trying to pre-empt the expected large queues. They began pre-entering all of the men they expected on one day. While the pre-entry of information had been standard practice since the 1740s, the clerks of the 1780s and 1790s took it further. They began pre-emptively entering the expected results (Out-Pension or Invalid garrison), a fact which highlights the predictability of the system to those working within it. When the man in question did not turn up at the appointed time, they were entered for a second time at a later time and the original entry was never amended. The large paper archives kept by the Secretary's staff and their frequency recourse to external War Office or regimental archives suggest that they too shared the problem of identifying individuals.

Despite these complications, it is important to stress that the majority of the applicants (and the clerical mistakes) can be easily distinguished using the dataset and database technology. It seems that the majority of information recorded was accurate and unchallenged. Most applicants with multiple entries contain no contradiction in the materials presented. Applicants had more reason to be truthful to the Commissioners about their name, age and service histories than to any recruiting sergeant. The Hospital required detailed biographical information from its applicants and seems to have aspired to a high degree of accuracy. There was always no obvious reason to lie to the Commissioners about age or service histories. The younger a man enlisted, the closer he was to the twenty years' service required for admission. They were also unlikely or unable to hide their identifying physical features as these scars and wounds for the same reason. Any discrepancy on their certificates, lie or mistake was questioned during their examinations and could lead to the loss of all future opportunities to gain relief from the Hospital. Attempts were made to correct mistakes in the Hospital's reference materials if they were noticed or it was thought necessary to do so. As such, the following analysis is the most detailed as yet of the contents of the Hospital's Admission Books.

³² See Chapter 3.

4.3 The Features of the Applicant Population

The characteristics of the applicant population will now be outlined according to their experiences of the Board, their age, health, reason for discharge and their nationality. These demographic features of the successful applicants are compared with those who were denied assistance outright, or funnelled into the Invalid companies. The following deconstruction of the applicant population will demonstrate that age and length of service were the key features in determining how the Hospital would respond to an applicant, even more than the presence of multiple life-changing injuries.

4.3.1 Applicants' Ethnicities, Nationalities and Socio-Economic Background

The applicants to the Hospital were largely representative of the wider body of men who enlisted in the British Regular army establishment. Tables 4.3, 4.4, 4.5 and 4.6 all demonstrate that the applicants were overwhelming white young men born within the British Isles. Table 4.3 shows that over 50% of all applicants were born in England and Wales. The figure may be statistically higher, but it is obscured by the format of the earliest WO116/1-3 folios which prioritized the description of physical appearance over civilian background.³³ Only 2% to 14% of entries between 1715 and 1731 list place of birth.

Table 4.3 National Composition of Applicants to Chelsea, 1715-95 (Percentages)

Year of Admission	England	Wales	Scotland	Ireland	Foreign	Army and Sea	Unknown Place of Birth	Number
1715-20	0.50	0.00	0.43	0.19	0.12	0.00	98.76	1610
1721-25	2.81	0.42	1.19	0.42	0.21	0.07	94.87	1423
1726-30	8.49	0.39	1.29	2.20	0.48	0.12	86.99	3321
1731-35	0.57	0.01	0.08	0.18	0.03	0.01	1.81	1643
1736-40	1.70	0.06	0.26	0.40	0.05	0.03	1.08	2187
1741-45	3.32	0.07	0.98	0.77	0.06	0.07	0.45	3493
1746-50	6.73	0.15	2.15	1.36	0.09	0.15	0.75	6953
1751-55	1.80	0.04	0.49	0.31	0.03	0.03	0.07	1686
1756-60	3.72	0.07	1.52	0.74	0.07	0.07	0.09	3834
1761-65	8.34	0.17	3.88	1.43	0.10	0.11	0.49	8855
1766-70	3.74	0.08	1.36	0.64	0.06	0.05	0.25	3774
1771-75	2.46	0.03	0.89	0.43	0.05	0.03	0.26	2535

³³ See Chapter 1.

1776-80	2.06	0.04	0.83	0.47	0.07	0.02	0.39	2365
1781-85	47.27	0.72	23.76	12.50	1.98	0.20	13.44	8202
1786-90	58.65	1.57	23.64	13.77	1.38	0.17	0.65	4133
1791-95	55.50	1.12	20.75	20.59	1.64	0.10	0.16	5013
Total	49.87	1.06	19.06	11.18	1.16	0.61	17.06	100.00

Source: WO116/1-10

Table 4.3 mirrors other studies of changes in the national composition of the army, but shows them occurring twenty years after the event. The peaks from the 1760s onwards indicate the growing importance of Scottish soldiers in the expansion of the army during the late eighteenth century. Scottish recruitment increased in the 1740s in response to the threat of Jacobitism, but numbers remained small until the onset Seven Years' War. The Seven Years' War marked a turning point in Scottish recruitment. It was characterized by mass recruitment into special Highland regiments, facilitated by land-based incentive schemes and the prospect of state-sponsored emigration to North America.³⁴ The effects of these first mass recruitments was not felt at the Hospital until the 1760s when the 1740s recruits gradually began reaching the 20 years of service that would allow their discharge from the army on grounds of age alone. These older men were joined by smaller numbers of wounded and sick men coming directly from active service in the Seven Years' War. The stronger and more permanent rise in Scottish applicants after 1781 represents the large body of men who enlisted in the late 1750s and 1760s as well as those wounded during the American War of Independence.

The representativeness of reconstructed applicant population is confirmed through comparison with the long-run British army recruitment data series compiled by Floud, Wachter and Gregory. Floud *et al*'s data is based on birth cohorts starting in the 1745s charting their enlistment at the approximate age of 18 or 19 and their height age at 25.³⁵ The average age of a man applying to Chelsea from Regular Army regiments, full service companies and domestic Militia groups ranged between 41 and 47, with a modal age of 50. This means that earliest that Floud *et al*'s recruits would appear at the Hospital would be in the 1780s. The final years of Table 4.3 pick up Floud *et al*'s cohort

³⁴ Land incentive schemes could be state sponsored or privately initiatives. On Scottish recruitment and the varying success) of these incentives see Andrew MacKillop, *More Fruitful than the Soil: Army, Empire and the Scottish Highlands, 1715-1815* (East Linton: Tuckwell, 2000), 44, 50, 59, 60, 74-5, 82-4, 94, 110, 131, 183-6, 195, 205, 215, 236-9, 255; Brumwell, *Redcoats*, 268-80; J. E. Cookson, 'Early Nineteenth-Century Scottish Military Pensioners as Homecoming Soldiers', *Historical Journal*, 52, no. 2 (2009), 319-341; Bob Harris, 'Patriotic Commerce and National Revival: The Free British Fishery Society and British Politics, c. 1749-58', *English Historical Review*, 114, no. 456 (1999), 285-313.

³⁵ Floud, *Height*, 61, 91.

of 19-year old recruits after twenty years of service when the men are in their early- to mid-forties. Floud *et al*'s data has been replicated in Table 4.4.

Table 4.4: National Composition of Army Recruits, 1747-1759

Birth Year	Estimated Chelsea Admission Years	England and Wales	Scotland	Ireland	Foreign	Number
1745.5	1781-85	47.90	33.00	17.60	1.50	472
1752.5	1786-90	62.20	27.30	11.30	0.00	951
1757.5	1791-95	49.50	30.00	19.80	0.60	2189

Source: Floud, Wachter and Gregory, *Height*, 89. Estimation is based on their birth year + 19 + a minimum of 20 years service.³⁶

The correlation between these datasets is especially prominent amongst English, Welsh and 'foreign' recruits, as evidenced in Table 4.4. The slightly lower Chelsea figures for Scottish and Irish men are reflections of the inclusion of categories for men born in the army or sea or in other unidentifiable places. Similarly, the lower number of English and Scottish applicants to Chelsea between 1786 and 1790 corresponds with an unusual rise in men with unknown places of origin.

While the correlation between the two datasets is exceptionally strong, there is a small level of discrepancy. Firstly, Table 4.4 includes those men sent to the Hospital from Militia and Invalid companies. It is unclear if these groups were included in Floud *et al*'s statistical analysis. However, as Invalids only made up less than 2% of the entire applicant sample and clustered between the mid-1740s and 1770s, it does not significantly affect the compared later period of 1781 to 1795. The Militia population was larger, accounting for approximately 2% of the sample population (of which 84.15% reported that they were English.) Secondly, Floud *et al*'s data was based on 5-year sample sizes whereas the Chelsea's is on 4-year samples. This shorter 4-year period is better suited to study the impact of wars between 1715 and 1795. The strong correlation remains when same Chelsea data is corrected to 5-year samples, as demonstrated in Table 4.6.

³⁶ *Ibid.*, 61, 91.

Table 4.5 5-Year National Composition of Army Recruits, 1747-1759

Birth Year	Estimated Chelsea Admission Years	England and Wales	Scotland	Ireland	Foreign	Number
1747.5	1782.5	48.28	23.91	12.33	1.95	8784
1752.5	1787.5	60.64	23.73	13.82	1.36	4118
1757.5	1792.5	56.71	21.52	19.97	1.53	5734

Source: Floud, Wachter and Gregory, *Height*, 89.

The only inexplicable discrepancy is the larger proportion of English, Welsh and Irish applicants in 1790-5 bracket and the corresponding decline in Scottish applicants.

Further expansion of the reconstituted applicant population data into the 1800s at a later date may offer an explanation for this.

Tables 4.3, 4.4 and 4.5 additionally confirm the international character of army recruitment. The earliest applicant records demonstrate the applicants had been highly mobile, migrating and working in several areas prior to their enlistment. Most moved on account of apprenticeships. The entry for James Smith of the 2nd Guards is typical: ‘was prentice to a Weaver in Lond[on] born in Lancashire’.³⁷ Other economic migrants and travellers were pressed into service by magistrates or through chance encounters with Imprest officers while visiting distant towns and cities.³⁸ One presumes that their low economic status and distance from family or friends meant they were unable to buy their release, making them an easy target. 76 applicants reported being compelled into the army in this way between 1715 and 1769, although the number is likely to be far higher. Cross-border recruitment was also a feature of the Hospital’s applicant population. Regiments had always recruited internationally, taking on individual recruits and enemy deserters in different cities as they travelled. Some recruits travelled across national borders to enlist driven by the desire to escape localized unemployment. These men may have left home out of a desire to enlist in a particular force or regiment, like William Elliott who travelled from Carlisle to London to join a prestigious troop of

³⁷ WO116/3, Examination of James Smith, 2nd Guards, 19th November 1741.

³⁸ WO116/2, Examination of John Davis, 1st Guards, 30th July 1725; WO116/2, Examination of John Scott, 20th Foot Egertons, 3rd June 1729; WO116/2, Examination of Robert Fowler, Albermarle’s Regiment, 29th September 1729; WO116/3, Examination of Thomas Ratcliffe, 2nd Regiment of Foot Guards, 18th January 1738.

Guards in 1707.³⁹ Familial connections to regiments also drove some recruits. One senior officer reported that one man had walked from Inverness to Glasgow,

With no other intention than to enlist in the 71st. His father had been a soldier in it, and was now living at home, after being discharged.

Donald called it ‘his’ regiment and would not have taken the bounty from any other.⁴⁰

This willingness to travel to enlist may have been motivated by religious or political affiliations. This included the Irish Catholics groups who enlisted in the French and Spanish armies, Scottish Presbyterians enlisting against the Catholic Jacobites, or colonial planters concerned about French or Spanish invasion. The most readily identifiable ideological group were American Loyalists. 98 applicants from the reconstituted population were awarded a pension on account of military service after service in a regular army or distinct American Loyalist regiment. Labelling them as ideological loyalists does not mean that they enlisted solely out of a sense of British colonial identity. Rather, it denotes that the Hospital distinguished their applications for a pension as such.

There was also a small but significant body of men who were not born within the British Isles. The nationalities listed here refer to the applicants’ stated place of birth. This was not always the ethnicity, nationality or cultural tradition that the man would have personally identified with. Of these, only 31% came from British colonies or protectorates. The peak in foreign-born soldiers was between 1726 and 30, and largely comprised of Dutch and Hanoverian men. The role of race is harder to determine from Chelsea’s surviving documentation. The largest employer of non-white troops in the eighteenth century was the East India Company, which had its own separate pension systems. It is difficult to ascertain ethnicity from the surviving records, but there are listings of non-European Out-Pensioners. Two ‘black servants’, Charles Casar and Thomas Marsten became Out-Pensioners in 1763, the earliest explicit reference to an

³⁹ WO116/2, Examination of William Elliott, 4 Troop Guards, 10th December 1729; Linch, “Recruitment”, 117, 157-59, 206-7.

⁴⁰ Chatham Papers, Calvert Papers, 9/101/1, Calvert to Buckingham, 29th October 1814, quoted in Linch, “Recruitment”, 117.

Out-Pensioner's race.⁴¹ Jno Marchell was simply listed as 'a negro' at his pension examination in 1777.⁴² The British Army did buy slaves in large numbers to create colonial black independent companies, but there are no recorded pension payments to men from any of these groups, including infamous Carolina Corps or 1st West India Regiments created in 1779 and 1795 respectively. It is likely that the military authorities disapproved of the admission of non-white pensioners to the Chelsea Pensioners in a similar manner to white colonists' opposition to the arming of black soldiers, as they feared the implications of arming other ethnicities, or awarding them the same 'citizen-soldier' status of white soldiers. It became more common to recruit different ethnicities in larger numbers during the nineteenth century, each receiving different types of service and pension entitlement. The army's pensioning authorities began to document its foreign-born and non-white Pensioners separately from their other Out Pensioners from 1845, making them easier to research.⁴³ This initially seems to have been borne out a desire to collect more information on foreign Pensioners living outside of the United Kingdom as similar books were produced for the German-speaking members of the King's German Legion and native Indian Army employees (Muslims, Hindus, Sikhs, Lascars etcetera). Interestingly, race does not seem to have been taken into account when awarding pensions at eighteenth-century and nineteenth-century Chelsea. Abstracts of payments to black applicants after 1806 were awarded the same levels of pension as their white counterparts irrespective of the corps they had served in.⁴⁴ Abstracts of the Out-Pensioner populations produced in 1839 suggest that this was still the case thirty years later. This was not the same for other non-European troops recruited by the British state.

The applicants also largely came from the same economic backgrounds as their enlisted counterparts. Over 31% of the applicants were listed as simply as 'labourers'. Weaving was the most commonly reported manufacturing trade. A fuller account of their occupations is available in Appendix 5.

⁴¹ WO116/5, Examinations of Thomas Marsten and Charles Casar, 4th Dragoons, 8th February 1763.

⁴² WO116/7, Examinations of Jno Machrell, 29th Foot, 9th December 1777.

⁴³ WO 23/32, King's German Legion, Foreign Corps and Negro Pensioners, dates of service, 1820-54; WO23/156-159, Admission Books of Negro Pensioners, 1839-79; A complete study of the role of race and the pensioning of different ethnicities remains unfortunately beyond the scope of this thesis, but will be an exciting area of research.

⁴⁴ Henry Marshall, *On the Enlisting, the Discharging and the Pensioning of Soldiers, with the official documents on these branches of military duty* (London: 1832), 154.

Table 4.6 Applicants' and their Fathers' Occupational Groups, 1715-1795

Trade Classification	Number	Percentage
Agriculture	1752	2.87
Mining	404	0.66
Building	1938	3.18
Manufacturing	19270	31.62
Transport	145	0.24
Dealing and Commerce	1225	2.01
Industrial Service and other Services	191	0.31
Labourers	18929	31.06
Public Service and Professions	406	0.67
Apprentices (all trades)	141	0.23
Domestic Service (including personal service and hairdressers)	917	1.50
Independent Gentlemen	69	0.11
No Trade, criminals and vagrants	57	0.09
Other singular trades and Unknown	15499	25.43

Source: WO116/1-10; The classifications used here are that of the Cambridge Group compiled by W. A. Armstrong, "The Use of Information about Occupation", in *Nineteenth-Century Society: Essays in the Use of Quantitative Methods for the Study of Social Data*, ed. E. A. Wrigley, (Cambridge: Cambridge University Press, 1972), 255-310; Labourers has been moved from Armstrong's 'Industrial Services' category to illustrate the high proportion of the men under this description.

Table 4.6 suggests the presence of distinct social group within the applicant population: the military family. 279 applicants followed their father, grandfathers, uncles and siblings into military service. This number is likely to be an under-estimate; the writers Hale, Jackson and Lawrence all reported that they came from labouring families but concurrently listed serving family members.⁴⁵ The phenomenon of military and naval families has been previously discussed in regard to the officer ranks and military physicians and surgeons.⁴⁶ Some of the most famous army and naval commanders of

⁴⁵ See Chapter 3.

⁴⁶ Linda Colley, *Britons: Forging the Nation*, 2nd edition. (London, Pimlico, 2002), 183-4; Marcus Ackroyd, Alan Houlding, Laurence, Michael Moss, Kate Retford and John Stevenson (eds.), *Advancing with the Army: Medicine, the Profession, and Social Mobility in the British Isles, 1790-1850* (Oxford: Oxford University Press, 2006); John Cardwell, 'Royal Navy Surgeons, 1793-1815: A Collective

the time came from families who used the services (especially the chance of prize-money and ready access to patrons) as a method of social advancement. However, there has been little research into ‘career’ NCO and private families who remained a small yet distinct sub-group amongst the Hospital’s pensioners between 1691 and 1827.⁴⁷ Family histories of past and current military service were a key constituent of many late eighteenth-century petitions to the Hospital. Applicants told stories about the heroic service of their fathers, grandfathers, uncles, brothers, and sons to validate their own continued presence on the Out-Pension lists.⁴⁸ For example, William Godson of Tyrawley’s reported that he had served alongside his father until his death during the Battle of Aughrim in 1691.⁴⁹ Younger recruits could find themselves serving directly under their fathers or older siblings.⁵⁰ Out-Pensioner fathers however do not appear to have encouraged their children to enlist. Neither is there any evidence that the children of Out-Pensioners routinely enlisted at a younger age than their peers. Table 4.7 (overleaf) highlights that the majority of applicants enlisted in their early to mid-twenties.

Biography’, in *Health and Medicine at Sea, 1700-1990*, eds. David Boyd Haycock and Sally Archer (London: Boydell, 2009), 42, 53-4; Margarette Lincoln, *Naval Wives and Mistresses* (Gloucester: History Press, 2007), 82-3.

⁴⁷Important exceptions with methodological implications are Patricia Y. C. E. Lin, ‘Citizenship, Military Families and the Creation of a New Definition of Deserving Poor in Britain, 1793-1815’, *Social Politics*, 7 (2000), 5-46; David Kent ‘Gone for a Soldier: Family Breakdown and the Demography of Desertion in a London Parish, 1750-91’, *Local Population Studies*, 45 (1990): 27-42; on the nature of military childhood community, Lawrence Sawchuk, Stacie Burke and Janet Padiak, ‘A Matter of Privilege: Infant Mortality in the Garrison Town of Gibraltar, 1870-1899’, *Journal of Family History*, 27 (2002), 399-429; Janet Padiak, ‘The Role of Morbidity in the Mortality Decline in the Nineteenth Century: Evidence from the Military Population’, *Journal of the History of Medicine and Allied Sciences*, 60, no.1 (2005) 73-95; also see the forthcoming book by Janine Hurl-Eamon.

⁴⁸ WO 180/1-3.

⁴⁹ WO116/1, Examination of William Godson, Tyrawley, 17th December 1729.

⁵⁰ WO116/2 Examination of Robert Hunter, Tyrawley, 7th November 1728; WO116/3, Examination of Mungo Jackson, 21st Regiment Campbells, 8th May 1744.

Table 4.7 Applicants' Average Age at Enlistment, 1715-1795

Inferred Enlistment Age	Number	Percentage of the Sample Applicant Population
Unknown	391	0.64
Under 10s	125	0.20
10-15	1472	2.42
16-20	15051	24.70
21-25	20335	33.37
26-30	12418	20.38
31-35	5973	9.80
36-40	2906	4.77
41-45	1314	2.16
46-50	559	0.92
51-55	262	0.43
55-60	91	0.15
61-65	31	0.05
Over 65s	14	0.02

Source: WO116/1-10.

Table 4.7 shows that there were former child soldiers amongst the Out-Pensioners. For some, their tie to the regiment or the army generally was very immediate. They had been ‘bred in the regiment’ or ‘born and bred in the army’. These men may have come from the army’s official ‘on the strength’ families, or from officially unrecognized common law marriages and sexual relationships. A very small number of men claimed that they had joined the army at impossibly young ages, including toddlers to 6 year olds. This is most likely the product of inaccurate data collection by officials but it could refer to the arrival of the man’s wider families into communities affiliated into military or navy. Being part of a military family did not however seem to automatically increase the likelihood that these men would enlist at a young age rather than serve an apprenticeship; only 33 of the 167 had enlisted under the age of 17. The youngest was 15. The former child-soldiers recruited between the ages of 6 and 15 instead came from families listed as unskilled or low skilled labourers, shoemakers, and weavers. Military families preferred to arrange apprenticeships for their sons. It is possible that these apprenticeships were to other soldiers or former soldiers living or working near their garrisons. The absence of teenage boys amongst the soldier-families of nineteenth-century Gibraltar however suggests that sons were sent away from the world of the military barracks.⁵¹

⁵¹ Janet Padiak, ‘The Serious Evil of Marching Regiments: The Families of the British Garrison at Gibraltar’, *The History of the Family*, 10, no. 2 (2005), 147-9.

The presence of this Out-Pensioner subgroup offers the possibility of expanding of the scholarship of Patricia Y. C. E. Lin and Janet Padiak back to the eighteenth-century.⁵² Lin's research into the development of military familialist charities during the early nineteenth century has suggested that military families increasingly became recognised pauper group in the late eighteenth-century onwards.⁵³ This trend was already present in the early eighteenth century Hospital. The presence of this small group amongst the Out-Pensioners may also explain the origins of the imagery of the veteran soldier as a national father, a concept discussed in more detail in Chapter 5.

4.3.2 The Health and Disabilities of the Applicant Population

Military service was extremely dangerous. One anonymous pamphleteer summarized the risks undertaken by enlisted men in 1707 in the following words;

'Tis most certain, he that intends to lead a Military Life, must expect to meet with Cold and Hunger, Storms and Tempest, long and painful Marches, excessive Heats, &c besides the Danger of Battel [sic], but none of them, but what of short, and the Hopes of their being soon over, has the Effect on the Spirits and Minds of Soldiers, that it enables them, not only patiently, but cheerfully, to bear the greatest Hardships, and surmount the utmost Difficulties.⁵⁴

These effects of long-term exposure to these hardships and difficulties were reflected in the Hospital's records. Unfamiliar unsanitary environments, temperature extremes, infectious diseases, accidents, and fights could leave even the healthiest soldier suddenly infirm. The daily duties of soldiers left them vulnerable to many different types of accidents. Horses were easily spooked and regularly kicked their riders. Policing duties left men as much exposed to cold and wet conditions as it did rebels, prisoners, smuggling gangs and other 'Villians unknown'.⁵⁵ Jno. McGregor of the 71st Foot, for example, was 'bruised in leveying the Land Tax in No[rth] Britain'. This

⁵² *Ibid.*, 137-50.

⁵³ Lin, 'Citizenship', 6-7.

⁵⁴ Anon, *Essay on the most effectual way to recruit the army, And render it more serviceable, by preventing desertion* (London: 1707), 14; for a comparable account of naval service see Thomas Trotter, *Medicina Nautica: an Essay on the Diseases of Seamen*, quoted in Guenter Risse, 'Britannia Rules the Seas: The Health of Seamen, Edinburgh, 1791-1800', *Journal of the History of Medicine and Allied Sciences*, 43 (1988) 426.

⁵⁵ WO116/6, Examination of Anthony Denby, 13th Foot, 9th March 1769. He was "wounded by Villians unknown upon his post at Cork". confined to men serving in Ireland; also see WO116/5, Examination of Jno. McGregor, 71 Foot, 5th April 1763.

meant he had suffered internal injuries. Interestingly, most of the accounts of men wounded while on sentry duty in towns refer to Ireland. The most serious assault was that of Anthony Denby of the 13th Foot. He was ‘wounded by Villians unknown upon his Post at Cork’.⁵⁶

Inexperience could easily kill or maim. Firearms exploded if they were incorrectly loaded or not cleaned, an occurrence which usually resulted in burns and the loss of an eye or hand. Long-distance travel on foot or by ship left soldiers prone to harsh weather, falls, and leg ulcers. Men fell off rigging and down into ships’ holds. Periodic malnutrition, overcrowded conditions and wet, poor quality clothing meant that even relatively minor disorders became inveterate and difficult to cure. Leg ulcers were endemic amongst sailors and soldiers as they were amongst other members of the labouring poor.⁵⁷ Infectious diseases like fevers, consumption and smallpox thrived in soldiers’ dirty living conditions as did parasitic worms and lice.⁵⁸

The unsanitary conditions and overall poor health of the men meant that their ability to recover from repeated injuries or bouts of infection was compromised. Many wounds healed badly, and were subject to repeated re-infection and the need for painful debridement. Mobility and sensation was often severely affected by scars, badly set fractures, nerve damage and contracted muscles. Badly fitting trusses, bandages, crutches and artificial limbs rubbed, leading to skin complaints and infections. Amputee Thomas Jackson’s convalescence was marked by repeated bouts of infection and ulceration on his stump.⁵⁹ He blamed some of the ulceration on his expensive yet ill-fitting prosthetic limb. This tendency of unstable or old wounds to ‘break out’ in cold, hot or wet weather was particularly acute amongst travelling convalescents. The expectation that travel to different climates would re-opening old wounds led many regiments to routinely discharge older men with weakened constitutions shortly after the announcement that the regiment had a foreign posting.⁶⁰ This helped avoid the wastage

⁵⁶ WO116/6 Denby.

⁵⁷ Mary Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991), 34, 107.

⁵⁸ WO116/4, Examination of Henry Clink, Edinburgh Castle Invalids, 22nd November 1752.

⁵⁹ Thomas Jackson, *Narrative of the eventful life of Thomas Jackson late sergeant of the Coldstream Guards detailing his military career during twelve years of the French War*, (Birmingham: Josiah Allen and Son, 1847, 90, 107-8; see Chapter 3.

⁶⁰ ‘Making Bodies Modern: Race, Medicine and the Colonial Soldier in the Mid-Eighteenth Century’, *Patterns of Prejudice*, 46, no. 3 (2012), 214-31.

of experienced troops, future medical expenses as well as a concern for the physical health of the regiment's longest-serving men.

Most soldiers suffered from repeated bouts of different infectious diseases, which gradually affected their overall health and their ability to recover from subsequent acquired disorders. The Hospital dealt with the aftermath of these infections. Infections like smallpox left survivors with severe physiological complications such as scarring and nerve damage. The most feared complication was scarring of the retinas, which happened to 12 applicants. The aggressive therapeutic regimes used to mitigate the symptoms of chronic illnesses could be as dangerous as the original disorders, as the work of Guenter Risse on the military wards at Edinburgh has previously shown.⁶¹ Many were left with long-standing complications of surgical intervention. Humphrey Cheatham's loss of sensation in his hand was equally blamed on 'a fall from a Horse in Scotland and an unskilled Apothecary'.⁶² An unspecified fever meant Sergeant William Purliwent arrived at the Hospital deaf, blind in one eye and with a permanent surgical drain in his back.⁶³ The infection of an accidental cut by a surgeon led to the amputation of John Bridgeman's hand.⁶⁴ He had been undergoing treatment for 'the Itch', a skin disorder. The inherent danger of undergoing treatment was summarized by the surgeon William Blair; 'there is, in fact, no exaggeration in the assertion that the man who has spent two or three months in the general hospital is less a soldier than when he was recruited'.⁶⁵

Contemporaries blamed the soldiers themselves for their own infirmities as much as their environments and hard service. The same anonymous pamphleteer who

⁶¹ The fullest descriptions of treatment regimes in British hospital are in Risse, 'Britannia Rules the Seas', 426-446; Guenter Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching in the Royal Infirmary of Edinburgh* (Oxford: Oxford University Press, 2010), 303-39.

⁶² WO116/3, Examination of Humphrey Cheatham, Guise's Regiment, 26th January 1741; also see WO116/2, Examination of John Durham, 1st Foot Guards, 10th September 1730; WO116/4, Examination of David Crofts, 27th Regiment Blakeney's, 13th January 1749.

⁶³ WO 116/3, Examination of William Purliwent, Copes Regiment, 5th February 1736; also see WO116/2, Examination of James King of 3rd Regiment of Guards, 9th January 1721, who was "cut this time twelve month ago of a stone almost as big as a Turkey Egg at St Thomas Hospital can't hold his water well tho' his wound is well."

⁶⁴ WO116/1, Examination of John Bridgeman, 1st Regiment of Guards, 9th October 1715; WO116/3, Examination of John Durham, 1st Foot Guards, 10th September 1730; WO116/4, Examination of David Crofts, 27th Foot Blakeney's, 13th January 1749.

⁶⁵ William Blair, *The Soldier's Friend; or the means of preserving the health of military men, addressed to the officers of the British army* (London: 1798), 122.

painted such a stoical view of soldiers in 1707 went onto describe them as prone to such ‘slothful Despondency, that they care not what becomes of themselves’,

they mind not what they eat, or what they drink so that it but gratifie their present Appetite, tho’ never so destructive to their Healths; which is the Officers Duty, as much as possible to prevent, of which more hereafter. Others again, when pinch’d with Hunger (the inevitable Effects of small Pay) grow stomackful and stubborn, and endeavour to revenge themselves on those that induc’d or forc’d them into the army by deserting to the Enemy, of which we have too many hundreds of examples.⁶⁶

This ‘stomackful’ nature was partly driven by malnutrition. The recovery and long-term health prospects of many soldiers was hampered by their exposure to malnutrition both before and during their time in the army. Soldiers’ experiences of malnutrition depended on each individual geographic and socio-economic background, and their experiences of campaign life.⁶⁷ Scurvy is now particularly associated with naval service but it occurred in the army leaving men covered in the open sores that characterize the disorder.⁶⁸ 260 of the applicants reported having active ‘wet’ scorbutic sores, although more probably scarred the scars of the healed infection. It is notable that the painful skin disorder was associated at Chelsea with the more internalized chronic nerve complaint of rheumatism, with 14.23% of scurvy sufferers reporting both conditions.

The availability of habit-forming substances like tobacco, alcohol, and to a lesser extent opiates and calomel (granulated mercury) were major contributing factors to soldier’s ill health. All were used for medicinal reasons and to stave off boredom and depression. These issues were shared by the Navy.⁶⁹ Tobacco curbed hunger pangs and was thought to ease respiratory symptoms. Calomel was used to treat venereal disease and bilious disorders like the ‘dry belly’ common amongst troops on the Indian

⁶⁶ Anon, *Essay*, 14.

⁶⁷ On the methodology and long-term nutritional trends amongst young soldiers and Marines based on regional and socio-economic status, see Floud, Wachter and Gregory, *Height*, 128-33, 151-4, 200-6.

⁶⁸ On scurvy, Erica Charters, “‘The Intention is Certain Noble’: The Western Squadron, Medical Trials, and the Sick and Hurt Board during the Seven Years War (1756-63)”, in *Health and Medicine at Sea, 1700-1900*, eds. Sally Archer and David Boyd Hancock (London: Boydell Brewer, 2009), 22-3; Christopher Lloyd and Jack Coulter. *Medicine and the Navy, 1200-1900*, vol. 3, (Edinburgh: E. & S. Livingstone, 1961), 293-329.

⁶⁹ Lloyd and Coulter, *Medicine and the Navy*, vol. 3, 355-7.

subcontinent.⁷⁰ The most frequently abused substance was alcohol. Alcohol was cheap and widely available, and its use was sanctioned by most officers. Beer and spirit rations were considered an important constituent of military pay in spite of the discipline and health problems it caused.⁷¹ Many soldiers and officers persistently relied on alcohol to increase their calorific intake or to numb pain.⁷² Malt liquor was given to soldiers in the West Indies to prevent them drinking adulterated spirits.⁷³ These issues undermined individual officers and the War Office's concerted efforts to ensure good food supplies reached the army and its convalescents as the eighteenth century progressed.⁷⁴ Alcohol could be more directly responsible for a disabling impairment, as demonstrated by the 6 cases of soldiers who blamed drunken passers-by for their injuries. The most shocking case was that of Robert Newbruck of Lenoë's Regiment who was subjected to an unusually violent attack where he was 'cut on his head thro his Hall by a drunken Constable with a Bill Hook on Centry at Dublin hath a dizziness in his head occasion'd thereby & ye outside of his Right Leg cut at ye same time'.⁷⁵

Contemporaries however did recognize that psychological distress had a role in the high incidence of disease amongst soldiers. The surgeon John Bell reported that land

⁷⁰ On liver disease and habitual calomel usage amongst former officers, Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies* (Oxford: Oxford University Press, 2010), 92-3, 115, 175, 219.

⁷¹ On medical-military responses see Harrison, *Medicine*, 238, 246-7; Geoffrey Hudson, 'Internal Influences in the Making of the English Military Hospital: The Early Eighteenth Century-Greenwich', in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 261-2; Paul Kopperman, 'The Cheapest Pay?: Alcohol Abuse in the Eighteenth-Century British Army', *Journal of Military History*, 60 (1996), 445-70; Blair, *The Soldier's Friend*, 21-7; William Lawrence, *The Autobiography of Sergeant William Lawrence, a hero of the Peninsular and Waterloo Campaigns*, ed. George Nugent Bankes, London: Sampson Lowe, 1886), 121-3; Margarette Lincoln, 'The Medical Profession and Representations of the Navy, 1750-1815', in *British Military and Naval Medicine 1600-1830*, ed. Geoffrey Hudson, (Amsterdam: Rodopi, 2007), 205, 216-7.

⁷² For example, Lawrence, *Autobiography*, 101-2.

⁷³ John Bell, *An Inquiry into the causes which produce, and the means of preventing amongst British officers, soldiers and others in the West Indies* (London: 1791), 64.

⁷⁴ Erica Charters, 'The Intention is Certain Noble: The Western Squadron, Medical Trials, and the Sick and Hurt Board during the Seven Years War,' in *Health and Medicine at Sea, 1700-1900*, eds David Boyd Haycock and Sally Archer, (London: Boydell and Brewer, 2009), 19, 22-33; Paul Kopperman, 'The British Army in North America and the West Indies, 1755-83: A Medical Perspective', in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 64-6; Eric Gruber von Arni, *Hospital Care and the British Standing Army, 1660-1714* (Aldershot: Ashgate, 2006); Gruber von Arni, "'Who Cared?': Military Nursing during the English Civil Wars and Interregnum, 1642-60', in *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, ed. Geoffrey Hudson, (Amsterdam: Rodopi, 2007), 131-139; 'Privates on Parade: Soldiers, Medicine and the Treatment of Inguinal Hernia in Georgian England', in *British Military and Naval Medicine*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 156; Patricia Crimmin, 'British Naval Health, 1700-1800: Improvement over Time', in *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, ed. Geoffrey Hudson (Amsterdam: Rodopi, 2007), 192-3.

⁷⁵ WO116/3, Examination of Robert Newbruck, Lenoës Regiment, 12th February 1736.

soldiers were more prone to disease due to the psychological effects of their cramped living conditions. This was especially a problem in the West Indies where soldiers also had to deal with the frequent deaths of their peers through infectious diseases like yellow fever. Sailors were healthier as they were able to ‘breath a more cool and pure air at sea’ and “whose bodies are therefore invigorated by regular exercise, and whose minds are animated with the hope of bettering their situation’.⁷⁶ Soldiers conversely were afflicted with:

...idleness, improper diet, and the absence of every animating emotion of mind, or rather the constant operation of depressing passions co-operate in rendering the body an unresisting victim of various diseases.⁷⁷

Table 4.8 and Figure 4.2 summarize the medical profile of the men recommended to the Commissioners. The semi-medicalized descriptions given by the officers and clerks have not been equated with modern conditions to avoid retrospective diagnosis. The diagnostic categories are based on Guenter Risse’s interpretation of the nosography developed by Edinburgh surgeon William Cullen (1710-1790).⁷⁸ In this respect, this analysis differs from that of Hudson.⁷⁹ Cullen’s reference texts were published when he was at the height of his teaching career in the 1770s. His books of lectures and nosography became the leading diagnostic aids for medical students. His prominent role in the Edinburgh medical establishment, his ease in attracting students and the popularity of his reference books led to his ideas being used throughout the British Empire.⁸⁰ Given the importance of Edinburgh’s medical facility, it is likely that many military surgeons used Cullen’s nosographies when writing soldiers’ recommendations for Chelsea.⁸¹ Cullen’s categories are used in order to facilitate comparison with studies of other contemporaneous medical institutions of the time like Bath General Infirmary, the Bristol Infirmary, and the Edinburgh General Infirmary.

⁷⁶ Bell, *An Inquiry*, 97.

⁷⁷ *Ibid.*, 98.

⁷⁸ Risse, *Hospital Life*, 115-17, 119-176; Anne Borsay, ‘Returning Patients to the Community: Disability, Medicine and Economic Rationality before the Industrial Revolution’, *Disability & Society*, 13 (1998), 650-1; William Bynum, “William Cullen (1710-90)”, *ODNB*, online edition.

⁷⁹ Geoffrey Hudson, ‘Arguing Disability: Ex-Servicemen’s Own Stories in Early Modern England, 1590-1790’, in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, eds. Roberta Bivins and John Pickstone (Basingstoke: Palgrave Macmillan, 2007), 112.

⁸⁰ Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies* (Oxford: Oxford University, 2010), 8, 32, 62, 75, 85-6, 97, 172-3, 258.

⁸¹ *Ibid.*, 2, 6, 8, 17, 32, 65, 69-71.

The following analysis takes into the account the fact that we do not know how disability was classified amongst the early applicants, a phenomenon discussed extensively in Chapter 1. Roughly 18.99% applicants were listed with more than one possible reason for admission from across the different diagnostic categories.⁸² Therefore, Table 4.8 and Figure 4.2 list the individual incidences of each major diagnostic or disease category rather than the number of individual applicants. Applicants can be counted more than once. This methodology helps to avoid artificially prescribing modern perceptions of what constitutes a disabling condition or injury onto the eighteenth-century Out-Pensioners. A full breakdown of the diagnostic categories is available in Appendix 3. Table 4.8 also contains comparable information from other eighteenth-century infirmaries, to demonstrate how different the Hospital's experience of traumatic injury was.

⁸² 11573 applicants.

Table 4.8 Summary of Applicants' Medical Profile with Major Diagnoses compared to other Infirmaries, 1715-95

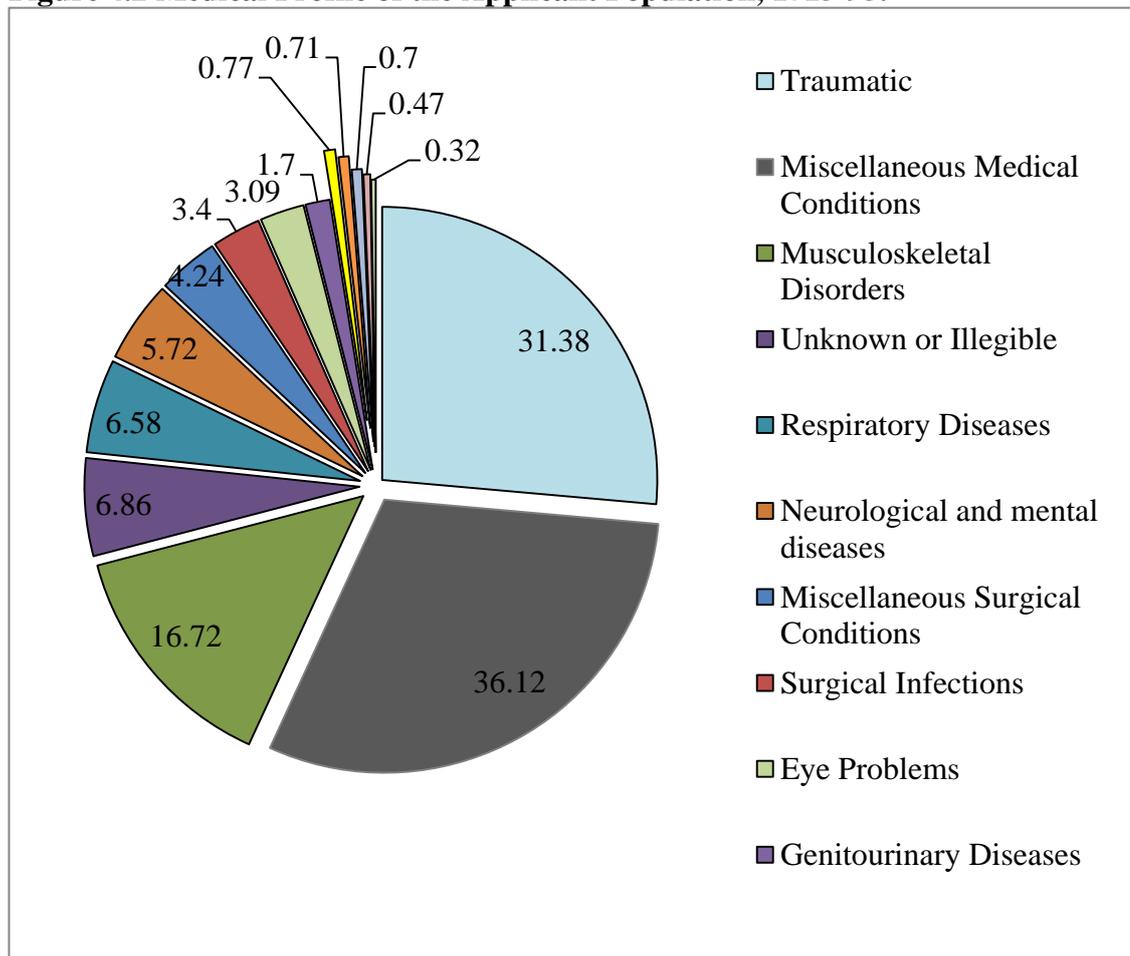
Category	Number	Percentage of Total Applicant Population	Admissions to Edinburgh General Infirmary	Admission to Bath General Infirmary	Admissions to Bristol Infirmary
Genitourinary Diseases	1041	1.70	20.61	0.25-0.30	2.5
<i>Of which</i>					
Venereal complaints	26	0.04			
Swollen testicles	28	0.05			
Diseased testicles	55	0.09			
633	633	1.04			
Stone and Gravel					
Infectious disease	425	0.70	15.62	N/A	16.6
Surgical Infections	2079	3.40	11.38	1.4-1.58	13.2
<i>Of which</i>					
Fistula	307	0.50			
<i>Fistula in ano</i>	65	0.11			
Miscellaneous sores and ulcers	445	0.73			
Ulcers on feet or legs	836	1.37			
Swelled limbs	204	0.33			
Respiratory Diseases	4004	6.58	11.15	N/A	15.1
Diseases of the Digestive System	425	0.71	6.46	N/A	5.7
Musculoskeletal Disorders	10183	16.72	5.94	14.91-15.50	7.6
<i>Of which</i>					
Rheumatism	7354	12.07			
Contracted limbs	296	0.49			
Lameness	1893	3.11			

Neurological and mental diseases	3480	5.72	5.31	11.92-17.83	N/A
<i>Of which</i>					
Concussion	839	1.38			
Deafness	801	1.31			
Epilepsy, convulsions and fits	111	0.18			
Paralysis	347	0.57			
Lost use of a limb	519	0.85			
Lost use of multiple limbs	248	0.41			
Palsy	291	0.48			
Traumatic conditions	19131	31.38	4.89	0.49-1.05	13.9
<i>Of which</i>					
Wounded, hurt or cut	13555	22.24			
Head Wounds	2977	4.88			
Bruised	943	1.55			
Dislocations	228	0.37			
Fractures	1056	1.73			
Diseases of the skin	284	0.47	4.10	10.16	7.6
Circulatory Disorders	480	0.77	2.59	N/A	1.6
Tumours and Cancers	200	0.32	2.46	N/A	N/A
Eye problems	1884	3.09	2.00	N/A	N/A
Miscellaneous Surgical conditions	3494	5.72	1.21	3.00	N/A
<i>Of which</i>					
Lost a limb (automatic or surgical amputation)	942	1.54			
Lost multiple limbs	7	0.01			
Rupture	2497	4.10			
Miscellaneous Medical conditions	22011	36.12	2.00	N/A	10.1
<i>Of which</i>					
Worn out	14139	23.20			
Old or aged	3034	4.98			
Infirm	2263	3.71			

Unfit	452	0.74			
Scars	959	1.57			
Unknown or illegible	4180	6.86	3.61	1.69-6.73	N/A

Sources: WO116/1-1; Borsay, “Returning Patients to the Community: Disability, Medicine and Economic Rationality before the Industrial Revolution”, *Disability & Society* 13 (1998), 651; 651; Mary Fissell, *Patients*, 107; Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching in the Royal Infirmary of Edinburgh*, 303-39; Percentages do not total 100 due to rounding, and to the applicants’ being admitted on account of having multiple conditions simultaneously. The figures in the Bath Infirmary are compiled from two separate sources.

Figure 4.2 Medical Profile of the Applicant Population, 1715-95.



Source: WO116/1-10.

Table 4.8, Figure 4.2 and Appendix 3 help explain why soldiers in particular were associated with heavy scarring. Nearly 35% of the applicants reported that they had or have had experienced some form of traumatic injury that was either partially healed or totally healed.⁸³ Some men developed complications as a result of their healed wounds: a head wound caused Thomas Keasy of Sabine’s Regiment to permanent tilt his head to

⁸³ 31.38% traumatic injury + 1.54 lost limbs + 1.57% reported as having significant scarring.

the side.⁸⁴ Seventeen Pensioners lost all of their teeth through head wounds. The nature of the injury was often described by the Hospital to clarify the seriousness of the injury, a practice shared by most eighteenth-century hospitals.⁸⁵ Penetrating wounds like stabs and shots to the abdomen were thought to be more dangerous than slashes or cuts as more debris was carried into the body. 2304 (3.81%) men reported that they had been injured multiple times during their years in service. It is notable that the phrase ‘maimed’ and ‘broken’ was rarely used by the eighteenth-century Hospital in direct contrast to the petitions of the seventeenth-century county pensioners. There are only eight incidences of the term clustered around the 1780s and 1790s. The exact reason for this is unclear. Traumatic injury however was not enough to guarantee admission to the Out-Pension lists, with approximately 3133 of the wounded men were listed as having other disabling conditions at the same time. Gruber von Arni has noted that the Hospital books often recorded the pensioning of men many years after their recipient of a supposedly ‘disabling’ wound. The case of Sergeant Lawrence, whose discharge was surveyed in Chapter 2, further exemplifies this issue with the Hospital Admission Book. Lawrence received his pension on account of shrapnel wounds received in 1812. He had actually continued to serve on the frontline as an NCO in Ireland, the West Indies and at Waterloo with this ‘disabling’ injury. It may be that these descriptions of traumatic injury and scarring were simply being used by the Hospitals to facilitate the identification of the man at a later date. Similarly, recommending Officers may have written accounts of these injuries in order to increase their former soldiers’ chances of getting a pension. This makes it impossible to be sure in many cases which impairment, if any, had caused their recommendation to the Hospital.

The high level of traumatic injury amongst the Out-Pensioners meant that their catastrophic nature of their wounds developed a unique cultural meaning. Turner has noted that being the process of becoming a ‘disabled’ man in the early eighteenth-century related to an able-bodied man’s sudden experience of crippling injury and bodily maiming on the battlefield.⁸⁶ The nature and unique patterns of scarring produced by musket shot, cannon, and sabres therefore were considered to be the ultimate signifier of a pensionable former soldier. The honourable military origins of these scars were thought to be unmistakable and extremely difficult to fake. This

⁸⁴ WO116/2, Examination of Thomas Keasy, Sabine’s Regiment, 31st March 1721.

⁸⁵ Risse, *Hospital Care*, 309-39.

⁸⁶ Turner, *Disability*, 20-1, 33, 74-5.

removed some of the anxiety that surrounded the giving of alms to some severely disabled young men. Contemporaries worried that well-meaning charitable men and women might accidentally be duped into giving alms to an undeserving vagrant or criminal beggar who told a good patriotic story about their service to the detriment of real maimed soldiers or sailors. Amputation in particular was associated with former sailors and soldiers, with the empty sleeve or the wooden leg becoming ‘the pre-eminent emblem of sympathetic patriotic disablement’.⁸⁷ Most late eighteenth-century images of disabled soldiers imagined former soldiers as amputees, or at least on crutches.⁸⁸ The emasculating effects of their missing limbs were shown to be largely mitigated by their pleasant manner and ardent patriotism. Despite the apparent validity of their contemporaries’ assumption that former soldiers would be scarred, the association of military service with losing a limb was not as secure. Only 949 (1.55%) of the applicants were amputees, a fact in direct contradiction to the literary and visual representation of the wooden-legged former soldier. Double amputees were very rare; there were only seven in the applicant sample population. Hudson’s analysis of the Greenwich Pensioners further supports this conclusion. Greenwich only had 12 double amputees between 1749 and 1790.⁸⁹ It would be rare for someone to survive this type of wound due to the massive blood loss and risk of infection. Burns were rare amongst the Out-Pensioners for the same reasons. Soldiers’ autobiographies agreed that ‘burns’ were usually fatal within two days, with most victims dying blind and raving.⁹⁰ A distinction was made by contemporaries between scalds and burns. ‘Scalds’ or ‘scall’ was a minor injury caused by burning, friction or by internal agitation of the skin. Applicants with multiple wounds were more likely to lose the use of one of their limbs or their sight or hearing than their limbs.

The later life of Major James Thomas Morisset demonstrates the long-term effect of scars and disfigurement.⁹¹ Morisset was Commander of Norfolk Island and later the Newcastle area in Australia between 1817 and 1826. He was responsible for the large penal colony and its staff of army Pensioners. Two massive head injuries at the siege of Albuera (1811) left him in almost continual pain and severely disfigured. The

⁸⁷ *Ibid.*, 77.

⁸⁸ *Ibid.*, 75-8; Chapter 5.

⁸⁹ Hudson, ‘Arguing’, 112.

⁹⁰ Lawrence, *Autobiography*, 213.

⁹¹ Major James Thomas Morisset (1780-1852). For a biography and analysis of Morisset’s career see Christine Wright, *Wellington’s Men in Australia: Peninsular War Veterans and the Making of Empire, c. 1820-40* (London: Palgrave Macmillan, 2011) 169-71.

long-term effects of these wounds were described by his junior Captain Fyans in circa 1829. Morriset was,

a gruff old gentleman with a strange face, on one side considerably longer than the other, with a stationary eye as if sealed on his forehead: his mouth was large running diagonal to his eye, filled with a mass of useless bone...the one side I could only compare to a large yellow over-ripe melon.⁹²

The chronic ill health caused by his injuries affected the rest of his 40-year military career, eventually leading to ‘imbecility’.⁹³ He left Australia in 1829 after marrying and selling his commission as he thought himself unable to fulfil his duties. Morriset was a respected and financially stable member of the colonial gentry, but his chronic ill health had a significant effect on his life. The effect of a similar injury or complication on someone without his income or social status would have been even greater. The hospital allowed a small number of retrospective admissions solely on account of unforeseen complications of old wounds as men aged. However prior to 1806, they rarely altered the 5d flat rate of pension unless a man lost his more than one limb or had been completely blinded.

In spite of the high prevalence of wounds, asthma, ruptures, and consumption, these tables demonstrate that the majority of applicants arrived at the hospital on account of ill-defined quasi-medical conditions. These were ‘worn out’, ‘unfit’, ‘infirm’, ‘superannuated’ or those with bad or debilitated constitutions. A further 3034 (4.98%) were listed as being simply as being ‘aged’ or ‘old’. The use of these terms are indicative of the eighteenth-century army’s continuing understanding of the Hospital’s as a way of providing a life-long pension for their aging and superannuated men irrespective of their physical health. ‘Worn out’ was by far the most commonly cited reason for military discharge and a recommendation to the Hospital, accounting for 23.20% of the entire application population. ‘Worn out’ was a military term unique to

⁹² Captain Fyan, quoted in Wright, *Wellington’s Men*, 169. Fyan admitted it took time to get over his disfigurement; ‘I liked the old gentleman, he was friendly and affable, and thought time might wear off his face affliction, which was most revolting...’ Wright notes that despite his prominent social position in New South Wales, there is only one surviving image of him, and it dates from 1798.

⁹³ *Ibid.*, 169.

the army and to the Royal Hospital.⁹⁴ The term was originally linked to set disorders like consumption or more commonly rheumatism. It was however also linked to long service. Paul Carey for example was described as ‘a Black man worn out by long Service, well recommended’.⁹⁵ By the 1740s, it was being used as a diagnostic category in its own right to refer to men who were being admitted onto the Out-Pension lists on account of long service alone. The term remained in use until the 1820s. The surgeon Henry Marshall thought that calling soldiers ‘worn out’ was a misplaced attempt by officers to discharging men solely on the basis of their long service. He thought that allowing these practice had encouraged officers and their men to assume that they had a right to a pension from the state after they had served twenty years continuously.⁹⁶ Marshall may have blamed the adoption of the practice on the introduction of Windham’s Act in 1806 and in particular on a series of War Office circulars from the 1820s.⁹⁷ The eighteenth century records however suggest that this circular was in fact codifying a well-established custom amongst army officers. 14086 of the sample cases were described as being ‘worn out’ alongside with their complaints they had. For 9156 of these men, it was the sole reason given for their discharge from the army. ‘Unfit’ and ‘infirm’ were used in an identical manner. Officers used these vague terms to pension their longest serving men who did not have a visible impairment or infirmity who had served a modal average of twenty years. The use of terms like ‘worn out’ and ‘unfit’ show the importance of twenty-year service even in cases where a man was severely wounded. This link between these diagnostic categories, age and service length is illustrated in Table 4.9.

⁹⁴ It is not mentioned in published analyses of Greenwich, Hudson, ‘Arguing’, 112; Lloyd and Coulter, *Medicine and the Navy*, vol. 3, 201.

⁹⁵ WO116/1, Examination of Paul Carey, Royal Regiment of Horse, 2nd July 1717; WO116/2, Examination of Samuel Smith, 21st Foot, 0th August 1727; WO116/3, Examination of Alexander Wathal, Kirks’ Regiment, 31st August 1739.

⁹⁶ Marshall, *On Enlisting*, 11-2.

⁹⁷ *Ibid.*, 11-2.

Table 4.9 Summary of Diagnostic Categories by Age and Length of Service, 1715-1795

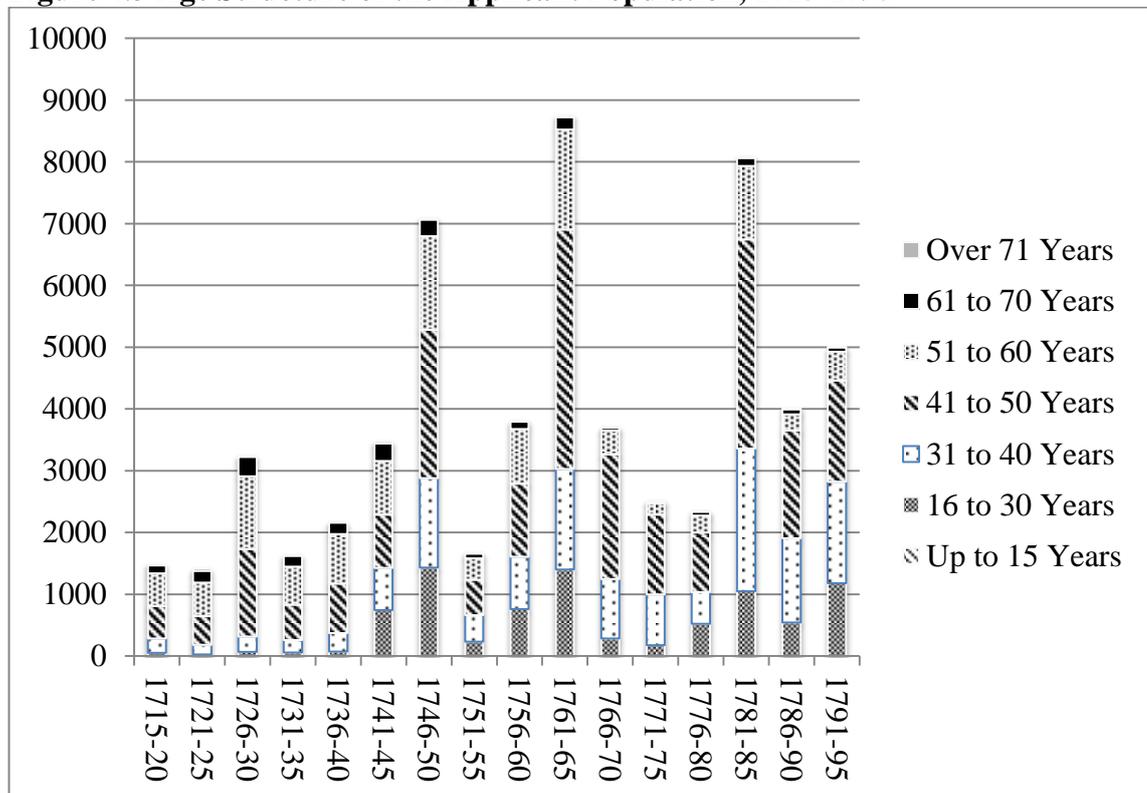
Diagnostic Category	Mean Age	Modal Age	Mean Length of Service	Modal Length of Service
Traumatic	41.88	50	18.46	21
Genitourinary Disease	38.60	50	15.18	15
Venereal Disease				
Urinary Tract Diseases	44.91	50	20.53	21
Infectious Disease	37.66	40	12.14	2
Surgical Infections	39.09	40	20.89	21
Respiratory Diseases	40.34	40	20.89	21
Diseases of the Digestive System	39.66	40	14.87	20
Musculoskeletal Disorders	44.94	50	54.07	20
Neurological Disorders	41.69	40	16.11	21
Mental Disorders	37.78	34	13.80	7
Diseases of the Skin	39.15	40	14.94	12
Circulatory Disorders	40.58	40	17.61	21
Tumours and Cancers	40.49	50	15.07	5
Eye Problems	45.12	50	24.44	20
Miscellaneous Surgical Conditions	40.21	40	58.84	20
Miscellaneous Medical Conditions				
Worn out	47.67	40	16.12	21
Unfit	46.94	50	20.60	21
Infirm	52.30	50	24.66	21
Old	53.46	50	24.57	21

Source: WO116/1-10.

Table 4.9 suggests that the structure of the Out-Pensioner population remained relatively stable between 1715 and 1795. The applicants were largely men in their

forties and fifties who had served a modal average of fifteen to twenty years. Only those with incurable infectious diseases, cancerous tumours and mental disorders were discharged and recommended to the Hospital at younger age or after shorter periods of service. This correlation is further proved in Figure 4.3, which breaks the applicants down into 9-year age groups. The sample population were mainly aged between 40 and 50. War years saw the admission of more men in their early thirties, but overall, the age and service histories of the first-time applicants to the Hospital remained relatively stable and set at twenty years' service irrespective of health.

Figure 4.3 Age Structure of the Applicant Population, 1715-1795

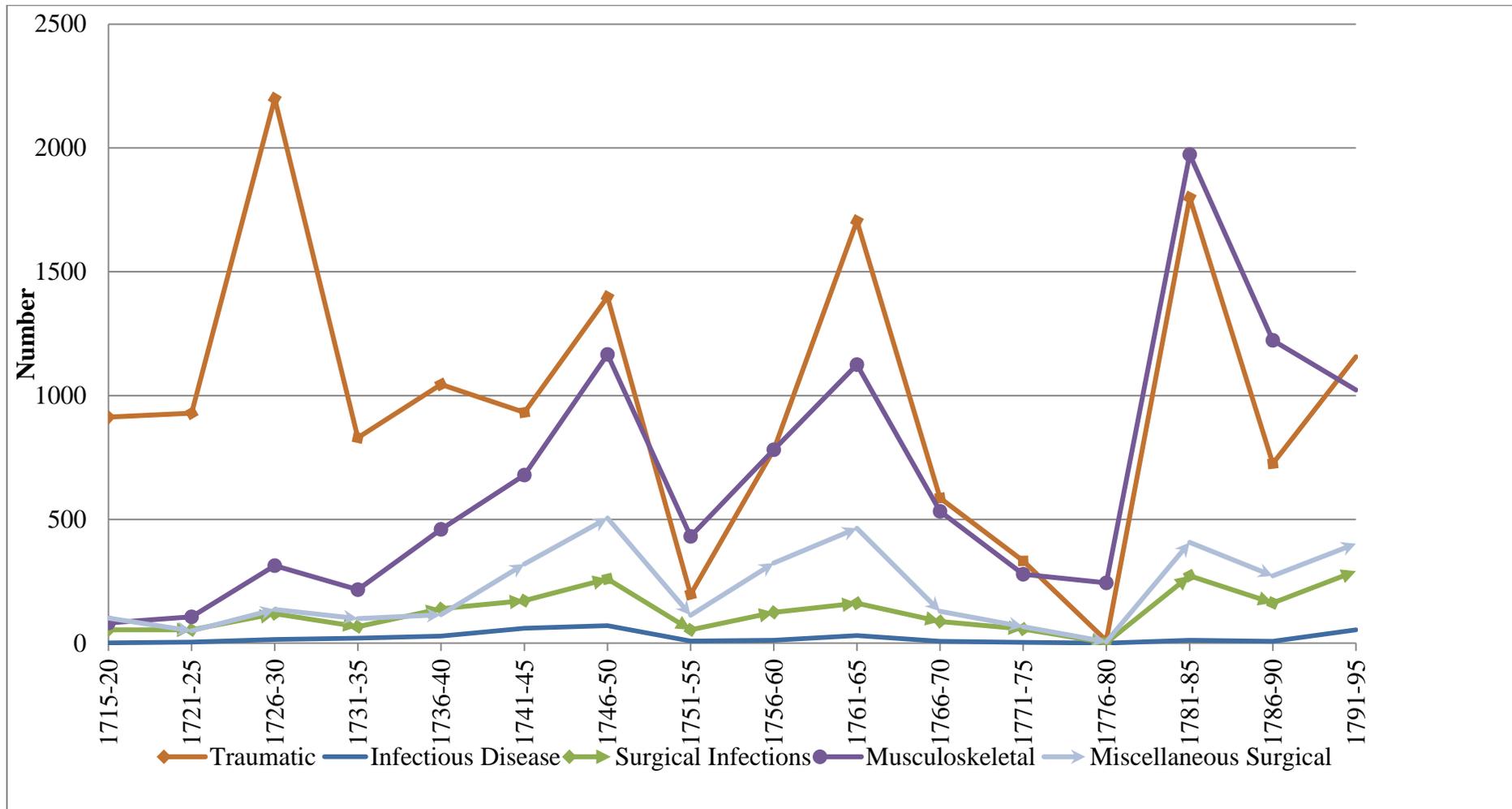


Source: WO116/1-10.

Figure 4.4 further demonstrates that the diagnostic categories in use at the Hospital also remained stable over time. Only the diagnostic category of traumatic injury fluctuated over time according to the demobilization of the army, as demonstrated in Figure 4.4

(overleaf). While demobilization did affect cause small rises in applications from all other diagnostic categories, it was not as pronounced.

Figure 4.4 Diagnostic Categories over Time, 1715-1795



4.3.3 Rates of Admission to the Pension Lists, 1715-1795

Perhaps the most noticeable feature of the applicant population is their conspicuous success in obtaining charitable relief from the Commissioners. Table 4.10 (overleaf) demonstrates the outcomes of the sample applicants' first encounters with the Commissioners and their staff. Definite outcomes are known for approximately 58213 (95.52%) of the sample population. Between 1715 and 1795, approximately 56321 men were successful in receiving some form of assistance from the Hospital. 40573 of the sample applicants were admitted onto the basic pension of 5d per diem on or very shortly after their day of examination. This represents approximately 69.7% of applicant cases with known outcomes (66.57% of the entire sample population). The success rate rises 71.96% if one considered that those selected to be future In-Pensioners would be given temporary Out-Pensioner status until they were able to succeed to a place in the House.¹ The overall success rate of the applicants in gaining some form of relief either as an In-Pensioner, Out-Pensioner or in an Invalid garrison was 97.17% of known outlines (92.81% of total sample population). The high percentage of successful applications for the Out-Pension and relatively low number of rejections also testifies to the skill of the clerical staff of the Secretary's Office at weeding out all ineligible or weaker claims at the earliest stages of application.²

The Invalid companies have been excluded from Table 4.10 because they were the only applicant group with a *de facto* right of relief from the Hospital. Of the 1164 Invalids listed in the Admission Books, only 1 was refused all assistance.³ This relief primarily came in the form of priority admission onto the 5d Out-Pension, but they also

¹ 59.27% total population, 71.96% known outcome population, total of 36119.

² See Chapter 3

³ WO116/10, Examination of David Terry, Invalid Garrison Battalion, 7th December 1795. He was reconsidered at an unknown later date.

received furloughs, promotions, and transfers. This automatic entitlement to relief was completely unofficial. No applicant was technically guaranteed any form of relief from the Hospital, either in the form of short-term medical assistance, an Out-Pension, or a garrison place until 1806. Nevertheless, the minutes of the Commissioners make it clear that they regarded the Invalids as a special sub-group. Furthermore, the Minutes suggest that long service in an Invalid company was thought to guarantee an Out-Pension at a later date.

Table 4.10 Outcomes of the First Physical and Verbal Examination of Applicants from Regular Army, Marines, Militia and non-Invalid Independent Companies by the Commissioners.

Outcome	Number of Out-Pensioners	Percentage of Sample Population with known outcomes N = 58213	Percentage of Total Sample Population N = 60943
Awarded an Out-Pension	40573	69.70	66.57
Awarded a place on the House waiting lists	446	0.76	0.73
Rejected outright	2086	3.58	3.42
Selected or confirmed to continue as Invalids in garrisons	14689	25.23	24.10
<i>Of which</i> excused by Commissioners or garrison officers within 6 months and reverted to Out- Pension	354	0.61	0.58
Refused to go to garrison and lost their pension or deserted once there	93	0.16	0.15
Listed as 'refused' either by officer or at their own instigation	153	0.26	0.25
Case postponed or referred to the senior Commissioners or Secretary at War	2568	4.41	4.21
<i>Of which</i> postponed through absence or sickness	423	0.73	0.69
Postponed through drunkenness	5	0.00	0.00
<i>Of postponed cases</i> Later admitted to garrison	116	0.20	0.19
Later admitted to Out-Pension	743	1.28	1.22
Later rejected	50	0.08	0.08
Unknown Outcome	1827	3.14	2.98
Died during application procedure	94	0.16	0.15

Note: The percentages do not total 100 on account of rounding. Source: WO116/1-10

The structure of Invalids' petitions makes it difficult to determine whether the soldiers themselves shared this view of the pension system. Even so, all discharged Invalids were obliged to travel to London to attend a second interview before the

Commissioners. This measure was as much about exerting influence over the Invalid officers as it was ascertaining the eligibility of the individual Invalid. The Commissioners policed all admissions, furloughs, and departures from the garrisons from their central offices. Invalid officers had to ask for permission to admit or refuse men, and would be sanctioned if they acted independently without consulting the Board. It was very rare for the Commissioners to reject an Invalid who had been discharged according to their rules; as long as the Invalid officer deferred to their authority in the matter and followed the set procedure, the man would be given an Out-Pension. The Commissioners would also absorb the cost of discharging the man, paying for his travel and lodgings until his formal transfer onto the Out-Pension.

Table 4.11 Length of Service in Invalid Companies: Scilly Islands, 1784-1802

Years	Total
Up to 1 year	49
2 Years	28
3 Years	18
4 Years	22
5 Years	21
6 Years	24
7 Years	32
8 Years	9
9 Years	8
10-15 Years	23
Over 15 Years	2
Unknown	0

Note: 6 died in post, 80 were discharged onto the Out-Pension, 8 deserted, rest unknown, total 236: Source WO12/11618

Table 4.12 Length of Service in Invalid Companies: Berwick, all companies, 1784-1802

Years	Total
Up to 1 year	143
2 Years	66
3 Years	54
4 Years	36
5 Years	116
6 Years	42
7 Years	19
8 Years	14
9 Years	21
10-15 Years	89
Over 15 Years	37
Unknown	8

Note: 256 discharged to Out-Pension, 21 transferred into other Invalid companies or regular line regiments, 87 died in post, and 65 granted furloughs, 643 total population. Source WO18/11599

The Invalids served in their new companies for extended periods of time. Tables 4.11 and 4.12 show that the population of these garrisons was relatively stable under the later eighteenth century made up largely of men who had been resident there for over 6 years. Most settled their families into their new area, or requested places near their families. David Christiansen had noted that the Invalids in the north-east of England married here.⁴ It was thought that men without dependents would not place the surrounding parish authorities under strain. The resettlement of soldiers via garrisons is further suggested in that placement in Scottish garrisons was weighted more towards those born in Scotland or Ireland. This may be a reflection of the men's individual requests or a deliberate attempt to assist the resettlement of former soldiers. This may either partially explain the high rates of return amongst Scottish soldiers postulated by Andrew

⁴ David Christiansen, 'From the Glorious Revolution to the French Revolutionary Wars: Civil-Military relations in North-East England during the Eighteenth Century', unpublished PhD thesis, University of Newcastle, (2005), 116-9; for his analysis of the Invalids stationed in the garrison town of Berwick, 13, 14, 26, 42-4, 46, 88, 107-9, 136, 140-1, 161, 190, 204, 215-6.

Mackillop or suggest an even higher resettlement rate.⁵ Further study is needed into this topic, but this data proves Invalid garrisons are a key resource in studying the long-term resettlement of military families in England.

Invalids continued in their Invalid companies until there was a fitter man to replace them or until their deaths. The 6-monthly Invalid musters suggest that many Invalids spent extended periods of time in receiving medical care in or out of their garrison infirmaries instead of on duty. Of the 643 men who served in the urban Berwick Invalid companies between 1785 and 1802, 79 of them were recorded as ‘sick’ for long periods.⁶ The Isles of Scilly were healthier, with only 10 of their 236 being sent to external hospitals. The remoteness of the Isles did not stop illness. William Fincham of the Scilly garrison spent a year undergoing treatment and was eventually sent to Plymouth Hospital. He had been living on the Isles since his examination in 1769.⁷ Ensign Roberts of Captain Le Hunt’s company at Landguard Fort maintained one man until it took 3 other Invalids to nurse him full time.⁸ This maintenance was as much a necessity as an act of medical charity. Many of the men who were fit enough to serve in the Invalids did not wish to do so. These men often chose to return to their families or re-enlist into line regiments on account of their higher wages rather than the rather sedentary Invalid service. This placed Invalid officers under considerable pressure to retain their men. When one officer complained to the hospital about this, he was told by the Secretary that ‘we find it difficult to recruit [as] we cannot get the rogues to appear’.⁹

⁵ Mackillop, *More Fruitful*, 246.

⁶ WO 18/11599.

⁷ WO 116/6, Examination of William Fincham, 33 Foot, 17th July 1769.

⁸ WO250/462, 10th April 1781.

⁹ W0246/97, Eyre to Lt Frasier, 26th Nov 1715; WO 246/97, Eyre to Richard Jones, 17th November 1715.

Invalids were discharged from the Invalids once they were deemed by the Commissioners to be too old or infirm to carry out the light duties of their garrisons. The Commissioners also considered discharges on the basis of the emotional and financial strain of their continued service both on the soldier and on his dependents. This aspect of their service has not been recognised previously. Family illness, bereavement, and economic hardship was stressed in their petitions for transfer to the Out-Pensions. The cases of William Jones of Brigadier Fieldings' Invalid company and John Anderson of Landguard Fort are typical of the form of applications received by the Commissioners. Both stressed the emotional hardship as well as financial concerns. The sickly Jones was 'desirous to see his family before he dy'd'.¹⁰ 79 year-old Anderson similarly did not want 'to be separated in the Evening of his Life from his Wife with who he has lived a great many years'.¹¹ Younger men stressed the financial impact of their absence. Giles Williams petitioned the Commissioners after 'very Urgent occasions presst the seizing of his Wife's Goods' and her being 'turn'd out of doors'.¹² Jno Creed petitioned for release from Plymouth garrison after he realised 'that he was better able to maintain his Family by his Labour' in their home town of Wilton, Wiltshire.¹³ Henry Young of Captain Lovells' Company was discharged so he 'may be a means of supporting his Wife and two Children'.¹⁴ All of these men were transferred onto the Out-Pensions without any issue, precisely because their officers had followed the procedures set by the Commissioners.

¹⁰ WO250/459, 10th November 1732.

¹¹ WO250/460, 25th April 1765.

¹² WO250/459, 10th November 1732.

¹³ WO250/460, 14th June 1754.

¹⁴ WO250/460, 14th March 1753.

Table 4.13 Later Outcomes of Rejected Applications, 1715-95

Outcomes	Number	Percentage of Rejected Cases
Later admitted to the Out-Pension	148	6.94
Later admitted to garrison	31	1.45
No reported change or challenge	1955	91.61

Source: WO116/1-10.

It is also notable that even amongst of the rejected cases, a very small percentage had their original rejection overturned at a later date, as seen in Table 4.13. Marginalia in the Admission books suggest that 179 of the 2134 rejected cases were subject to later review. This number is undoubtedly an under-estimate, as more cases were reconsidered in the Board Minutes than were listed in WO116. The reasons for the overturning an earlier ruling varied. ‘Brought a certificate’ was one of the most commonly stated reasons in the Admission Books, suggesting that the man had been able to prove he had served longer than his original discharge certificates stated. The corresponding Board Minutes however imply a different reason was also at work. Many of these rulings were ‘forgiveness’ cases, where a man had contravened the rules of the Hospital and had petitioned the Board at a later date for the reinstatement of their Out-Pension or a place in a garrisons. Desertion from an Invalid company was the one of the most frequently cited misdemeanours and the charge of desertion often was the precursor of discharge from the Invalids on for the type of compassionate reasons listed above. The most common reason for absence from a set re-examination was the most frequently cited misdemeanour, mainly on the grounds of sickness or ‘ignorance’. Sudden illness on route was the most frequently used reason for men who missed secondary examinations or the General Re-Examinations at Chelsea. Exposed to unusual physical exertion and adverse weather conditions, many travelling applicants and Pensioners became sick. Their problems were further compounded if they took ill on the road, and were rendered

dependent on the parishes they passed through. Andrew Nibitt's walk to Portsmouth from London in mid-winter 1745 caused 'him to obtain a Rheumatism'.¹⁵ Nibbet's counterpart William Eyres fell off the stagecoach on his way to the Invalid company at Plymouth garrison.¹⁶

The frequency of these 'unforeseen accidents' meant that the Hospital rarely questioned the legitimacy of such claims as long as the man sent supporting letters from his home or host community. Men's claims of ignorance of the Hospital's procedures were rarely queried, even though they created more work for the Commissioners and their clerks. In spite of their advertising budget, the Commissioners were largely lenient towards men claimed ignorance of the Hospital's requirements of them. The cases of Samuel Bullock of the Guards and John Bullon of the Sir John Cope's Dragoons are fairly typical of the reasons Out-Pensioners gave. Bullock had 'been working at his trade and thro' Ignorance has omitted to send Certificates within the stated times, by which [he has been] discontinued'.¹⁷ He was forgiven and his pension was back-dated. Bullon pleaded that his neglect to send certificates were due to his 'constant Sickness'. He too was given his Out-Pension.¹⁸ Distance was also an issue: John Campbell of the 6th Regiment of Dragoons blamed the 'remoteness of his residence and the miscarriage of the certificates'.¹⁹ Other blamed misinformation and rumour. The Invalid Lewis Milton blamed his London agents Mrs Bracy and Sons, for 'mistaken Information, or other Omissions entirely neglected them, by which means he has been prevented from

¹⁵ WO250/459, 5th April 1720; WO250/459, 3rd May 1745; WO250/459, 18th May 1747; WO250/459,, 24th May 1749.

¹⁶ WO250/463, 1st June 1784.

¹⁷ WO250/450, 2nd June 1749.

¹⁸ WO350/460, 20th June 1758.

¹⁹ WO250/460, 11th October 1758; WO250/460, 6th May 1764; WO250/462, 10th April 1781.

receiving any Benefits from Chelsea Hospital'.²⁰ These cases demonstrate that the Hospital was aware of the issues created by the national scope of the pension system.

This apparent leniency towards 'ignorant' or mistaken Out-Pensioners is understandable given the context. The Hospital does not appear to have actively engaged with the Out-Pensioners after their admission. While the Hospital went to considerable expense to advertise its legal expectations of the Out-Pensioners, the majority of this publicity was deliberately targeted at the Out-Pensioners' sponsors, their local 'Persons of Quality' and Justices of the Peace. These announcements took the form of lengthy accounts in the main London newspapers like the *London Gazette*. They were subsequently plagiarized or abstracted into provincial newspapers looking for copy. These notices not only reminded the sponsors of the importance of sending regular affidavits and attending examinations, they also reminded officials of their bureaucratic obligations towards the Hospital and its clerks. Many of the later advertisements included exemplar letters of recommendation and affidavits for correspondents to copy. This example from 1785 is typical of the Hospital's public announcements:

[blank] came before me one of His Majesty's Justices of the Peace, for the County of [blank] and made Oath that he was admitted an Out-Pensioner of Chelsea Hospital on the [blank] Day of [blank] of 17[blank] from the Regiment of [blank]] commanded by [blank] was then aged about [blank] years, served in the Army [blank] years was discharged for [blank] and that he is no otherwise provided for by

²⁰ WO250/460, 7th September 1759.

Government, but as a Pensioner of the said Hospital, and now lives in the Parish of [blank] in the County of [blank].²¹

The cost of this advertising rose greatly over the course of the eighteenth century. Wars placed added pressure on the Board to re-examine its lists to confirm whether all its Out-Pensioners were still living. The Hospital was under added pressure to free up space on its lists. Between 1760 and 1763, the Hospital was paying £25 to £30 per annum for these advertisements when it had been £7 10s five years earlier.²² Posters were also displayed in the public waiting rooms of the Hospital's two main offices in Chelsea and Whitehall, and probably in the Agent of the Out-Pensioners' offices.²³ Notices were also placed on the Hospital's public areas.²⁴ These notices seem to have been the only written communications targeted at the Out-Pensioners themselves and their moneylending 'Agents'. There is no record of the impracticalities of this system of communication being discussed in the Board meetings. The Commissioners were relying on word-of-mouth and by extension, the reliance of Out-Pensioners on their supporting communities and sponsors. This system however would have forced Out-Pensioners to remain in contact with their local parish authorities, Justices, and other social superiors, which in turn would have offered another level of surveillance into the Out-Pensioner system.

Given the high rate of success, it is important to consider why some applicants were ruled as ineligible or unsuitable for either a place in the Invalids or an Out-Pension in the first place. Applications were rejected for a wide range of reasons as suggested in

²¹ *Morning Chronicle and London Advertiser*, issue 5030, 28th June 1785; *True Briton*, issue 5, 5th January 1793.

²² For invoices, WO245/24, Hospital Contingent Bills; summaries of content and costs, WO250/459-67, Hospital Journals, 1715-1806.

²³ WO250/459, 25th June 1746.

²⁴ WO250/460, 11th May 1761.

Table 4.14 (overleaf). The most commonly-cited and important reason was that the man was not sufficiently disabled' by the medical condition listed on his certificate as to render them 'incapable of getting his bread', or undertake paid employment. This was shortly followed by those listed as curable or cured of their initial injuries, who were considered fit enough to stay in their normal regiment. It is important to stress that some of the fitter older men did not want to leave their regiments and requested to be allowed to return after a period of convalescence. Thomas Patterson of the 1st Regiment of Foot Guards was sent to the Hospital twice in 1726 and 1729, and both times asked to return.²⁵ The Commissioners were highly applauded this sentiment and left some of these men an open offer to re-interview these men for an Out-Pension at a later date.²⁶ Other men chose to re-enlist shortly before or after their examination.²⁷

²⁵ WO116/1, Examinations of Thomas Patterson, 1st Regiment Foot Guards, 20th April 1726; WO116/1 12th November 1729.

²⁶ WO116/3, Examination of Edward Magenis, Cope's Regiment, 5th February 1736; WO116/3 Examinations of Jeremiah Bateman and Thomas Pearson, 34th Foot Cornwallis, 12th February 1736; WO250/459, 26th April 1749.

²⁷ For example, WO116/3, Examination of Edward Norman, 1st Guards, 29th April 1743; WO116/10, Examination of Frederick Egborne, 60th Foot, 17th December 1792; WO116/10, Examination of James Artrey, 74th Foot, 6th October 1794.

Table 4.14 Reasons for Rejected Applications, 1715-95

Reason for Application Refusal	Number	Percentage of Rejected Population N=2134
Cured	24	1.12
Curable	82	3.84
Not 'disabled' by the wound or illness ('able to earn their bread')	126	5.90
Had disability on enlistment	3	0.14
Disability not contracted on duty	6	0.28
Applied more than 1 year after discharge	43	2.01
Irish or Ordnance Establishment	7	0.33
Problems with their discharge certificates	24	1.12
'Not qualified'	24	1.12
Malingers and bribery	16	0.75
Applicant wishes to serve on	30	1.41
Not served long enough or too young	9	0.42
No discernable reason given	1689	79.15

Source: WO116/1-10

The key theme in the rejections outlined in Table 4.14 was length of service and the presumed permanence of the illness or injury on his ability to complete military service. The importance of these eligibility criteria is not immediately obvious from WO116. Only nine cases amongst the applicant explicitly stated that the man was too young or had not served long enough. The significance of age and service length is more apparent when the applicants' are separated by their diagnostic categories and their final outcomes.

Wounded men rejected by the Hospital were on average three years younger than their admitted Out-Pensioner counterparts. They had also served six years less on average. If the severity of wounds was being used as the only reason for admission in the majority of case alone, one would expect no major difference in the ages, service lengths and enlistment ages between those who were admitted or rejected on the basis

of their wounds. The opposite is true, as shown in Table 4.15. They were younger. The only type of wound that made a significant difference where this did not apply was in the cases of those who had completely lost a limb or were experiencing significant paralysis in multiple parts of their body on account of their wounds.

Table 4.15 Role of Age in Applicants' Outcomes (Traumatic), 1715-1795.

Outcome	Mean Age at Examination	Length of Service	Average Age at Enlistment	Number
Admitted	42.09 (40)	17.07 (20)	24.49 (20)	7788
Garrison	44.13 (50)	18.57 (22)	24.76 (20).	3686
Rejected	37.81 (40)	10.66 (7)	24.54 (20)	392

Source: WO116/1-10. The modal average is expressed in brackets.

Significantly, there is no immediate relationship between the types of wound a man had and his chance of being declared fit to serve as an Invalid. The hospital did not impose a set age or physical standard on the Invalid companies, making them unique amongst the British military and navy. The only formal requirement was that they were 'capable of firing over a Wall' and could walk independently without the aid of another person.²⁸

This very low physical standard was often at odds with the Invalid officers' understandings of what made an ideal garrison candidate. Repeated letters to the Secretaries reveal that Invalid officers wanted strong, young unmarried men without dependents, a minority group amongst the largely middle-aged applicants.²⁹ The modal age of men Scottish Invalid garrisons was 61, with 180 serving past the age of 65.³⁰ The discrepancy between the regular officers' and Commissioners' definitions of fitness was graphically demonstrated when 500 'garrison-quality' men were drafted to Commodore Anson in Portsmouth for sea service in 1740. Anson was horrified when the 259 who arrived were not just 'Invalids' in name. He confided in his friend that they were

²⁸ WO250/459, 9th January 1729.

²⁹ WO246/94.

³⁰ WO116/1-10; WO246/93, Eyre to Captain Richard Jones, 17th November 1715.

‘literally invalids, most of them being sixty years, and some upwards of seventy’.³¹

When another land-based officer tried to refuse an amputee with a wooden leg as unfit, he was summarily told that the man was ‘an able Duty man...his Leg only was broke by a piece of Timber, which now being Off, he has no other infirmity attend him’.³² His use of a prosthetic limb meant he was not ‘disabled’ in the eyes of the hospital. The recruit joined the 30 other amputees serving in Invalid garrisons. A similar stance was taken towards trusses, sentons, plasters, and to a lesser extent shoulder crutches.³³ This suggests that use of a medical device could prevent a man being labelled as ‘disabled’, at least in some quarters. It strongly implies that the hospitals’ definition of total disability was a condition that could not be managed by any form of medical device.

Fever cases showed a similar age and length of service bias. Those with fever were less likely to be rejected than their counterparts with wounds. However, one would not expect those suffering from the effects of a chronic fever to be divided along age grounds. The gap is not as pronounced but is still visible. Age and length of service evidently had a role in the admission and discharge of men. Men with infectious diseases like fever were more likely to be admitted into garrison once they reached their twenty years of service.

Table 4.16 Role of Age in Applicants’ Outcomes (Infectious Diseases), 1715-1795.

Outcome	Mean Age at Examination	Length of Service	Mean Age at Enlistment	Number
Admitted	37.94 (38)	12.57 (2)	25.45 (23)	227
Garrison	41.12 (45)	15.04 (21)	26.29 (29)	69
Rejected	32.91 (33)	5.73 (2)	27.18 (20)	21

Source: WO116/1-10. The modal average is expressed in brackets.

³¹ Christopher Lloyd and Jack Coulter, *Medicine and the Navy, 1200-1900*, (London: E. and S. Livingstone, 1961), 293. My own emphasis.

³² WO246/94, Eyre to Captain Gogleman, 14th August 1742.

³³ WO116/2, Examination of John Todd, 4th December 1729; WO246/94, Eyre 23rd September 1742 and 6th October 1742.

Table 4.17 The Role of Nationality in the Success of First Applications, 1715-95

Place of birth	Number of Rejected Applicants in Sample Population	Percentage of known population of same nationality (rejected)	Unknown Outcome	Percentage of known population of same nationality (unknown)
England	801	2.64	854	2.81
Wales	13	2.02	22	3.42
Scotland	348	3.00	458	3.94
Ireland	147	2.16	183	2.69
Army or Sea	7	1.90	8	2.16
Foreign	24	3.39	23	3.25
Unknown	794	7.64	279	2.68
Total	2134	3.50	1827	2.98

Source: WO116/1-10.

Nationality was also not a significant factor in determining the applicant population's chances of success. Table 4.17 illustrates that the nationality or place of birth of the applicants had no discernible effect on their chances of gaining an Out-Pension or an Invalid place. There is very little difference between the number of men refused or with unknown outcomes and the overall known total of rejected and unknown outcomes cases. The small peak in the number of rejected men with no nationality data was a reflection of the early clerks' presence at examinations. They tended not to record the nativity information of a man once he had been refused publically in their presence. Table 4.17 also again clarifies the privileged states of those coming from military and naval families in obtaining an Out-Pension or garrison place. This group had less than a 2% chance of being refused.

Rank did considerably affect a man's chances of being sent to an Invalid garrison however. Private soldiers were more likely to be referred to an Invalid garrison than their NCO superiors. The Commissioners were reluctant to send former NCOs into Invalid garrisons out of a desire to preserve their privileged status as an officer. The

Commissioners' interest in preserving social distinction and rank has already been mentioned with regard to their willingness to create distinct pension awards for Sergeants of the Foot Guards and the Lettermen.³⁴ There were not enough sergeants' places in the Invalid companies and so the Commissioners refused to send a man into an Invalid garrison if it meant demoting him from his former station without his express consent. Serving as a private would have meant the sergeant would be demoted in terms of pay, status, privileges and living conditions. This meant that some of the most experienced soldiers in the army were effectively barred from serving in garrisons. This unusual situation did cause comment. The only other option would be to refuse the sergeant an Out-Pension. Despite numerous proposals being putting forward to amend this situation, it was never remedied.³⁵ This means that sergeants were less likely to be ruled as 'fit' for an Invalid garrison, providing again that physical infirmity was not the prime motive in the selection of men for different forms of support.

³⁴ See Chapter 2.

³⁵ WO246/98, Samuel Estwick to Matthew Lewis, 20th February 1793.

4.6 Conclusion

To summarize, this chapter has irrefutably demonstrated that the Commissioners and recommending army officers had a definite understanding of who should become an Out-Pensioner. These groups unintentionally agreed that the Hospital's Out-Pensions should be restricted largely to European white men aged over forty who had served at least twenty years continuously. The statistical analysis above has demonstrated how the hospital dealt with applications from two different categories of men: the 'worn out' men and sick or wounded convalescents. The hospital did not always actively distinguish between the two, in spite of the former's more questionable claim to 'disability'. The tripartite system of In- and Out-pensions and Invalid places may have originated by accident in 1703, but over time the Commissioners adapted it to balance the manpower and financial needs of the fiscal-military state, army expectations about the suitability of middle aged men with general concerns about maintaining a large population of semi-able bodied Pensioners.³⁶ Successful applicants were being placed into a relief system which ran parallel to the Regular Army. Selection for a place in an Invalid Company or on the Out-Pension was as much based on the individual's rank, age, physical health and his perceived need for a reward as it was manpower. This understanding of the Out-Pensioners as displaced NCOs and/or men with approximately twenty-years' service would account for the complete stability of the applicant populations over the course of the eighteenth century, both in terms of age and use of diagnostic terms. Elements of this interpretation of the Out-Pension lists also accounts for the late eighteenth-century image of the Out-Pensioners as older men with healed

³⁶ See Chapter 3; on the fiscal-military state, John Brewer, *The Sinews of Power: War, Money and the English State 1688-1783* (London: Routledge, 1989); on the effect of war on the London economy, *London in the Age of Industrialisation: Entrepreneurs, Labour Force and Living Conditions, 1700-1850* (Cambridge: Cambridge University Press, 1992), 90-96, 99; Stephen Brumwell, *Redcoats: The British Soldier and War in the Americas 1755-1763* (Cambridge: Cambridge University Press, 2002), 57-69.

scars who actively encouraged their children to serve in spite of their own experiences of military hardship.

Chapter 5. Cultural Representations of the Chelsea Out-Pensioners

5.1 Introduction¹

This chapter examines how the Chelsea pensioners were represented in the wider British print culture of the time, and how such images influenced the experiences of the real-life In- and Out-Pensioners. The inmates and beneficiaries of the Royal Hospital featured heavily in the eighteenth- and nineteenth-century imagination. Everything about the Hospital was originally designed and understood as an act of royal magnanimity towards the Crown's longest serving, infirm and aging soldiers. This benevolence was not only towards the Crown's poorest, oldest and/or sickest active servants (former soldiers) but to their longest-serving and most predictably loyal senior commanders. This benevolent image of the Hospital as a place of residential care for those aged or otherwise disabled soldiers was prominent from the Hospital's inception, and continued throughout the eighteenth and nineteenth centuries.² This chapter will examine how the romantic and sentimental imagery surrounding the Chelsea Pensioners and the Hospital was influenced by wider concerns about military masculinity in times of war. While the Hospital and its Pensioners were not always consistently represented in British print culture, certain key themes emerged in visual and literary representations of them.

This chapter will introduce the seven most predominant ways that discharged soldiers and sailors were represented in British print culture, focusing mainly on the late

¹ An edited version of this chapter has been published as Caroline Nielsen, 'Representations of the Elderly Veteran Soldier in the late Eighteenth and early Nineteenth Centuries', in *Men After War*, eds. Stephen McVeigh and Nicola Cooper (London: Routledge, 2013), 18-35.

² Tanner MSS Bodleian 290. F223 King to Archbishop Sancroft, a complete transcription is in Alfred Beaver, *Memorials of Old Chelsea*, 2nd edition (London: S. R. Publishers, 1971), 275.

eighteenth and early nineteenth-centuries. The Pensioners were represented earlier in the period, but they were only ever marginal characters. There was an explosion of interest in the army pensioners from the 1770s onwards. These images of the Pensioners and of long-discharged soldiers were mainly reflections of the immediate political context, but also symptomatic of more general shifts in British elite political and cultural thought towards imperial expansion and its terrible manpower costs from the 1750s onwards. By the 1800s, the scale of military enlistment and the worsening economic conditions at home effectively altered the visibility of serving and discharged soldiers and their families.³ Soldiers, sailors and particularly their families became the subject of ‘patriotic’ and fashionable philanthropy. Far from being permanently labelled as immoral and rebellious, some of these men and their children were increasingly regarded as suitable objects of Christian education and propagators of patriotic sentiment. It was between circa 1770 and 1810 that the most predominant images of the Chelsea Pensioners were created and experienced. Within this, the Chelsea In-Pensioners were treated as a special sub-category. The literary image of the Chelsea Pensioner progressively aged all of the men involved, promoting an image of a middle-aged or elderly individual with a small family. They were all ‘old soldiers’; the personification of the soldierly ideals of loyalty, social deference, fortitude, self-sufficiency, and paternal love. This identity was not seen to offer protection from

³ Betty Bennett, ‘Introduction’, in *British War Poetry in the Age of Romanticism 1793-1815* (London: Garland, 1976), University of Maryland online edition; Simon Bainbridge, *British Poetry and the Revolutionary and Napoleonic Wars: Visions of Conflict* (Oxford: Oxford University Press, 2003), 41-5, 66-7, 88-91; Mary Fevret, ‘War and Everyday Life in Britain’, in *War in an Age of Revolution, 1775-1815*, eds. Roger Chickering and Stig Förster (Cambridge: German Historical Institute and Cambridge University Press, 2010), 395-410; Patricia Y. C. E. Lin, ‘Citizenship, Military Families and the Creation of a New Definition of Deserving Poor in Britain, 1793-1815’, *Social Politics*, 7 (2000), 6-13; Patricia Y. C. E. Lin, ‘Extending her Arms: Military Families and the Transformation of the British State 1793-1815’, unpublished PhD thesis, University of California, Berkeley, (2000), 83-4; Nielsen, ‘Continuing’, 20-1; Simon Parkes, ‘Wooden Legs and Tales of Sorrow Done: The Literary Broken Soldier of the late Eighteenth Century’, *Eighteenth-Century Studies*, 39 (2013) 15-7; Simon Parkes, ‘Cultural Transfer, Wartime Anxiety and the Lenore Translations of 1796’, *Romanticism*, 17, no. 2 (2011), 175-85; Simon Parkes, ‘“More Dead than Alive”: The Return of Not-Orlando in Charlotte Smith’s The Old Manor House’, *European Romantic Review*, 22 (2011), 765-84.

economic hardship and emotional distress, and indeed was often validated by extreme bodily suffering.

Not all former soldiers could aspire to this or were seen in this way. There was a continued distrust of discharged lower-ranking soldiers throughout the eighteenth century, driven mostly by a combined concern about their perceived cumulative effects of long service in an institution generally regarded as irreligious and excessive. The presence of younger men begging in soldiers' uniforms with prosthetic limbs but otherwise in robust health was a cause for concern about the moral quality of the metropolitan poor. These men, already tainted by the army's reputation for general immorality, could fit all too easily into the elite belief of a metropolitan sub-culture of fraudulent criminal beggars who distorted their [own and their families'] bodies for profit.⁴ The presence of crippled young men alongside their elderly infirm counterparts on the official Pensions lists somewhat marginalized the threat associated with such men. It did not totally remove the stigma, but it at least was thought to offer a level of scrutiny into their health and impairment. Their continuous involvement with the Hospital similarly offered a level of guarantee of these men's continued loyalty to their nation and to their lower place within the social hierarchy. The impact of these concepts on former soldiers' lives has been discussed throughout the thesis, but this chapter examines how this shaped discussion of their public image. It will focus especially on the role of age and visible physical infirmity and on the role of domesticity, family life and parenthood in these images. The effects of maiming and other impairments are especially prominent in these representations. This analysis is far from exhaustive due

⁴ Tim Hitchcock, *Down and Out in Eighteenth Century London* (London: Hambleton and London, 2004), 97-124, 209-32, especially 110-16; Ned Ward, *The Secret History of Clubs, particularly the Kit-Cat, Beef-Stake, Vertuosos, Quacks, Knights of the Golden-Fleece, Florists, Beaus &c, with their original and the characters of the Most Noted Members thereof* (London: 1709): 224-37; evidence of Sampson Stevenson, *(473) Report from Committee on the State of Mendicity in the Metropolis* (1814-15), 53; John Thomas Smith, *Vagabondiana; or anecdotes of Mendicant Wanderers through the streets of London* (London: 1817).

to the sheer volume of possible source material as representations of soldiers and sailors were very common in eighteenth century material culture. Images of discharged soldiers and of Chelsea Pensioners crossed the socio-economic divide. Soldiers, veterans, and their families were found in mass produced chapbooks, commemorative ware, evangelical tracts and religious sermons and expensive magazine and periodical literature.

As well as examining the views imposed upon the Pensioners, this chapter will finally examine the Pensioners' own representations of themselves as Chelsea Out-Pensioners. By the late 1790s, former officers and soldiers had begun to actively identify themselves as 'old soldiers' and 'veteran soldiers'.⁵ While this name was occasionally imposed upon them, some used the desirable connotations of this persona in their negotiations for charitable aid. This self-presentation is an important consideration in the light of recent historiographical interest in the memoirs of early nineteenth-century soldiers both as survivor narratives⁶ and as works of Romantic nationalist literature.⁷

This chapter aims to highlight the role of age and physical infirmity in constructions of masculinity, an aspect which has been identified in studies of labouring class attitudes towards adult manhood and self-identity, but has only very recently started to be discussed with respect to military masculinity.⁸ In doing so, this argument

⁵ Nielsen, 'Continuing', 22, 32, fn 39.

⁶ Tim Travers, 'The Relativity of War: British Military Memoirs from the Campaigns of Marlborough to the First World War', in *Political Memoir: Essays on the Politics of Memory*, eds. George Egerton (London: Frank Cass, 1994), 151-166. Travers challenges the exceptionalism attributed to First World War memoirs in British historiography and culture.

⁷ Neil Ramsey, *The Military Memoir and Romantic Literary Culture, 1780-1835* (Farnham: Ashgate, 2011), 25-50.

⁸ Nielsen, 'Continuing to Serve', 20; Hudson has highlighted that former soldiers' increasingly prioritized this demonstration in their county pension applications post-1660, Geoffrey Hudson, 'Arguing Disability: Ex-Servicemen's Own Stories in Early Modern England, 1590-1790', in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, eds. Roberta Bivins and John Pickstone (Basingstoke: Palgrave Macmillan, 2007), 107-8.

will build on the work of Simon Parkes and David Turner into the ‘Broken Soldier’ concept in literature.⁹ The ability to demonstrate one’s chronic ill health and gradual physical decline was an important element of most applications for poor relief for labouring class men with families by the late eighteenth century.¹⁰ Studies have remained focused on the officer classes, partly due to a perceived lack of written sources for labouring class masculinity combined with a general distaste for military sources, and partly due to historiographical trends which have preferred to focus on the idea of ‘gentlemanly’ and ‘polite’ behaviour. The majority of work on how contemporaries envisaged their own masculine identity remained focused on men of commissioned rank with some notable exceptions.¹¹ Furthermore, most studies of British military masculinity have focused on the experience of service or on the relationships between ‘military men’ and their ‘civilian’ counterparts. This focus on men’s periods of active service has meant that there has been little discussion of the roles of half-pay or pensions in contemporary perceptions of the military and its men. There is similarly little discussion of the implication of the responses of military men to the physical discomfort and long periods of convalescence that plagued the majority of officers before and after their time on active service. This absence is unusual for three reasons. Firstly, there has been intense historiographical interest in how men’s bodies were categorized as ‘fit’ or ‘unfit’ for both mechanized warfare and industrialized

⁹ Parkes, ‘Wooden Legs’, 15-17; Nielsen, ‘Continuing’, 20-1; David Turner, *Disability in Eighteenth-Century England: Imagining Physical Impairment*, (London: Routledge, 2012), 74-5. I was unable to obtain Simon Parkes’ unpublished PhD thesis at the time of writing.

¹⁰ There is a large literature on this subject, see Hudson, ‘Arguing’, 107-8; Nielsen, ‘Continuing’, 18-19, 24, 27-8; Pamela Sharpe, ‘Poor Widows and Widowers in Early Industrial England’, in *Widowhood in Medieval and Early Modern England*, eds. Sarah Carvello and Lyndan Warner (London: Longman, 1999), 37-54; Alexander Shepard, *Meaning of Manhood in Early Modern England* (Oxford: Oxford University Press, 2003); Joanna Bailey, ‘“A Very Sensible Man”: Imagining Fatherhood in England, c. 1750-1830’, *History*, 95 (2010), 270-90; Thomas Sokoll, ‘Old Age in Poverty: The Record of the Essex Pauper Letters, 1780-1834’, in *Chronicling Poverty: The Voices and Strategies of the English Poor 1640-1840*, eds. Tim Hitchcock, Peter King and Pam Sharpe (London: Palgrave Macmillian, 1997), 127-54.

¹¹ Tim Hitchcock, ‘Sociability and Misogyny in the life of John Cannon, 1684-1743’, in *English Masculinities, 1660-1800*, eds., Tim Hitchcock and Michèle Cohen (London: Addison Wesley, 1999), 25-43; Rosalind Carr, ‘The Gentleman and the Soldier: Patriotic Masculinities in Eighteenth Century Scotland’, *Journal of Scottish Historical Studies*, 28, no. 2, (2008), 12-35.

labour from the mid-nineteenth century onwards. These histories usually contextualize debates about manpower and fitness within wider discourses regarding the moral and physical health of the poor and other socially marginal groups. Secondly, a man's status as a veteran soldier (in the modern sense of the word) has taken on a new political aspect over the course of the twentieth century.¹² Veterans with their confirmed period of national service have been attributed prominent places in late nineteenth century discourses of nationalism, and in the creation of national histories, even if their actual position in the society was marginalized. In addition, veterans' movements have repeatedly played important roles in twentieth-century political history.¹³ Finally and possibly most crucial, these phenomena have been identified in other European contexts in the same period.

5. 2 The European context

The relationship of age and militarized citizenship in particular has been highlighted as an important rhetorical and aesthetic concept in late eighteenth century Revolutionary Europe. Karen Hagemann, Stefan Dudink, Jane Rendall, and Allan Forrest have demonstrated the development of an age-specific hierarchy and allocation of roles in both France and Prussia in the wake of the French Revolution.¹⁴ The *Levée en Masse* of

¹² See Terminology and Chapter 1.

¹³ For example, James Diehl, 'Victors or Victims? Disabled Veterans in the Third Reich', *Journal of Modern History*, 59, no. 4 (1987), 705-736; David Gerber (ed.), *Disabled Veterans in History* (Ann Arbor: University of Michigan Press, 2000).

¹⁴ The literature on this topic is extensive. For an introduction, see Stefan Dudink, Karen Hagemann and Anna Clark (eds.), *Representing Masculinity: Male Citizenship in Modern Western Culture*, (Basingstoke, Palgrave Macmillan, 2007); on Prussian 'folk family' in patriotic discourse see Karen Hagemann, "'Of Manly Valor" and "German Honour": Nation, War, and Masculinity in the Age of the Prussian Uprising against Napoleon', *Central European History*, 30, no. 2 (1997), 187-220, esp. 206-207; Karen Hagemann, 'German Heroes: The Cult of Death for the Fatherland in Nineteenth-Century Germany', in *Masculinities in Politics and War: Gendering Modern History*, eds. Stefan Dudink, Karen Hagemann and John Tosh (Manchester: Manchester University Press, 2004), 116-134; Karen Hagemann, 'The Military and Masculinity: Gendering the History of the Revolutionary and Napoleonic Wars, 1792-1815', in *War in an Age of Revolution, 1775-1815*, eds. Roger Chickering and Stig Förster (Cambridge: German Historical Institute and Cambridge University Press, 2010), 331-52.

August 1793 envisaged a distinctly gendered and generational notion of national service:

Les jeunes gens iront au combat; les hommes marries forgeront les armes et transporteront les subsistances; les femmes feront des tentes, des habits, et serviront dans les hôpitaux...les vieillards se feront porters sur les places publiques pour exciter le courage des guerriers, preacher la haine des rois et l'unité de la République.¹⁵

Young men will go into battle; the married men will forge arms and transport the supplies; women will make tents, clothes and serve in the hospitals...The old men will stand in public places to excite the bravery of the fighters, preaching hatred of kings and the unity of the Republic.

While the *Levée* promoted a somewhat unrealistic vision of a completely mobilized revolutionary population, its emphasis on the importance of different age groups in the war effort was not.¹⁶ In spite of the political differences between nations, the work of Hagemann, Rendell and others have demonstrated that the wars of the late eighteenth century encouraged the development of an increasingly polarized, rigid definition of gender boundaries and age-appropriate behaviour.¹⁷ Songs, poems, literature, theatrical performances and public art all embraced the image of the serving soldier *and* the different generations of his family and their different roles in the wartime nation. In reality, this gendered binary was far from individuals' experiences of war and the political nation.¹⁸ Women's and some children's' active involvement and direct participation in the mobilized state was often more ambiguous and fluid, as the *Lévee*

¹⁵ Alan Forrest, *Conscripts and Deserters: The Army and French Society during the Revolution and Empire*, (Oxford: Oxford University Press, 1988) 32; for discussion, Alan Forrest, 'Citizenship, Honour and Masculinity: Military Qualities under the French Revolution and Empire', in *Gender, War and Politics: Transatlantic Perspectives, 1775-1830*, eds. Karen Hagemann, Gisela Mettele and Jane Rendall (Basingstoke, Palgrave Macmillan, 2010), 95.

¹⁶ *Ibid.*, 32-3.

¹⁷ Karen Hagemann and Jane Rendell, 'Introduction: Gender, War, and Politics, 1775-1830', in *Gender, War and Politics: Transatlantic Perspectives, 1775-1830*, eds. Karen Hagemann, Gisela Mettele and Jane Rendall, (Basingstoke: Palgrave Macmillan, 2010), 20.

¹⁸ There is a huge scholarship on this topic. See the fn 7, 9 and 11 for references

demonstrated. Older men continued to serve in armies throughout Europe. Contemporaries may have preferred younger recruits but they acknowledged (and welcomed) the continued presence of older men in the ranks, who could often be in their late 40s and 50s. However, this gendered boundary was propagated as part of military culture in songs, circulated stories and books. These images have often been discussed in relation to the image of the defenceless feminine, such as the dependent sweetheart, wife, children or elderly parents who had to be protected from the worst excesses of war.¹⁹ The emotional departure of a rural soldier from his family was one of the most commonly propagated genres of the time, and typified the notions of love, sacrifice and manly responsibility in song, theatre and image. The home-coming moment was occasionally pictured, but was rarely depicted as an entirely happy moment in British art and song, as will be discussed in more detail below. The picturesque print series of Sigmund Freudenberger (1770-1800) exemplify these sentiments.²⁰ Freudenberger depicted a rural family at two crucial moments in a soldier's life. The first image 'Départ du Soldat Suisse' shows an aging father blessing his departing son and offering comfort and advice. The father is shown assuming his son's authority within his household, the only adult figure in the scene who is not visibly distraught and attempting to stop the soldier leaving to do his duty. The second image is 'Retour du Soldat Suisse' where the aging father, mother and sweetheart are reunited with their loved one. In 'Retour' the father has aged considerably. However, the family is saved from any economic threat as his healthy soldier son has serendipitously returned to care for them all.

Crucially, old(er) men were not completely marginalized in this view of the European mobilized 'national families'. They were given their own roles which cannot

¹⁹ Nielsen, 'Continuing', 19, fn 14 and 15; see fn 3 above.

²⁰ British Museum, Image Number 1889,1129.21.

be as easily interpreted as feminine defencelessness, and this can be found variously in British, French and Prussian political culture. The father role is particularly important in Prussian art. A common theme in Prussian art was the moment a father gave his blessing to his soldier-sons. Hagemann goes further in her analysis of this, and highlights not only the ‘gender- and age-specific division of emotional labour’ (the visible grief) in these images, but also the validating role of the older man, authorizing in the temporary destruction of the husband and wife and family unit at a time when many nation-states were employing alternating family law to ‘stabilize’ individual families, especially those of the soldiers.²¹ On a wider scale, the elderly men were also depicted as blessing the war itself by accepting their sons’ part in it. Furthermore, the elderly were often depicted as a reliable source of community history and tradition, and so their presence and blessing helped to historicize the event and link it to ‘great events’ in their national past.²² At the same time, these images highlighted discrepancy between those leaving and their elderly forefathers. While the existing elderly may have been relegated to a marginal supporting role in the *Levée*, Revolutionary and Napoleonic military culture implied that this would not be the fate of the departing young soldiers when they too eventually returned home and aged. Michael Hughes has highlighted how French soldiers were encouraged to imagine their lives as men and as soldiers back in their communities.²³ General Junot’s speech to the Legion of Honour placed the role of aging discharged soldiers as propagating their views to their children. ‘...in your old age, seated in the middle of your children, you would tell them how you acquired an Arme d’honneur [a military honour], and how they would be able to win one’. He

²¹ Hagemann and Rendell, ‘Introduction’, 20-2.

²² Susannah Ottaway, *The Decline of Life: Old Age in Eighteenth-Century England*, (Cambridge: Cambridge University Press, 2004), 109-12; David Fletcher, ‘The Parish Boundary: A Social Phenomenon in Hanoverian England’, *Rural History*, 14, no. 2 (2003), 180, 190-1.

²³ Michael Hughes, ‘Making Frenchmen into Warriors’, in *French Masculinities: History, Culture and Politics*, eds. Christopher Forth and Bertrand Taithe, (Basingstoke: Palgrave Macmillan, 2007), 56.

foresaw that ‘a sign of esteem, in perpetuating your memory, would become an obligation for your descendants, and never an exemption from imitating you.’²⁴ In both of these cases, the elderly men were a source of authority showing the community and families’ legitimation of the current war. In spite of these regional specificities, these images, songs, and texts were designed to promote reassuring images of national unity in the face of war and the advent of mass conscription.²⁵ The emphasis was on the younger men’s ability to fight but promoted their future roles as elderly men, who were still very much part of the national war efforts.

Given the importance of this imagery in French and Prussian political culture, the absence of a similar contextual British study is striking. The British war experience differed considerably in some respects. Britain never instituted mass conscription in her land forces and only occasionally used the Navy Impress Press in certain coastal and large river trade areas. Militiamen may have been balloted, but they could pay to be released from service, which was restricted to the British Isles away from the majority of active combat and the horrors of tropical disease. Army and Ordnance enlistment remained theoretically voluntary. Nonetheless, Britain did mobilize its land forces to an unprecedented degree. Former soldiers were given a similar role in British print culture, suggesting that imposed conscription was not the only force behind this imagery.

²⁴ *Ibid.*, 56.

²⁵ *Ibid.*, 53-4, 55-7; Catriona Kennedy, ‘John Bull into Battle: Military Masculinity and the British Army Officer during the Napoleonic Wars’, in *Gender, War and Politics: Transatlantic Perspectives, 1775-1830*, ed. Hagemann, Mettele and Rendall (Basingstoke: Palgrave Macmillan, 2010), 127-46.

5. 3 ‘Why, don’t you know me by my Scars?’: Former Soldiers in Print

There are seven main depictions of the discharged soldier in this period, and all appeared in both print and visual imagery. Four related extensively to the officer class and so will only be briefly listed here. The British gentleman officer was stoical in the face of injury or sudden death, an ideal that was expected of all eighteenth century men. Good officers were good gentlemen; they were socially responsible and managed their dependents effectively using discipline, paternalistic benevolence and personal example. It did not matter if the dependent was one of his children, tenants, soldiers, or soldiers’ widows. He was civil and polite in all company, although by the 1780s he was occasionally approvingly described as using a peculiarly British/English ‘plain speech’ and being taciturn.²⁶ He was not unduly harsh, and the reading public revelled in accounts of their occasional ‘appropriate’ emotional displays at friends’ deathbeds. Numerous poems were produced about and by officers about their sick and dying friends, both as cathartic measures and examples of spiritual revelation.²⁷ His junior was the fashionable youthful subaltern. This figure was very similar to his civilian peers, especially noted in comic literature for his inflated ego, gaudy fashion sense and his predatory attitude towards young women of all social classes.²⁸

The darker side of officer service was caricatured with the half-pay officer and the ‘nabob’. Middle-class officers without positions and/or with decaying health at the

²⁶ Michèle Cohen, ‘Manliness, Effeminacy and the French: Gender and the Construction of National Character in Eighteenth-Century England’, in *English Masculinities*, eds. Tim Hitchcock and Michèle Cohen (London: Addison Wesley, 1999), 55-7; on English officers, Kennedy, ‘John Bull into Battle’, 127-46.

²⁷ See ‘Tribute to the Memory of that brave Officer, the late Captain Tomlin’, *The Weekly entertainer and west of England miscellany*, 53, 5th of July 1813, 533-5; *The Gentleman’s Magazine*, 66, 4th October 1796, 860.

²⁸ Louise Carter, ‘Scarlet Fever: Women and the Military Man, 1780-1815’, unpublished conference paper, *Soldiers and Soldiering in Britain, 1750-1815*, University of Leeds, 7th July 2011; see Tim Fulford, ‘“Sighing for a Soldier”: Jane Austen and Military Pride and Prejudice’, *Nineteenth-Century Literature*, 57, no. 2, (2002), 153-178; Anon., *Another Estimate of the Manners and Principles of the Present Times*, (London: G. Kearsly, 1769), 35-8.

end of a war were represented by the financially destitute half-pay officer and his family. Half-pay was the unofficial pension system for the officer classes. They were technically entitled to claim a Chelsea Pension but few exercised this right due to the Pensions associations with the non-commissioned ranks of the army. The wealthy yet sickly ‘nabob’ was an officer who had served in tropical climates. The term referred to any man who had held a commission in either in the East India Company or had worked in India as a civil servant. It came to refer to a man of dubious moral character who exhibited all of the cumulative degenerative effects of ‘new money’, luxury, and contact with non-Christian peoples in non-European intemperate climates.²⁹ Prominently, these men were noted as suffering from ‘bilious complaints’ of the liver, a notable and prevalent chronic complaint which left many completely debilitated.³⁰ These caricatures simplistically juxtaposed notions of the ‘true’ internalized polite behaviour of some officers with more exaggerated, superficial performances of their younger counterparts. It also juxtaposed the economic realities of the prize money and commission system, which were prejudiced against the lower ranks of officers and men.

Lower ranking soldiers fitted into three groups, which were more ambiguous than the images of officers. These were the Jack Tar/John Bull type figure, the less common decrepit ‘homecoming’ soldier, and finally the ‘Old Soldier’ who went on to dominate mid-nineteenth century visions of the Hospital In-Pensioners.³¹ Like the images of officers, these images were interdependent. The most familiar representation of plebeian military masculinity was the stage-persona ‘Jack Tar’. Jack was traditionally

²⁹ Philip Lawson and Jim Phillips, “‘Our Execrable Banditti’: Perceptions of the Nabobs in Mid-Eighteenth Century Britain”, *Albion*, 16, no. 3 (1984), 225-6; Christina Smylitopoulos, ‘Rewritten and Reused: Imaging the Nabob through “Upstart Iconography”’, *Eighteenth-Century Life*, 32, no. 2 (2008), 39.

³⁰ Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies* (Oxford: Oxford University Press, 2010), 205-26.

³¹ Nielsen, ‘Continuing’, 23-4; on Jack Tar, see Gillian Russell, *The Theatres of War: Performance, Politics and Society, 1793-1835* (London: Allen and Unwin, 1977), 97-9.

a slender man of unknown age, whose masculinity encapsulated a perceived ‘distain of luxury, effeminacy, and foppery, and a rampant, almost jingoistic sense of nationalism’.³² While Gillian Russell regarded him as the product of the cultural alterity of the Navy, Jack shared the majority of his characterization and hyper-masculinity with his serving soldier-brothers.³³ It is often difficult to tell if these men were thought to be representative of the entirety of labouring class British men or just a vision of intensified form of men with ‘military spirit’ already inside them. Soldier characters were more likely to be referred to as ‘John’ or ‘Johnny’.

These soldiers and sailors were depicted as comic, occasionally excessive, and hypersexualized. Lower class soldiers were usually depicted as slim and attractive in theatrical performances while their long-serving NCOs were depicted as red-faced and rotund, a visual signifier of their good diet and love of British beer. The NCO’s ages were not always immediately discernible but they were usually middle-aged. They were often visually depicted with ruddy-cheeks, a symbol of good health and good nutrition. They were sociable and were often depicted slightly drunk among a convivial company of men, women and children. They were depicted as unusually successful with women, who were thought to find soldiers attractive sexual partners and good potential husbands.³⁴ They were also always depicted as fathering many children both during and after their time in service. This sexual attraction and virility was not always welcome, as the heroine of the tragi-comic song ‘Soldier’s Cloak’ found out after a sexual encounter.

³² Robert McGregor, ‘The Popular Press and the Creation of Military Masculinities in Georgian Britain’ in *Military Masculinities: Identity and the State*, ed. Paul Higate (London: Praeger, 2003), 144.

³³ Russell, *The Theatres*, 99; McGregor, “Popular Press,” 143-5.

³⁴ Catriona Kennedy, ‘Scarlet Fever’; also John O’Keeffe, *Love in a Camp* (London: 1800); Thomas John Dibdin, ‘A Soldier’s Life’, in *Last Lays of the Last Three Dibdins*, ed. Thomas John Dibdin, (London: Harding & King, 1833), 146-47; Roy Palmer (ed.), *The Rambling Soldier: Life in the Lower Ranks. 1750-1900 through Soldiers’ Songs and Writings* (Harmondsworth, Kestral, 1977), 86-89.

‘Oh, soldiers they are pretty men and valiant men also,
 Therefore I am resolved along with you to go
 And if you be a single man I do not mind the joke,
 Though I was in a sentry box, lapt up in a soldier’s cloak.
 “Well, married I am already and children I’ve got three
 Two wives I’ve in the army but one’s too much for me.
 Your mammy will not be angry your family to increase;
 If you should have a young drummer, he’ll come of a noble race!³⁵

This virility and the fathering of children were important, as sexual performance was increasingly seen as a marker of the healthy male body.³⁶ His aggressive heterosexuality and virility implied to his audience the overall robust physical and psychological health of the British soldier. Ultimately, it was their bravery and unflinching loyalty in the face of their own pain, injury or death that came to define the cultural image of many soldiers.³⁷

The ‘Jack Tar’ masculinity of print culture incorporated an awareness of regional differences within the British Isles. The national divisions between the men of the British were cast as relatively minor when compared to the threat of the martial slavish men of Revolutionary France.³⁸ Songs like Lewis Stewart’s *The Amicable Brothers* (1797) depicted British masculinity gaining strength and cohesion through its regional differences.³⁹ Far from being revolutionary, subversive or economically

³⁵ Anon., ‘Soldier’s Cloak’, in *Garland of New Songs* (Newcastle upon Tyne, 1790?); There are several versions of this song. Palmer, *Rambling*, 134-35.

³⁶ On attitudes towards virility and impotence, Judith Mueller, ‘Fallen Men: Representations of Male Impotence in Britain’, *Studies in Eighteenth-Century Culture*, 28, no. 1, (1999), 85-102; Helen Berry and Elizabeth Foyster, ‘Childless Men in Early Modern England’, in *The Family in Early Modern England*, eds. Helen Berry and Elizabeth Foyster (Cambridge, Cambridge University Press, 2007), 158-83.

³⁶ McGregor, ‘Popular Press’, 145-6.

³⁷ *Ibid.*, 145-6.

³⁸ Cohen, ‘Manliness, Effeminacy and the French’; Linda Colley, *Britons: Forging the Nation*, 2nd edition. (London, Pimlico, 2002), 23-4, 33-7, 87-9, 164-5, 250-2.

³⁹ Lewis Stewart, *A Collection of Songs* (Aberdeen: Burnett & Rettie, 1797), 13-9

destitute, the plebeian characters of John Bull (England) and his ‘brothers’ Sandy (Scotland) Patrick (Ireland) and Shon-ap-Morgan (Wales) discuss their response to the French army over a shared quart of beer. Their inevitable victories were attributed to the ancient histories and traditions of their individual nations. Sandy swore to honour his Highland and Celtic ancestors who loved ‘liberty, their country, their laws’. Shon-ap-Morgan announced that ‘hur plood [here blood] is unmix’d with the Saxon or Dane, ‘tis pure ancient British, without spot or stain’.⁴⁰ This mirrored an assumption that these men’s different family traditions and upbringings had a physiological effect on their bodies and mentalities. Regional differences were again cast as insignificant in depictions of Pensioners.

Most interestingly is that this representation of British military men does not specify whether the man was still serving or not. Ill health and disability were frequently depicted, but only in a limited manner. Amputation dominated their cultural image, despite the fact that statistically very few army Pensioners were amputees.⁴¹ The story of William Blair exemplifies the type of disabilities thought to identify a soldier to his peers. The front page of the 6d pamphlet told its readers what to expect of the fictional Trooper Blair and those like him.

The Chelsea Pensioners grown rich in scars,
Fights o’er in prattle all his former wars;
Worn in the service be the young may teach
To march, present, to fire, and mount the breach;
Shou’d the drum beat to arms, at first he’ll grieve,
For wooden leg, lost eye, and armless sleeve;
Then cock his hat, look fierce and swell his crest,

⁴⁰ Stewart, *Collection*, 13-9.

⁴¹ Turner, *Disability*, 74-5.

“Tis for my *King* and zounds! I’ll do my best!”⁴²

The depictions of severely wounded men like Blair emphasized that he had fulfilled his role to the state, and although he could not continue to serve in his former capacity, he could support others in their military service. The sentimental story emphasized that Blair felt proud in his role as a servant to a military officer. This was both a reassuring vision of the robustness and patriotism of the lower classes but also a reflection of the truth. Some amputees did continue to serve on ships as cooks and bursars, or in Invalid or Militia companies as NCOs or quarter-masters. Jestbooks and *bon mot* sections of magazines revelled in this ‘merry cripple’ soldier character.⁴³ Short articles were repeatedly published during particular campaigns which claimed to be true anecdotes of the heroism of grievously wounded British soldiers.⁴⁴ One Navy lieutenant during the War of Spanish Succession was reported as laughing about his severed arm as he had always wished that ‘that a certain part of me was as long as my arm, and now I believe it three or four inches longer!’⁴⁵ Another sailor was reported as asking for the carpenter rather than the surgeon when he lost his leg.⁴⁶ Turner has recently described the role of these ‘merry cripples’ within British print culture.⁴⁷ These were designed to alleviate concerns about the presence of physical impairment by demonstrating the individuals’ acceptance of Providence through a ‘relentlessly pragmatic approach to

⁴² Anon., *The Adventures of William Blair, a trooper and his horse pocket, &c.* (Ipswich: 1800), titlepage.

⁴³ Turner, *Disability*, 69-77.

⁴⁴ McGregor, ‘Popular Press’, 143-5.

⁴⁵ Anon., *Old Joe Miller: being a complete and correct copy from the best edited collections of his celebrated jests* (London, 1800), 52-3.

⁴⁶ *Ibid.*, 57.

⁴⁷ Turner, *Disability*, 70-71; Roger Lund, ‘Laughing at Cripples: Ridicule, Deformity and the Argument from Design’, *Eighteenth-Century Studies*, 31, no. 1 (2005), 109.

dismemberment'.⁴⁸ Furthermore, this belittling of the life-changing wound also helped to alleviate wider concerns about the long-term effects of warfare in a small way.

It was only the Greenwich and the Chelsea Pensioners who were described as completely incapable of any former service through physical ill health and old age. The Chelsea Pensioners were mostly frequently depicted in this character tradition. They were endearing loyal and content with their small Pensions and with the Hospital in general. They were frequently depicted as comic figures bragging about their war wounds, and telling war stories to eager audiences of family and friends. The song 'Chelsea Quarters' exemplified this view of the Hospital:

Come hear an old campaigner's song,
A British soldier's story,
Who oft has trained his martial throng
To noble deeds of glory.
But let not boasting swell my praise,
Who's faced hot balls and mortars,
In hopes to spend my latter days
In peace in Chelsea Quarters...

And heaven bless his Majesty
Who leaves a veteran never;
Grown all and hacked up as you see
He's pensioned me for ever.
My rent is fixed at last for life,
And safe from mines and mortars;
Though kingdoms wage eternal strife
I'll ne'er quit Chelsea Quarters [the Hospital]⁴⁹

⁴⁸ Turner, *Disability*, 71.

If Jack Tar/Johnnie Soldier offered readers a more comforting image of warfare, the homecoming soldier represented the horror and destructiveness of war.⁵⁰ This character has already been discussed among historians of Romantic literature. Betty Bennett, Mary Fevret, Simon Bainbridge and Simon Parkes have all demonstrated the appeal of these character types in fiction and poetry.⁵¹ He was one of a number of malleable anonymous characters used by British writers, both conservative, Romantic, and radical. The recently discharged soldier on his way home, the old soldier permanently disabled by his service, the abandoned wife or sweetheart, the soldier's widow and her fatherless children were all realistic literary figures used to engage polite readers in a conflict that was geographically distant but omnipresent in educated British thought and print. All of these characters had sentimental currency. They realistically represented the plight of the poor and the marginal, while simultaneously allowing readers to demonstrate their refined sensibilities towards the horrors of war without direct interaction with them. Parkes in particular has examined the social discomfort that surrounded the returned maimed soldier.⁵² He refers to his character was the 'broken soldier', a name derived from both Horace's 'Satire I' and Oliver Goldsmith's 1769 four-line description of an alienated and emotionally distressed character in his poem 'The Deserted Village':⁵³

'The broken soldier kindly bade to say,

Say by his [a clergyman's] fire, and talk'd the night away;

⁴⁹ Anon., 'Chelsea Quarters', in *The Festival of Momus: a Collection of comic songs, including the modern and a variety of originals* (London: W. Lane, 1780?), 159-160. This song was reprinted in various songbooks throughout the 1790s and 1800s. This song is far earlier in date than Roy Palmer's attribution of c. 1802, Palmer, *Rambling*, 242-43.

⁵⁰ Parkes, 'Wooden Leg', 15; Nielsen, 'Continuing', 20-3.

⁵¹ Bennett, 'Introduction'; Bainbridge, *British Poetry*, 41-5, 66-7, 88-91; Fevret, 'War and Everyday Life', 395-410; Parkes, 'Wooden Legs', 1-17; Parkes, 'Cultural Transfer', 175-85; Parkes, "'More Dead than Alive'", 765-84.

⁵² Parkes, 'Wooden Legs', 1-17; on returning officers Parkes, "'More Dead than Alive', 765-84.

⁵³ He developed this character in his earlier works. Goldsmith, *The citizen of the world or letters from a Chinese philosopher residing in London to his friends in the East* (London, 1792 edition), 275-288; *The Deserted Village, by Dr Goldsmith* (London, 1770) 13; for analysis of the disabled soldier in Goldsmith's works see Turner, *Disability*, 74-5.

Wept o'er his wounds, or tales of sorrow
Shoulder'd his crutch, and show'd how fields were won.

He was more common in poetry and literature, although he was occasionally depicted as a satirical character. This figure was a pitiful sight. He was always a lower ranking figure, depicted on his journey home to his family, or less frequently as a distracted wanderer. He was usually shown as a very young man. Disability again was frequently mentioned in in these images but it was often exaggerated. Amputations featured heavily again, but these images further emphasized it by describing the crutches, ragged appearance, loss of weight and physical strength that would have accompanied the majority of soldiers' experience of campaign medicine.

Figure 5.1 Thomas Burke, 'Dick, or the Soldier's Return from War' mezzotint (London, 1801), BM AN1019323001



Thomas Burke's mezzotint explicitly inverted the popular images of happy 'Jack Tar/Johnnie Soldier' disabled soldiers and sailors in his 1801 print 'Dick, the Soldier's Return from War' to comment on the pitiful state of the 'broken soldier'. The print shows an extended rural family's fearful reaction to their loved one's return. Of a family of six, only the elderly father is happy to see his wounded son. All of the others, the soldier's wife, mother and three children, are horrified and cower away from him. Burke's choice of title was based on Charles Dibdin's popular stage character 'Soldier Dick', and viewers of the print would have understood Burke's reference to it. Dibdin's 'Soldier Dick' was a comic figure and his return to his family and his 'Buxom Nan' was not a moment of horror but of joy. He was a typical happy, taciturn hyper-masculine soldier, content in the face of death in military service;

Why, don't you know me by my Scars?
I'm soldier Dick come from the wars;
Where many a head without a hat
Crowds honour's bed – but what of that?
Beat drums, play fifes, 'tis glory calls,
What argues who stands or falls?
Lord, what should one be sorry for?
Life's but the fortune of the war:
Then rich and poor, sick or well,
Still laugh and sing shall Soldier Dick.⁵⁴

⁵⁴ Charles Dibdin Senior, 'Soldier Dick', in *Songs of the Late Charles Dibdin: with a late Memoir*, ed. T. Dibdin, 3rd edition (London: G. Bohn, 1850), 53-4; Charles Dibdin Senior, 'Soldier Dick', in *The Entertainment of the Wags, or The Camp of Pleasure (1780s?)*; attribution from George Hogarth, *Charles Dibdin Chronological Arranged with Notes, Historical, Biographical, and Critical and the Music* (London: How and Parsons, 1842), 98-104.

Like many other poetic families, Burke's return of the broken soldier brought the immediate horrors of war home to England, which had largely escaped direct conflict. Furthermore, he suggested the long-term economic and emotional implications of maiming for some families. The homecoming soldier is very rarely depicted as a Chelsea In- or Out-Pensioner. They instead represented those fresh out of service without provision, which possibly explains the continued emphasis on their youth. The nineteenth century Irish anti-war folksong 'Johnnie, I Hardly Knew You' (1802?) illustrate the underlying concern about the sickly discharged soldier's long-term ability to earn.⁵⁵ Johnnie is welcomed back by his family who point out 'you haven't an arm, you haven't a leg / you're an armless, boneless, chickenless egg! / You'll have to be put with a bowl out to beg.' Robert Merry's 'The Wounded Soldier' worried that his family would not be able to support him and he would never marry as a result.⁵⁶ The homecoming soldier is depicted at the point of emotional and economic despair, but ultimately he is depicted as a distant and unthreatening character.⁵⁷

The horror and shock of war embodied by the homecoming soldier was also mitigated by his elderly 'old soldier' counterpart. These two characters have occasionally been treated as identical, but they actually served very different purposes.⁵⁸ The homecoming soldier was a literary demonstration of the immediate aftermath of mass mobilization and warfare. The old soldier was a representation of the same man ten to twenty years later after his successful assimilation back into his family and community. Unlike his younger counterpart he is clean and manly. Descriptions

⁵⁵ Anon., 'Johnnie, I Hardly Knew Ye' (London: 1867) quoted in Jerry Silverman, *Songs of the British Isles* (Pacific, Montana: Mel Bay Publications, 1993), 56-7. Silverman suggests the song reflects concern about British East India Company army recruitment in Ireland in the early nineteenth century.

⁵⁶ Robert Merry. 'The Wounded Soldier', in *British War Poetry in the Age of Romanticism 1793-1815*, ed. Bennett, online edition [<http://www.rc.umd.edu/editions/warpoetry/about.html>, accessed 12th March 2012].

⁵⁷ For extended discussion of this character see Nielsen, 'Continuing', 22-5; Parkes, 'Wooden Leg', 3-4, 6-17.

⁵⁸ Nielsen, 'Continuing', 18-35.

repeatedly stressed their grey hairs, ‘venerable’ and ‘cleanly appearance’, their ‘soldierly bearing’, their ‘manly form’ and their ‘military air’.⁵⁹ They were habitually pensive to the point of distraction.

The ‘Old Soldier’ character developed as an independent set-piece in novels and literary magazines, and took its cue from Goldsmith’s multiple incarnations ‘broken soldier’. This grew into an incredible successful commercial character. Stories of the ‘old soldier’ were formulaic. The narrator of the story is a gentleman who encounters an elderly soldier in pastoral surroundings. Country roads, taverns, and cottage gates were the most common, although some stories were set in the grounds of the Royal Hospitals of Chelsea and Kilmainham for authenticity.⁶⁰ The narrator initially suspects the wandering man of begging and interrogates him. The soldier is always visibly impaired in some way in these encounters, and it is nearly always a scar from a famous battle. The narrator often surreptitiously inspects the wounds and comments on them. It is stressed that the man was grateful for his small Chelsea Out-Pension which supplemented his earnings. These men would continue to labour until they were unable to do so through extreme old age or extreme physical decline. If a man is not a Chelsea Pensioner, it is the result of his own mistake. There is a conscious attempt in these stories to avoid direct criticism of the Hospital and its Pensions.

His domestic situation was also discussed, and wives and children were *always* mentioned, even if they had predeceased the soldier. There is never any implication that they have not performed all of the expected social and sexual functions of a British man.

⁵⁹ Anon., ‘The Old Soldier’, *The Weekly Entertainer*, 18th June 1810, 481; P. F., ‘The Old Soldier’, *The Ladies’ Museum*, 3, December 1799, 441; A. Rambler, ‘Soldier Bob’s Rusty Nightcap’, *Gentleman’s Magazine*, 67, no. 1, July 1797, 597-8; Anon., ‘The Constant Soldier’, *The Belfast monthly Magazine*, 3, no. 15, (October 1809), 249-50.

⁶⁰ Anon., ‘The Affecting Memoirs of two Veteran Soldiers; or the Military Hospital. (from Emma Cobbett)’, *London Magazine, or Gentleman’s Monthly Intelligencer*, vol. 49, June 1780, 260-265; Anon., ‘The Pensioner’, *The Lady’s monthly museum, or Polite repository of amusement and instruction*, 10, April 1811, 229-32.

As marriage and children were the cornerstones of adult masculinity in the eighteenth century and as soldiers were regarded as sexually attractive, it is unsurprising that these featured heavily in the imagery of the rehabilitated settled Old Soldier.⁶¹ The most economically depressed and alienated of these men were usually depicted as the sole survivors of their families. After a brief conversation about the ‘history’ of the man and his wounds, the narrator is satisfied and rewards the old soldier with money. However, it is not the presence of severe infirmity or old age that render this man a true veteran worthy of relief but their emotional reaction to it.

They were frequently referred to by the honorific term ‘veteran’. This eighteenth century term referred to a man’s experience, and continued to dedication to his profession long after he had left it. It usually referred a man had served for long periods of time abroad or in a challenging office, and as such had gained an extensive knowledge of military affairs. Most importantly, the term embodied an idea of continued service through a man’s constant personal adherence to his manly public duties, be they his civic duties or the positive virtues the military had had him internalize. Most importantly, for this argument, a veteran was a man whose dedication to his duty had permanently altered his body and his mentality. The root term ‘inveterate’ was something that could not be changed even if he wanted to.⁶² This altered state was visible and open to scrutiny.⁶³ This meant their physical appearance and mannerisms but it also meant their emotional states. Unlike their younger homecoming counterparts, they were content and accepting of their chronic infirmities. In this respect, they had more in common with the older Jack Tar ‘merry cripple’

⁶¹ On eighteenth-century lower class masculinity see Shepard, *Manhood*; Hannah Barker, ‘Soul, Purse, and Family: Middling and Lower-Class Masculinity in Eighteenth-Century Manchester’, *Social History*, 33, no. 1 (2008), 12-35; Bailey, “‘A Very Sensible Man’”, 267-92.

⁶² Nielsen, ‘Continuing’, 22-4.

⁶³ Turner, *Disability*; 74-7; Nielsen, ‘Continuing’, 22-4; Parkes, ‘Wooden Leg’ 3-4, 6-15.

character. The key markers for both of these groups were their acceptance of their place in society, and their sincerity and unashamed love for their family and for their King and country. Their sincerity was judged through their intense emotional and physical reactions to their memories of war.⁶⁴ Harry, the subject of the article 'The Pensioner' was so overcome at the thought of his dying comrades, sons and wife that he attempted to reach out to them.⁶⁵ Others like William Blair and Soldier Dick describe their military lives and subsequent injuries with pride and bravado. The prevailing message of this vision of the 'veteran' soldier was that the true Pensioner was accepting of, and open to, public scrutiny and would display all his true emotions for his superiors to judge, either in front of a Justice, a Hospital Commissioner or any of his educated social superiors.⁶⁶ This interpretation underlined much of the representations of the 'veteran' soldier and therefore the Chelsea Pensioner whether he was depicted in a comic role or depicted as a vehicle for genteel interaction with warfare. It also prioritized the idea of the disabled veteran who laboured into old age to support his family, an attractive character during a period of heightened concern about the able-bodied poor as it suggested that even the most extreme wounds did not permanently render a true British man dependent on others or prone to political subversion.

5.4 Soldiers as National Fathers

A recurrent theme in the imagery of the discharged soldiers and Pensioners was the concept that they continued to serve their country long after their official discharge from the Army.⁶⁷ They did this by ensuring that their children and the next generation of Britons were as loyal and willing to sacrifice for the nation as they were.⁶⁸ This was

⁶⁴ Nielsen, 'Continuing', 23-4.

⁶⁵ Anon., 'The Pensioner', 230.

⁶⁶ Nielsen, 'Continuing', 23-5; Parkes, 'Wooden Leg', 1-17.

⁶⁷ Nielsen, 'Continuing', 26-7.

⁶⁸ *Ibid.*, 26-7.

done in two ways. Firstly and as previously mentioned, former soldiers were pictured as virile and able to impregnate multiple women with healthy children. Secondly, true veterans would inspire these children (and their older siblings) with their animated and emotional war stories.

The ‘enlistment’ of these children was represented in a number of ways. These children were subsequently envisaged as bodily inheriting martial tendencies or ‘military spirit’ from an industrious war-hero ancestor or father. The fictional characters of William Blair was lauded as a distant descendent of Sir John Hawkwood.⁶⁹ A similar illustrious ancestry was used to explain the martial prowess of the two stage performers, Donald Macleod (exhibited himself in the 1790s) and Hannah Snell (touring in the 1750s and 1760s).⁷⁰ Historians like Robert McGregor have highlighted that the acceptance that an officer’s personal-familial honour was intrinsically tied to his national honour and reputation. A perceived failure in either arena could affect his social position in the other. Conversely, a father’s good military reputation could be inherited by his son. The treatment of the Pensioners’ children in these images suggests that this too was true of lower-ranking soldiers. This inherent military spirit however required nurturing, and Pensioners did so through their war stories. There are numerous examples of this phenomenon. In the poem ‘Vet’ran Soldier’ (nd), the commentator describes a family sitting around a fireside listening to their Pensioner father. The author revelled in the idea that ‘while from the Actions of their Sire, his children catch his glorious Fire, and emulation grow[s]’.⁷¹ The limping veteran in ‘The Sound of the Drum’ (1808) tells stories of heroism and as expected of a true veteran becomes impassioned to the point of creating a new recruit of his grandson;

⁶⁹ Anon., *William Blair*, 13.

⁷⁰ Anon., *The female soldier; or, the surprising life and adventures of Hannah Snell, Born in the City of Worcester...* (London, 1750), 13.

⁷¹ Miss Knipe, *The Vet’ran Soldier* (Liverpool: J. Pye, nd).

...of major and general, and fierce brigadiers,
of the marches he took and the hardships he knew.
Of the battles he fought and the foes that he slew.
To his heart spirit, new in wild revelry come,
And make one rally more at the sound of the drum.⁷²

The lengthy story of the Carbine Brothers of Kilmainham Hospital goes even further. The elderly Nestor's six sons were 'all little, all living for their country, and in secret training for the battle under their father.'⁷³ The visitor is delighted to see their military toys and marches. This preparation of their children and often their willing sacrifice of these children for war was a very potent symbol of the veteran soldier's continued loyalty. This vision of the self-perpetuating army and Navy population had a lot of economic and political support. What is notable is that it was the Chelsea Pensioners and other veteran soldiers that were given this role in British society, mirroring the image of the Consulate French military nation of General Junot's speech.⁷⁴

5.5 Real-Life Old Soldiers

The cultural importance of the quiet and eternally loyal 'Old Soldier' identity did have significant implications for the Chelsea Out-Pensioners. Their surviving letters and petitions suggest that they identified with, or at least used, the characterization of the 'Old Soldier' to maximize their chances of obtaining charitable relief.⁷⁵ Petitions were

⁷² Anon., 'The Sound of the Drum', *Weekly Entertainer and west of England miscellany*, 48, 11th April 1808, 300.

⁷³ Anon., *Affecting Memoirs*, 464.

⁷⁴ Hughes, 'Making Frenchmen', 56.

⁷⁵ Nielsen, 'Continuing', 27-8; see WO180/1 for soldiers' petitions.

structured in such a manner as to emphasize all aspects of the Old Soldier identity.⁷⁶ The petition of John McIntosh, a drummer of the 71st Foot is typical in terms of petitioning strategy and structure.⁷⁷ He opens by outlining his service history in detail including any service in the East or West Indies along with the service history of his family (both his parents died in the East Indies with the 98th Foot). He goes on to list the problems that military service has caused him. McIntosh received the Chelsea ‘Out Benefit’ but being ‘a soldier since infancy was brought up to no trade’ and became destitute. He then asked for a transfer to an Invalid garrison. Men with families stressed that they could no longer maintain them. Many others were ‘friendless’.⁷⁸ Most soldiers’ petitions were written by their sponsors, but a small number of soldier-writers followed this petitioning structure when writing to their own letters. John Greenslow of the 86th Foot wrote to the ‘Onarabill Gentilmen of Charlsie Coladg’ for a pension as he ‘not bein eball to work for one bein disablid in the West Indies’ after he lost both legs in Barbados.⁷⁹ These letters share much of their petitioning structure with other forms of pauper letter, but the emphasis on serving families, particularly serving parents or children, within the first lines of the petition is striking.⁸⁰

The cultural pervasiveness of the ‘Old Soldier’ identity was used to great effect during in the trial of the would-be regicide James Hadfield (c.1770-1841).⁸¹ A regicide

⁷⁶ On the structure of pauper petitions see James Stephen Taylor, ‘Voices in the Crowd: The Kirkby Lonsdale Township Letters, 1809-36’, in *Chronicling Poverty: The Voices and Strategies of the English Poor 1640-1840*, eds. Tim Hitchcock, Peter King and Pam Sharpe (London: Palgrave Macmillian, 1997), 109-126; Sokoll, ‘Old Age’, 127-154.

⁷⁷ WO1801/1 Petition of John McIntosh, 71st and 98 Foot, 6th February 1802.

⁷⁸ WO180/1 Petition of John Donning, ‘a Black of the 2nd Dragoon Guards’, 10th February 1802.

⁷⁹ WO180/1 Petition of John Greenslow, 86th Foot, nd.

⁸⁰ On structure of these documents, Sokoll, ‘Old Age’, 127-54.

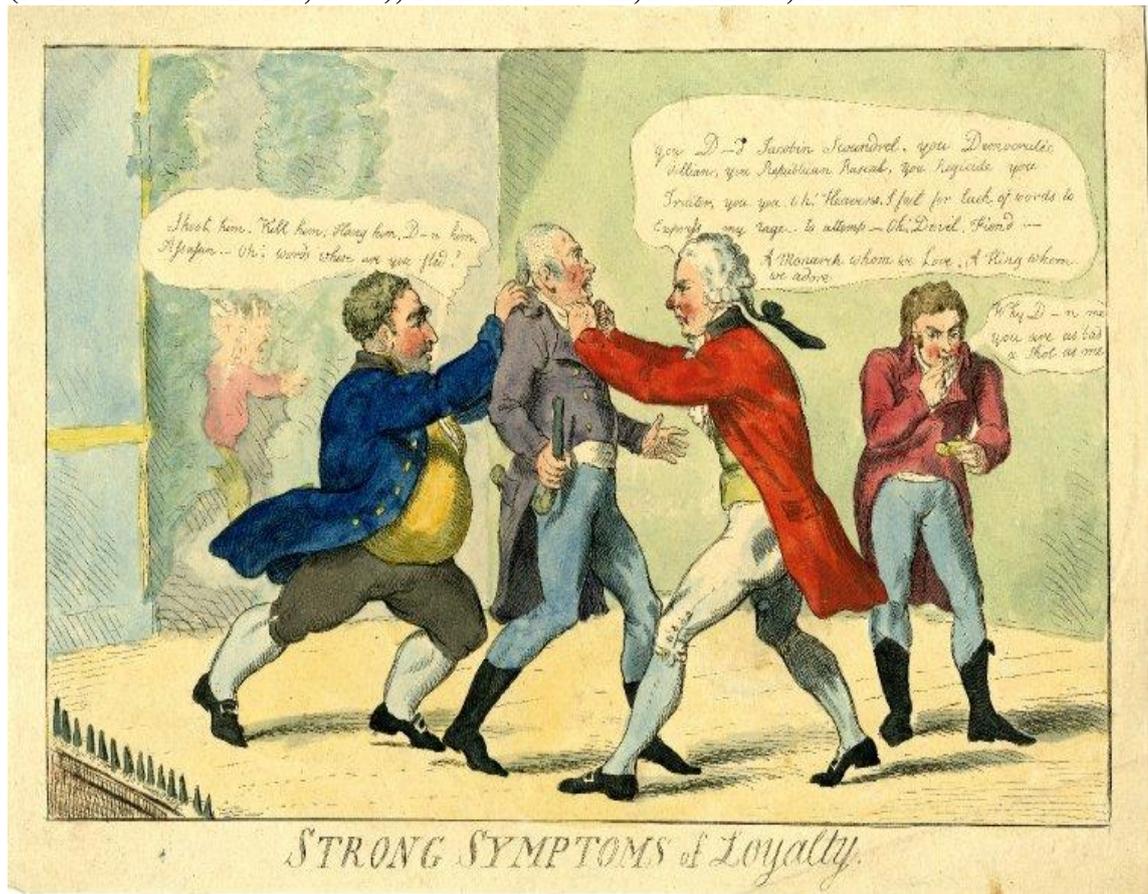
⁸¹ TNA, TS 11/223 Rex vs. James Hadfield, 26th June 1800. For a detailed contemporary accounts of his trial see Anon., ‘Report of the Proceedings Against James Hadfield, at the Bar of His Majesty’s Court of King’s Bench in England, on the 15th of May, for Shooting at the King’, (Dublin: John Stockdale, 1800); Anon., ‘Trial of James Hadfield, for High Treason’, *Universal Magazine of knowledge and pleasure*, 107, July 1800, 59-65.

case would initially seem to be an unusual place to find a loyal ‘Old Soldier’. Hadfield’s defence attorney, Thomas Erskine, saved Hadfield’s life by proving beyond a doubt to the Royal Court that Hadfield was the embodiment of the literary ‘Old Soldier’, inveterate and unflinching in his loyalty to the King in normal circumstances.

On the 15th May 1800, Hadfield shot a pistol directly into the royal box at the Drury-Lane Theatre. Fortunately for George III, Hadfield missed (possibly deliberately), and was immediately apprehended. His crime and subsequent trial was widely reported widely in the contemporary press, and has since been examined by historians for its status as a landmark case in the culpability, and the treatment, of ‘criminal lunatics’ in law.⁸² Hadfield’s story is also one of the most detailed accounts of mental disturbance as a direct or indirect result of military service from this period.

⁸² See Richard Moran, ‘The Origin of Insanity as a Special Verdict: The Trial for Treason of James Hadfield (1800)’, *Law & Society Review*, 19, no. 3 (1985), 487-519; Roy Porter, *Mind Forg’d Manacles: a History of Madness from the Restoration to the Regency* (Harvard: Harvard University Press, 1987), 116-17.

Figure 5.2 Anon., “Strong Symptoms of Loyalty”, hand-coloured etching, (London: S. W. Fores, 1800), British Museum, Item 1948,0214.637.⁸³



Hadfield’s story is a truly tragic one. He was born in Aldersgate c.1770-1. After serving an apprenticeship as a silversmith, he enlisted in the 15th Regiment of Light Dragoons. Hadfield, by all accounts, took to soldiering. From the later accounts of his former officer Captain Wilson, he was an ideal candidate for the Royal Hospital:

No dragoon he believed had a better character, and every other good quality that belonged to a soldier in great perfection. If any man had been proposed to be selected from the regiment who was the most

⁸³ Hadfield is being grabbed by Richard Brinsley Sheridan (right) and Charles Fox (left). George Tierney looks on. Sheridan says ‘you D-mned Scoundrel, you Democrate [sic] Villain, you Republican Rascal You Regicide you Traitor, you, you. Oh Heaven I fail for lack of words to Express my rage – to attempt – Oh Devil, Fiend – A Monarch whom we Love, a King whom we adore’. Fox says ‘Shoot him. Kill him. Hang Him D-n him Assassin. Oh words where are you fled’. Transcription available online [http://www.britishmuseum.org/research/collection_online/collection_object_details.aspx?objectId=1467569&partId=1&searchText=James+Hadfield&page=1 , accessed 31st July 2014.]

distinguished for his bravery, loyalty, and zeal, Hadfield would have been one of the first candidates.⁸⁴

Hadfield's life changed at Lisle on the 4th of May 1794 when he received a horrendous head wound. He received four sword blows to the head, three of which fractured his skull and damaged his brain.⁸⁵ The scars around his head are visible in contemporary prints of him.⁸⁶ He was captured when lying unconscious and carried to a French prison. The wounds were so severe that his cellmate, John Lane, did not expect him to regain consciousness. When Hadfield did wake up, he was extremely confused and beginning to show signs of mania. He announced to Lane that 'he was King George' and proceeded to search their cell for his gold crown. The French gaolers promptly carried him to the lunatic area of the prison hospital. Although Hadfield became more lucid over time, he never fully recovered and became prone to bouts of delusion much to the horror of his officers and family. After a violent episode on his return to Croydon Barracks, he was discharged into the custody of his brother David. He passed the Chelsea Board and received the 6d pension without incidence for the next 5 years.

Contemporary reportage of the trial provides us with some limited insight into the Hadfield family's experience of brain injury. Hadfield had married prior to or shortly after, his discharge in 1796 (during the time he was 'very much affected'.⁸⁷) The couple lived with David and his wife Elizabeth, and it appears that his wife's two sisters were also involved in the couple's daily life. While the extended Hadfield family felt it necessary to periodically confine James for their own safety, he continued to work as a

⁸⁴ Captain Wilson quoted in Anon., 'Trial of James Hadfield, for High Treason', *Universal Magazine of knowledge and pleasure*, 107, July 1800, 63.

⁸⁵ Anon., 'Report', 29.

⁸⁶ For example, Figure 5.2; British Museum, Image Number 1868,0808.6889, Anon., 'An Exact Likeness of James Hadfield', (1800).

⁸⁷ Anon., 'Report', 30; Porter, *Mind Forg'd Manacles*, 116-7.

journeyman in local silver workshops.⁸⁸ The family paid into a benefit society.⁸⁹ He was grateful for his pension. Witnesses during his trial reported the frequency with which he praised the King and the Duke of York and their kindnesses in giving pensions to old soldiers. It is likely that he was thinking of his pension when he called York ‘an old soldier’s true friend’. In spite of his increasingly strange behaviour, Hadfield was not ostracized by his neighbours, work colleagues or family, and he was well-known locally.⁹⁰ In spite of their efforts, Hadfield grew violent and unpredictable. By 1800, his family had begun to worry about the malign influence of Bannister Truelock, a millenarian who shared and/or manipulated Hadfield’s religious delusions.⁹¹ Hadfield was suicidal days before the shooting, and nearly killed his infant son in a fit of rage. His deep religious faith however meant he felt unable to take his own life, and it has been suggested that he was attempting to commit suicide by proxy in the theatre.⁹²

Hadfield was tried before the Court of the King’s Bench, which meant he was offered legal counsel. He was defended by the brilliant attorney Thomas Erskine, later Lord Chancellor.⁹³ Richard Moran observed that it was only the curious fact that Hadfield attempted high treason that he was acquitted of murder; he would not have received the same brilliant legal counsel or arguments in common court or the chance for so many character witnesses. Erskine produced successive character witnesses who vouched of Hadfield’s dedication to the army and love of the King, and the long-term effects of his head wound. Erskine argued that he showed all the ‘love and attachment’

⁸⁸ Anon, *Trial of James Hadfield, for High Treason* (London: 1800), 10-1.

⁸⁹ Anon., ‘Attempt to Assassinate the King, on Thursday May 15’, *Universal Magazine of knowledge and pleasure*, 106, (May 1800), 407.

⁹⁰ Anon, *High Treason: A Full Report of the Proceedings against James Hadfield* (Dublin: 1800), 3-9.

⁹¹ Moran, ‘Origin’, 494-5; Porter, *Mind Forg’d Manacles*, 77; for a later sensationalist physical description of Hadfield and Truelock see, Constant Observer, *Sketches in Bedlam; or Characteristic Traits of Insanity* (London: 1823).

⁹² Anon., ‘Attempt’, 407.

⁹³ Joel Peter Eigen, ‘James Hadfield, 1771/2-1841’, *ODNB* online edition.

expected as a ‘genuine emotions of a honest soldier’.⁹⁴ Erskine’s case hinged on the fact that contemporaries assumed that it would be extremely difficult to fake the extreme loyalty and dedication of the real ‘Old Soldier’. This is not to suggest that Hadfield was excused only on account of Erskine’s characterization of Hadfield as an unfortunate stereotypical ‘Old Soldier’. The Kings Bench were more likely to have been convinced of the visible organic evidence of Hadfield’s scarred head.⁹⁵ However, the Hospital and the King accepted that he was still loyal and genuinely ill. Ultimately, the decision to keep his pension demonstrated the acknowledgement that he was still a true loyal soldier and that it was his injuries that caused his treasonable actions. After his trial he was committed to Bedlam under the hurriedly created Criminal Lunatics Act where he remained for the rest of his life, still in receipt of his Out-Pension.

5.5 Conclusion

This chapter has dealt with the cultural representations of the Pensioners and of older soldiers in general during the late eighteenth century to the early nineteenth century with an intention of highlighting some of the similarities and differences between the British and other European representations of the former soldier. It has highlighted particularly the role of war stories, uncontrollable emotional response, and of children within the British context. The old soldier was the most recurrent image of discharged soldiers in late eighteenth-century print culture. He could represent both the negative and positive aspects of military service in a non-threatening manner. He offered polite readers a chance to experience the hardships of war through a mediated encounter with his scarred body. He continued to serve his family and his country through his

⁹⁴ Anon, ‘Report’, 24.

⁹⁵ Eigen, ‘Hadfield’, online edition.

continued devotion to, and promotion of, the masculine values of self-sufficiency, independence of mind, and paternalism. These were what British social elites wanted to see amongst their poorest and socially marginal men at when the rest of Europe was caught up in social and political change. Both as a provider for his family and as a witness of war, the literary ‘veteran’ soldier were able to achieve a level of moral authority that his real-life counterparts never managed to achieve.

By the 1810s, this idealized image of the old soldier had become persuasive that real-life discharged soldiers found themselves compared to it. The literary old soldier helped to shape peoples’ opinions of what a ‘veteran’ soldier actually was. He was a man who had been engaged in active service abroad. He was also open to public scrutiny. A truly deserving old soldier would be prepared to discuss his service in detail in public, even though the memories were extremely painful. He would encourage his beloved children into active service for their country out of a sense of duty. Crucial within this characterization was that the idea that fundamentally British manhood was unchanged by the experience of war. The former soldier continued to fulfil all of the expectations of British Protestant men. In all of these images, there was a stress on the fact that their bodies had been permanently shaped by their experience of war.

Chapter 6. Conclusion

This thesis has sought to investigate the pension system operated by the Royal Hospital of Chelsea from the perspectives of its ruling governors, applicants and contemporaries. Despite the cultural significance of the Hospital and the celebrity attached to its resident In-Pensioners, the historiography of the Hospital has, until now, been focused on distinct time periods or distinct people. The creation of a longitudinal study of all members of the applicant population is the first of its kind in English scholarship. This

thesis has exploited exhaustive archival research into the Hospital and its Pensions with the aim of creating a useable resource for other historians wishing to embark on research into demobilization in Britain, Ireland and further afield in British India, Canada and Australia. The above chapters offer a survey of the world of the demobilized soldier and his counterparts the Chelsea Out-Pensioners and Invalids. It sought to contextualize them within the complex charitable relief systems that developed to support an exclusive number of these men. The creation of this dataset offers the opportunity to fully contextualize and compare British and Irish experiences of demobilization and military pensions with those of soldiers from the early United States of America and France. In doing so, it has highlighted how the Out-Pension system, with its tripartite structure, became a crucial part of the British fiscal-military state. The development of the fiscal-military state brought with it the need to mitigate the social tensions caused by mass recruitment and mass demobilization. Joanna Innes has highlighted the variety of central and local authority interaction in the establishment and running of small-scale domestic policies designed to facilitate the resettlement of former soldiers and their families.¹ The Out-Pension system operated by the Royal Hospital of Chelsea was the ultimate example of this interaction. The only reason that this highly centralized rigid bureaucracy was able to maintain so many pensions was that it ultimately relied on local authorities' willingness to engage with the system. This engagement was partly out of financial self-interest. However, participation was also encouraged by contemporary understandings about the distinctive and unique nature of military disabilities, and therefore the obligations of social superiors towards these men. Former officers felt this obligation particularly acutely as it was tied into wider cultural understandings about military masculinity and officership.

¹ Joanna Innes, 'The Domestic Face of the Military-Fiscal State: Government and Society in Eighteenth-Century Britain', in *An Imperial State at War: Britain from 1689 to 1815*, ed. Lawrence Stone (London: Routledge, 1994), 110-17.

The central research questions behind this thesis were that of identity, exclusivity and concepts of impairment. All aspects of the analysis have centred on uncovering the identities of the Out-Pensioners in an effort to determine how the Out-Pensioner population was constructed and understood by the Hospital and contemporaries. By building a reconstituted population of all of the applicants to the Hospital between 1715 and 1795, it has been possible to answer wider questions about the changing identity of the Out-Pensioner population over time. It has uncovered the vast majority of applicants to the Hospital fitted within a definite demographic profile. The Out-Pensioners were largely white English or Scottish men who first applied for an Out-Pension aged between forty and fifty. They predominantly came from a labouring or lower-skilled manufacturing background. They had nearly all served approximately twenty years in the army, and many had served in multiple regiments. Nearly 19% of the entire applicant population listed multiple physical disorders, including the vague military diagnostic category of ‘worn out’ or ‘infirm’. The development of this terminology for age-related physical decline is significant, as it represents the army’s creation of a distinct *institutional* language of disability. This term does not appear to have been used by Navy surgeons or by other civilian hospitals, instead remaining tied to the army’s understanding of health, fitness, and the ideal soldier. This institutional definition of a ‘pensionable’ man was different from most eighteenth-century understandings of parochial charity and philanthropy.

Given Britain’s increasing involvement in international warfare over the course of the eighteenth century, the stability of the Out-Pensioner population is surprising. It suggests that, while the Hospital increased its bureaucracy to manage the expanded

number of claims made upon it, the Commissioners (and by proxy the War Office) largely kept to their original motivation for building the Hospital; it was to be a relatively small-scale form of charitable relief for superannuated men who, after several decades of service, could not serve in a regular regiment any longer. The original exclusivity of the Hospital was the product of the Stuart Court about the manner in which former soldiers should be paid. Despite the ideological importance attached to the Hospital, it did not cater to the needs of the vast majority of former soldiers. They would never accommodate the needs of former soldiers in the same manner as the county scheme because they were never designed to. The Hospital may have shared the same ideological assumption that aging and disabled soldiers were a distinct category of deserving poor with its predecessors, the county pension scheme and the Maimed Soldiers acts. However, it was never designed to deal with them in the same manner. Chelsea was a superannuation scheme, not an extension of the existing legislation to assist former soldiers in their resettlement. Therefore it should be contextualized alongside other forms of occupational superannuation schemes ran by the Crown. The Hospitals were almshouses for the superannuated or most infirm soldiers of the English establishment. These men were the longest servants of the Crown rendered by their 'Age or Infirmary' unfit to continue in their royal duties.² It is arguable just how far the later exclusivity of the Royal hospitals was determined by the chronic financial troubles of the Houses of Stuart and Orange. James II apparently wished to expand the Hospital so that it thoroughly replaced the county pension system, although this never happened. He did however place Richard Jones of Ranelagh in charge of its finances, an appointment which ensured the Hospital ran a significant deficit until the 1720s.

² Fox quoted in C. G. T. Dean, *RH*, (London: Hutchinson & Co., 1950), 35, 46.

However, even without these financial pressures, the Hospital continued to limit the Out-Pension to the superannuated.

While the last years of a war generally led to an increase in younger men with traumatic injuries arriving at the Hospital to be examined, the Commissioners generally divided their relief along age lines and only occasionally took account of a man's physical infirmity. The Commissioners instead kept the Out-Pensions as an exclusive form of relief for men over the age of 40 to 50 with twenty years-service, or for the most disabled men. Invalid Service too was a form of benevolence, but it implied that men had to serve a longer period of time before they reached the full age and service qualifications to be an Out-Pensioner. This restriction of the Out-Pensions to the older applicants without much regard for their general ability to labour or their moral probity makes the Commissioners' approach to pensions unique. It was more in line with the forms of Parliamentary pensions offered to officers. It is hoped that this research will be expanded in the future in order to allow a similar deconstruction of the Hospital's applicant population after 1795, with particular regard to the impact of Windham's discretionary pension Act on the Hospital's applicant population and attitudes towards its Pensioners. It will be particularly interesting to see whether the Hospital altered its definitions of superannuation in the light of widening cultural concerns about poverty and the role of the Poor Law and the State in the maintenance of semi able-bodied men who did not necessarily fulfil the traditional parochial definitions of impotence.

The exclusivity of the Hospital's Out-Pension system does not detract from the scale of its operation. The Hospital operated an international pension system which supervised men at both central and local level. The sheer scale of the Hospital's bureaucracy has significantly limited the scope of this thesis. This thesis aims to offer a

window into the Hospital in order that others may develop future areas of study. The next stage of research into the Hospital should be at a local level. The Hospital did not keep any information on its Out-Pensioners after they left their examinations. The Invalids and Reserve companies would offer the best opportunity for a parish-based reconstitution.

Appendix 1. The Army Establishment

The annual British Establishment figures should be regarded as a very rough guide to the strength of the army. They represented the number of men Parliament had voted to support, not those actively engaged on military service. There was often very little relation between the figures and the actual strength of the army. The figures included all staff officers, bureaucrats and army suppliers, and did not take into account the annual casualty and discharge rates. Very few regiments ever reached or maintained their full ‘paper’ strength due to recruitment problems, and high rates of casualty, desertion, discharge, and death.³ The effective totals also included the men serving in the Hospital’s Invalid companies, despite the complete ban of their use in military campaigns abroad.

Tables Appendix 1.1, 1.2 and Figure Appendix 1.1 (overleaf) outline the numbers of known Out-Pensioners, and contextualize these figures with the rest of the British Establishment. The Out-Pensioner numbers are taken from the annual pay warrants prepared by the Paymaster-General and his Deputy Treasurer at the Hospital. These figures were presented annually in Parliament. There are some slight discrepancies between the Parliamentary figures and the Hospital’s ones, but this was because the Hospital continued to admit men in the interim between the compilation of the warrants and their formal introduction in the Commons.

³ For a discussion of the inaccuracies of the Parliamentary British establishment strengths and different effective counts see Stephen Conway, *War, State, and Society in Mid-Eighteenth-Century Britain and Ireland* (Oxford: Oxford University Press, 2006), 57-61; Leonard Schwarz, *London*, 95-9.

Table Appendix 1.1 The Out-Pensioner Population, 1691-1774

Year	British Establishment	Out-Pensioners
1691	69636	579
1692	64924	98
1693	54562	98
1694	83121	98
1695	87702	98
1696	87440	98
1697	87440	98
1698	35875	98
1699	12725	98
1700	12725	51
1701	22725	51
1702	52396	51
1703	63396	51
1704	70475	229
1705	71411	229
1706	77345	419
1707	94130	686
1708	91188	739
1709	102642	1162
1710	113268	2521
1711	138882	3479
1712	144650	4364
1713	24400	4364
1714	16347	4391
1715	18851	4740
1716	N/A	3428
1717	N/A	4895
1718	16347	4926
1719	17886	2894
1720	19500	2616
1721	19840	2460
1722	19840	2449
1723	23840	2487
1724	23810	3000
1725	23810	2807
1726	23772	2962
1727	32058	3088
1728	28501	3375
1729	28882	3391
1730	23836	4162
1731	23756	4348
1732	23756	4234
1733	23756	4194
1734	25634	4139
1735	34354	4107
1736	26314	4581
1737	26314	4561
1738	26896	4570

1739	26896	4436
1740	40859	3957
1741	53395	3856
1742	51044	3864
1743	51696	4103
1744	53538	4610
1745	53128	5274
1746	77664	5933
1747	61471	6947
1748	64966	8570
1749	28399	9981
1750	29194	9889
1751	29132	9537
1752	29132	9261
1753	29132	9249
1754	29132	9355
1755	31422	8655
1756	47488	8605
1757	68791	6645
1758	88370	6222
1759	91446	6344
1760	99044	6743
1761	105221	7338
1762	120633	8153
1763	120419	8877
1764	31773	14700
1765	31654	15363
1766	31752	15727
1767	31701	15557
1768	31700	15890
1769	31589	15449
1770	30949	15561
1771	43546	16007
1772	30641	16200
1773	30641	16004

Source: Roderick Floud, Kenneth Wachter, and Annabel Gregory, *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980*, (Cambridge: Cambridge University Press, 1990), 45-6; Out-Pensioner numbers, Hutt, *PI*, 85-6, 88.

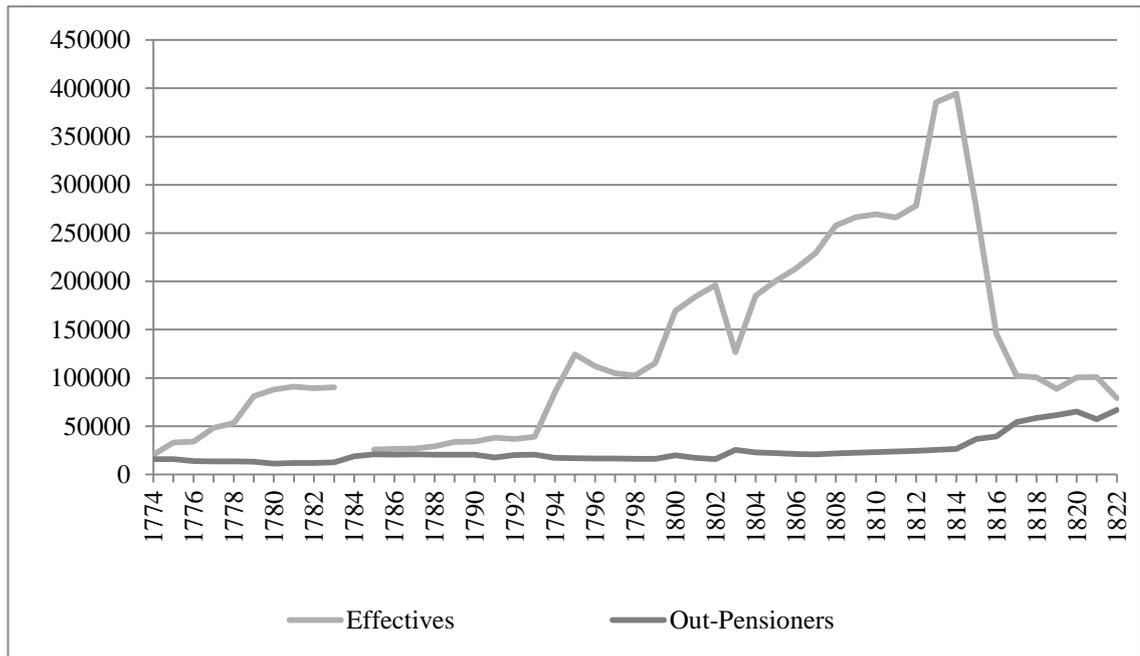
Table Appendix 1.2 Comparison of the Army's Effective forces and the Out-Pensioner population, 1774-1822

Year	British Establishment Army Effectives	Out-Pensioners	Out-Pensioner Numbers Expressed as a Percentage of the Effectives
1774	20443	15971	78.12
1775	33190	15904	47.92
1776	33897	13931	41.10
1777	48242	13436	27.85
1778	53302	13556	25.43
1779	81086	13263	16.36
1780	88034	11195	12.72
1781	90867	11739	12.92
1782	89336	11907	13.33
1783	90395	12478	13.80
1784	N/A	18913	N/A
1785	25767	20705	80.35
1786	26465	20526	77.56
1787	26842	20667	77.00
1788	29174	20491	70.24
1789	33682	20592	61.14
1790	34207	20522	59.99
1791	38171	17620	46.16
1792	36557	20150	55.12
1793	38945	20594	52.88
1794	85097	17124	20.12
1795	124262	16955	13.64
1796	111996	16535	14.76
1797	104862	16471	15.71
1798	102563	16284	15.88
1799	115252	16279	14.12
1800	169428	19695	11.62
1801	184274	17104	9.28
1802	196156	15883	8.10
1803	126673	25307	19.98
1804	185127	22724	12.27
1805	200320	22305	11.13
1806	213314	21177	9.93
1807	229470	20805	9.07
1808	258062	21689	8.40
1809	266371	22325	8.38
1810	269631	23050	8.55
1811	266247	23675	8.89
1812	278307	24469	8.79
1813	385558	25398	6.59
1814	394351	26568	6.74
1815	275392	36757	13.35
1816	145724	39217	26.91

1817	102168	54068	52.92
1818	100412	58645	58.40
1819	88682	61402	69.24
1820	100436	65215	64.93
1821	100969	57049	56.50
1822	79039	66634	84.31

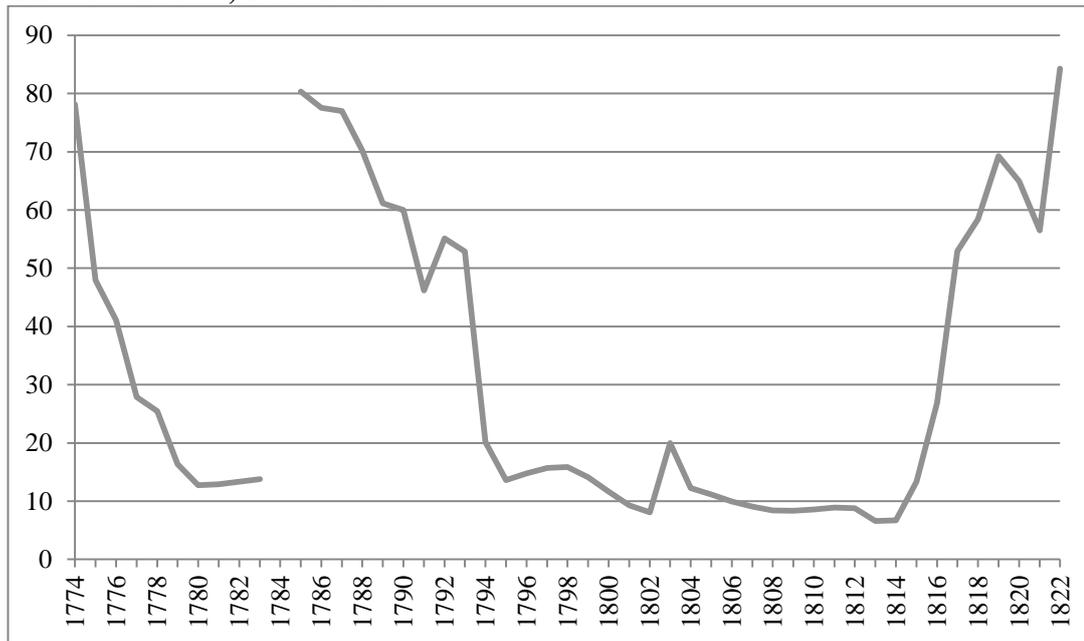
Source: Effectives, Roderick Floud, Kenneth Wachter, and Annabel Gregory, *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980*, (Cambridge: Cambridge University Press, 1990), 45-6; Out-Pensioner numbers, Hutt, *PI*, 85-6, 88.

Figure Appendix 1.1 Comparison of Effectives and Out-Pensioner Numbers, 1774-1822



Source: Effectives, Roderick Floud, Kenneth Wachter, and Annabel Gregory, *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980*, (Cambridge: Cambridge University Press, 1990), 45-6; Out-Pensioner numbers, Hutt, *PI*, 85-6, 88.

Figure Appendix 1.2 Out-Pensioner Numbers Expressed as a Percentage of Army Effective Forces, 1774-1822.



Source: Roderick Floud, Kenneth Wachter, and Annabel Gregory, *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980*, (Cambridge: Cambridge University Press, 1990), 45-6; Out-Pensioner numbers, Hutt, *PI*, 85-6, 88.

Appendix 2.1: Applicants' Counties of Origin, England, Scotland and Wales, 1715-95

County of Origin	Number	Percentage
England	30393	49.87
Bedfordshire	242	0.40
Berkshire	400	0.66
Buckinghamshire	314	0.52
Cambridgeshire	304	0.50
Cheshire	1036	1.70
Cornwall	201	0.33
Cumberland	362	0.59
Derbyshire	700	1.15
Devon	996	1.63
Dorset	291	0.48
Durham	431	0.70
Essex	628	1.03
Gloucestershire	1231	2.02
Hampshire	506	0.83
Hereford	387	0.63
Hertfordshire	319	0.52
Lancashire	1720	2.82
Leicestershire	659	1.08
Lincoln	645	1.06
London	1408	2.31
Middlesex	215	0.35
Norfolk	1294	2.12
Northamptonshire	566	0.93
Northumberland	503	0.83
Nottinghamshire	739	1.21
Oxfordshire	389	0.64
Rutland	32	0.05
Shropshire	780	1.28
Somerset	1718	2.82
Staffordshire	1446	2.37
Suffolk	746	1.22
Surrey	324	0.53
Sussex	206	0.34
Kent	513	0.84
Warwickshire	1127	1.85
Westmorland	88	0.14
Wiltshire	1160	0.90
Worcestershire	981	1.61
Yorkshire (all ridings)	3433	5.63
Indeterminate or unknown	1353	2.22
Scotland (1794 Lieutenancies)	11616	19.06
Aberdeen	871	1.43
Angus	115	0.19
Argyll and Bute	694	1.14
Ayr and Arran	196	0.32

Banff	423	0.69
Berwick	69	0.11
Caithness	467	0.77
Clackmannan	21	0.03
Dumfries and Galloway	240	0.39
Dunbarton	124	0.20
Dundee	156	0.26
East Lothian	167	0.27
Edinburgh	118	0.19
Fife	378	0.62
Glasgow	728	1.19
Inverness	1854	3.04
Kincardine	44	0.07
Lanark	392	0.64
Mid Lothian	134	0.22
Moray	362	0.59
Nairn	79	0.13
Perth and Kinross	1141	1.87
Renfrew	194	0.32
Ross and Cromarty	540	0.89
Roxburgh	97	0.16
Stirling and Falkirk	438	0.72
Sutherland	503	0.83
Kirkcubright	30	0.05
Tweeddale and Berwick	97	0.16
West Lothian	49	0.08
Wigtown	20	0.03
Indeterminate or unknown	875	1.43
Wales	645	1.06
Anglesey	19	0.03
Brecknock	24	0.04
Caernarvon	162	0.27
Cardigan	69	0.11
Denbigh	81	0.13
Flint	19	0.03
Glamorgan	70	0.11
Merioneth	15	0.92
Monmouth	55	0.09
Montgomery	33	0.05
Radnor	6	0.01
Pembroke	67	0.11
Indeterminate or unknown	25	0.04

Source: WO116/1-10. Percentages do not total 100 on account of rounding.

Appendix 3.1. Medical Profile of the Applicants to Chelsea, 1715-95⁴

Category	Number	Percentage of Applicant Sample Population
Traumatic		
Wounded, hurt or cut	13555	22.24
Of which Head Wounds	2977	4.88
Scalped	4	0.01
Skull depressions or cavities	5	0.01
Broken Back	53	0.09
Bruised	943	1.55
Burns	33	0.05
Dislocations	228	0.37
Fractures	1056	1.73
Mortification in his limbs	15	0.02
Sprains	33	0.05
Frostbite	120	0.20
Poisoned	6	0.01
Crushed	34	0.06
Blown up	69	0.11
Genitourinary disorders		
<i>Diseases affecting the sexual organs</i>		
Venereal complaints	26	0.04
Swollen testicles	28	0.05
Diseased testicles	55	0.09
<i>Urinary Tract Diseases</i>		
Diabetes	32	0.05
Stone	79	0.13
Gravel	554	0.91
Kidney diseases and nephritis	27	0.04
Bladder diseases or obstructions	15	0.02
Bladder ulcers	12	0.02
Retention of urine	20	0.03
Incontinence of urine	193	0.32
Infectious Diseases		
Ague and intermittent fever	101	0.17
Hectic Fevers	30	0.05
Fevers	34	0.06
Fever complications	256	0.42
Yellow Fever	2	0.00
Smallpox	2	0.00
Surgical Infections		
Abscesses	21	0.03
Bone caries	24	0.04
External fistula	307	0.50

⁴ The diagnostic categories are adapted from Guenter Risse's analysis of William Cullen's nosology. Risse, *Hospital Life*, 115-17, 119-176; see Chapter 3.

Fistula in ano	65	0.11
Miscellaneous sores and ulcers	445	0.73
Ulcers on feet and legs	836	1.37
Swelled limbs	204	0.33
White swellings	51	0.08
Emaciated or wasting	126	0.21
Respiratory Diseases		
Asthma	863	1.42
Cold	91	0.15
Cough	134	0.22
Spitting of blood	129	0.21
Lung disorders	18	0.03
Pain in chest	26	0.04
Pain in side	3	0.00
Pectoral complaints	22	0.04
Consumptive	2447	4.02
Phthisis	18	0.03
Decay or wasting	171	0.28
Pleurisy	5	0.01
Shortness of breath	77	0.13
Diseases of the digestive system		
Bilious complaints	7	0.01
Weak or obstructed loins or bowels	89	0.15
Bad habit of body	20	0.03
Colic or spasms	4	0.01
Diarrhoea	8	0.01
Diseased liver	87	0.14
Dry Belly	10	0.02
Flux	125	0.21
Dysentery	5	0.01
Jaundice	9	0.01
Stomach pains and complaints	16	0.03
Vomits blood	4	0.01
Worms	4	0.01
Prolapsus in ano	30	0.05
Voids blood	7	0.01
Obstructed Viscera	57	0.09
Musculoskeletal Disorders		
Acolosis	1	0.00
Rheumatism	7354	12.07
Back pain	24	0.04
Contracted limbs	296	0.49
Diseased limbs	17	0.03
Impostumation (not in head)	28	0.05
Lumbago	9	0.01
Pain in limbs	39	0.06
Sciatica	153	0.25
Stiff limbs	43	0.07
Strains	89	0.15
Swollen limbs	147	0.24

Swelled neck	11	0.02
Weak limbs	77	0.13
Floundered feet	2	0.00
Lameness	1893	3.11
Neurological and mental disorders		
<i>Neurological</i>		
Brain obstruction	2	0.00
Apoplexy or apoplexic fits	8	0.01
Concussion	1	0.00
Deafness	839	1.38
Epilepsy, convulsions or fits	801	1.31
Gout	111	0.18
Headaches and migraines	49	0.08
“Impostumation in his head”	10	0.02
Swelled head	12	0.02
Swelled neck	11	0.02
Paralysis	347	0.57
Lost use of a limb	519	0.85
Lost use of multiple limbs	248	0.41
Palsy	291	0.48
Vertigo or giddiness	72	0.12
Nervous complaints	18	0.03
<i>Mental</i>		
Hypochondriasis	4	0.01
“Disordered in his senses” or mind	32	0.05
“Lost his senses”	14	0.02
Lost his memory	10	0.02
Lunacy	53	0.09
Mania	7	0.01
“Mad” or “insane”	17	0.03
Melancholy	10	0.02
Diseases of the Skin		
Skin eruptions	2	0.00
Leprosy	22	0.04
Scurvy or scorbutic	260	0.43
Circulatory Disorders		
Aneurysm	2	0.00
Dropsy	447	0.73
Heart palpitations	2	0.00
Hemorrhoids or Piles	22	0.04
Odema	3	0.00
Varicose veins	2	0.00
Glandular disorders	2	0.00
Tumours and cancers		
Cancer in body	16	0.03
Cancer of head or face	15	0.02
Polyps or wens	14	0.02
Scrofula	69	0.11
Schirrous or scirrhus tumour	15	0.02

Schirrous testicles	13	0.02
Tumour	58	0.10
Eye Problems	1884	3.09
Blind or nearly blind	518	0.85
Dim sighted	485	0.80
Near Sighted	31	0.05
Sight problems	850	1.39
Miscellaneous Surgical Conditions		
Lost a limb (auto or surgical amputation)	942	1.54
Lost multiple limbs	7	0.01
Trephined skull	19	0.03
Cataracts	20	0.03
Hydrocele	9	0.01
Rupture	2497	4.10
Miscellaneous medical conditions		
Speech impediments and stutters	5	0.01
Worn out	14139	23.20
Complication of Disorders	70	0.11
Disorders or unspecified diseases	126	0.21
Aches or unspecified pain	64	0.11
Ailings	43	0.07
Inward ailings	54	0.09
Decay	144	0.24
Decline or decline of life	12	0.02
Fat or “too heavy”	13	0.02
Old	3034	4.98
Unfit	452	0.74
Infirm	2263	3.71
Under sized	10	0.02
Superannuated	108	0.18
Valetudinarian	3	0.00
Lost his teeth	17	0.03
“Gleet” (discharge of purulent matter)	2	0.00
Crippled	5	0.01
Bedridden	4	0.01
Humours	26	0.04
Bad, broken, debilitated or impaired constitution or health	292	0.48
Debility	10	0.02
Hard service, servitude, imprisonment or “abuse”	135	0.22
Shipwrecked	14	0.02
Scars	959	1.57
Feigned complaints	7	0.01
Unknown or illegible	4180	6.86
Total	71777	123.45

Source: WO116/1-10. Percentages do not total 100 on account of rounding and the nature of the descriptions provided. Applicants were frequently listed with multiple complaints.

Appendix 4. Questions sent to King's German Legion Out-Pensioners living outside of Britain and Ireland (WO23/32)

Sample responses of Private Jno. Vandriesen, compiled 25th September 1833.

1) Questions on the Introduction Paper (given to the examiners),

Rank when Pensioned?

Private

Rate of Pension?

6d per diem

Served [how many] years?

6 years, 1 month

Aged?

27 years

Discharged on, and for [what reason]?

19th July 1816, rupture & palismo [sic, palsy?]

2) Questions to be answered by the Pensioners

Where were you born?

Leewarden near Friesland, aged 49 years

What Regiment did you enlist into?

7th Line Battalion, Kings Legion in 1810

At what Place did you enlist?

Plymouth

Where were you Stationed in England?

Lymington

To which company were you first posted, state the Captain's name?

1st Company Capt Isenburg

State the names of the Serjeants [sic] or any of your Comrades in the Company?

Blank

Where was your Regiment or Company sent after you joined?

Blank

If sent abroad, where did you embark at what time and where did you go?

Embarked at Portsmouth for Sicily, 1811 or 1812

State your Services abroad and when you returned to England?

Did not return to England but was landed at Embden in Netherlands

If wounded, state when and where?

Not Wounded but got ruptured & lost hearing in Sicily

If Promoted, state when and where and how long you served in each Rank?

Not Promoted

Did you ever serve in any other Regiment, if so state the name of Company etc.?

No

Where did you serve with this Regiment and how long?

No

From what Regiment were you discharged and placed on the pension List?

7 Line Battalion, King's Legion

Where were you examined for Pension and where did you receive your first pension?

Examined at Palermo and received first pension in Oldenburg

State the name of any of your Comrades who where [sic] pensioned at the same time?

Private Salopski

State your present Residence?

Leeuwarden in the Netherlands

Writes?

Yes

Appendix 5.1: Occupational Structure of the Out-Pensioners, 1715-1795.⁵

Occupational Grouping	Numbers	Percentage
Agriculture		
1. Farming		
Husbandmen/Farmers & farmer's sons	776	1.27
Farmer's servants	10	0.02
Graziers	12	0.02
Shepherds	36	0.06
Cowpers	5	0.01
Yeomen	3	0.00
Ploughmen	3	0.00
Colonial Planters	8	0.01
Gardeners	5	0.01
Fishermen	632	1.04
Gamekeepers	240	0.39
	3	0.00
2. Breeding		
Grooms	10	0.02
Drovers	22	0.04
Total	1752	2.87
Mining		
1. Mining		
Colliers	86	0.14
Miners	154	0.25
Tin	20	0.03
Lead Miners	1	0.00
2. Quarrying		
Quarriers	4	0.00
Slaters	50	0.01
Lime burners	8	0.08
3. Brickmaking	73	0.12
4. Salters	8	0.01
Total	404	0.66
Building		
2. Operatives		
Builders	2	0.00
Masons	270	0.44

⁵ The classifications used here are that of the Cambridge Group compiled by W. A. Armstrong, "The Use of Information about Occupation", in *Nineteenth-Century Society: Essays in the Use of Quantitative Methods for the Study of Social Data*, ed. E. A. Wrigley, (Cambridge: Cambridge University Press, 1972), 255-310. Labourers has been moved from Armstrong's 'Industrial Services' category to illustrate the high proportion of the men under this description; for comparative data for London, see Schwarz, *London*, 241-87.

Mason's labourers	2	0.00
Stone cutters	45	0.07
Bricklayers	330	0.54
Bricklayer's servants	2	0.00
Plasterer	88	0.14
House/farm painters	83	0.14
Tilers	9	0.01
Thatchers	14	0.02
Carpenters and joiners (excluding ship's carpenters)	878	1.44
Glaziers	51	0.08
Plumbers	12	0.02
Painters	80	0.13
Locksmiths	55	0.09
3. Roadmaking		
Paviours	20	0.03
Total	1938	3.18
Manufacturing		
1. Machinery		
Engine loom worker	1	0.00
Scale makers	1	0.00
Millwrights & millers	259	0.42
Reedmakers	9	0.01
2. Tools and Weapon		
Toolmakers	24	0.04
Cutlers	372	0.61
Scissor and shear makers	57	0.09
Nailors	317	0.61
Pinmakers	46	0.09
Pencil makers	1	0.00
Gunsmiths	97	0.16
Swordmakers	9	0.01
Armourers	2	0.00
Seal and frank makers	2	0.00
Filemakers	63	0.10
3. Shipbuilding		
Shipwrights	21	0.03
Sailmakers	7	0.01
Rigging and net makers	3	0.00
Blockmakers	4	0.01
Bit makers	10	0.02
4. Iron and Steel workers		
Ironworkers and iron founders	13	0.02
Steel	2	0.00
Anchorsmiths	7	0.01

Blacksmiths	269	0.44
‘Smiths’	614	1.01
5. Metal workers		
Coppersmiths	6	0.01
Lead	1	0.00
Brassfounders	72	0.12
Braziers	69	0.11
Wiremakers and wire drawers	42	0.07
Candlestick makers	4	0.01
Metal polishers	1	0.00
Polishers	6	0.01
Pewterers	20	0.03
Whitesmith	112	0.18
Tinplaters	4	0.01
Buckle makers	210	0.34
Tinker	3	0.00
6. Gold and Silver		
Goldsmiths	6	0.01
Silversmiths	54	0.09
Lapidaries	5	0.01
Jewellers	20	0.03
7. China, earthenware and potters		
Chinamen, earthenware, potters	50	0.08
Glass makers & polishers	33	0.05
8. Charcoal burners	2	0.00
10. Fur and leather		
Furriers & skinners	69	0.11
Tanners	173	0.28
Fellmongers	34	0.06
Curriers	56	0.09
11. Tallow		
Tallow chandlers	69	0.11
Soap boilers	48	0.28
12. Hair and feathers		
Hairworkers	11	0.02
Brushmakers	20	0.03
Combmakers	33	0.05
Plummers	8	0.01
13. Woodworkers		
Lathmakers	5	0.01

Coopers and hopemakers	214	0.35
Turners	71	0.12
Boxmakers	13	0.02
Cork and bark cutters	48	0.08
Lastmakers	5	0.01
14. Furniture makers		
Cabinetmakers	61	0.10
Upholsterers	37	0.06
Carvers and Gilders	9	0.01
Picture framemakers	9	0.01
15. Carriage and Harness makers		
Coachmakers	18	0.03
Wheelwrights	99	0.16
Sadlers, harness and whip makers	135	0.22
16. Papermaker & pattern makers	77	0.13
17. Japanners	2	0.00
18. Woollens		
Worsted weavers & knitters	36	0.06
Woollen cloth	26	0.04
Blanket weavers	1	0.00
Carpet, rug and felt makers	13	0.02
Wool carders & combers	803	1.32
19. Cotton and silk		
Broad cloth weavers	36	0.06
Cotton weavers	14	0.02
Silk weavers	82	0.13
Ribbonmakers	40	0.07
Fustian	8	0.01
‘Weavers’ & ‘spinners’	6012	9.86
Velvet maker	8	0.01
20. Flax and hemp		
Linen and calico weavers	156	0.26
Ropemakers	88	0.14
Cordmakers	3	0.00
Flaxsters	164	0.27
Hempdressers	7	0.01
Twine and thread makers	5	0.01
21. Lacemakers	12	0.02
Threadmakers	20	0.06
Tapestry and tape makers	8	0.01

22. Dyers		
Fullers	17	0.03
Linen and Calico printers	11	0.02
Bleachers	37	0.06
Dyers	205	0.34
23. Dress		
Tailors	1885	3.09
Clothiers or 'in ye clothing trade'	518	0.85
Breechesmakers	138	0.23
Miliners	2	0.00
Hatmakers	213	0.35
Hosiers	77	0.13
Glovers	150	0.25
Shoemakers (including brogues and clogs)	2571	4.22
Heelmakers	20	0.03
Staymakers	115	0.19
Collarmakers	58	0.10
Clothdressers	58	0.10
Cordwainers	437	0.72
24. Dress sundries		
Buttonmakers	109	0.18
Leather workers	47	0.08
Fanmakers	7	0.01
Mufflermakers	3	0.00
25. Food preparation		
Sugar bakers	5	0.01
26. Bakers		
Bakers	411	0.67
Confectioners & pastry cooks	19	0.03
27. Drink preparation		
Maltsters	61	0.10
Brewers	27	0.04
Brewer's servants	8	0.01
Distillers	26	0.04
28. Pipemakers	75	0.12
29. Watches, instruments and toymakers		
Watch and clock makers	69	0.11
Mathematical instruments	3	0.00
Toymaker	20	0.03

30. Printing and bookbinding	41	0.07
Printers	31	0.05
Bookbinders and booksetters		
	19270	31.62
Total		
Transport		
1. Warehouses and docks		
Packers & dock labourers	16	0.03
Porters	14	0.02
Messengers for the army or King's Works	2	0.00
2. Ocean Navigation		
Mariners and seamen	29	0.05
Sailors (includes Navy)	88	0.14
3. Inland Navigation		
Lightermen	2	0.00
Watermen and bargemen	51	0.08
5. Roads		
Carriers and carters	75	0.12
Carmen & draymen	7	0.01
Coachmen	24	0.04
Chairmen	8	0.01
Ostlers	31	0.05
Total	145	0.24
Dealing		
1. Coal merchants	2	0.00
2. Hop, hay and chaff merchants & wool staplers	8	0.01
3. Clothing and silk merchants	4	0.01
4. Dress		
Drapers	42	0.07
Haberdashers (hosiers also worked as haberdashers)	8	0.01
Wigmakers (peruke and periwig included)	134	0.22
Perfumers	1	0.00
spectacle maker	1	0.00
5. Food		
Butchers	661	1.08
Poulterers	17	0.03

Grocers	28	0.05
Oil shop	2	0.00
Fruiterers	3	0.00
Cheesemongers	3	0.00
6. Tobacconists	49	0.08
7. Wine and spirits		
Innkeepers and publicans	34	0.06
Vintners	30	0.05
Wine merchants		
8. Lodging		
Lodging house and coffeehouse	2	0.00
keepers	12	0.02
Victuallers		
10. Stationery	4	0.01
Stationers	4	0.01
Booksellers		
11. Household Utensils	4	0.01
Ironmongers	3	0.00
Hardwaremen		
12. General dealers		
Shopkeepers	17	0.03
Chandlers	23	0.04
Dealers, mercers, sellers	23	0.04
‘mongers’	20	0.03
Pedlars	76	0.12
Chapmen	10	0.02
Total	1225	2.01
Industrial Service		
2. Accounts, book-keepers,		
clerks	17	0.03
Clerks	9	0.01
Scrivenors	13	0.02
Writers	148	0.24
‘Scribblers’	1	0.11
Brokers	3	0.00
Book-keepers		
3. ‘Labourers’	18929	31.06
Total	19120	31.37

Public and Professional Sector		
1 & 2. Government Employees		
Local government clerks	5	0.01
Excisemen	14	0.02
Postmen	2	0.00
4. Army		
Soldiers and Pensioners	27	0.04
Soldiers' sons and wider families	122	0.20
Officers' sons and wider families	30	0.05
Officers' servants	8	0.01
7. Law		
Lawmen	1	0.00
Watchmen	2	0.00
Attorneys	15	0.02
Attorney's clerks and apprentices	15	0.02
8. Medicine		
Chemists, druggists and apothecaries	4	0.01
Apothecary's servants	1	0.00
Surgeons	33	0.05
Surgeon's servants	2	0.00
Doctors	4	0.01
Toothdrawers	1	0.00
Mountebanks	1	0.00
Coroner		
9. Art		
Engravers	11	0.02
10. Musicians		
	64	0.11
13. Education		
Schoolmasters	13	0.02
Schoolboys and scholars	24	0.04
Fencing masters	2	0.00
Riding masters	1	0.00
14. Clergymen and their families		
	3	0.00
Total	406	0.67
Domestic Service		
1. Servants		
Servants	368	0.60
Gentleman's servants	64	0.11

Gentleman's grooms	2	0.00
Cooks	12	0.02
2. Personal service		
Hairdressers	41	0.07
Barbers (including many wigmakers)	430	0.71
Total	917	1.50
Independent		
Gentlemen (including decayed gentlemen and 'lost legacies')	64	0.11
Highlanders	5	0.01
Total	69	0.11
Apprentices	141	0.23
No trade	57	0.09
Unknown	15499	25.43

Source: WO116/1-10.

Bibliography

Primary Manuscript Sources

National Archives UK (TNA)

ADM 80/69 Book of Orders of the Council of Greenwich Hospital as to Discipline, 1705-20.

ADM 82/14, Payments to Chest of Chatham Pensioners, 1688-89.

ADM 82/128 Orders of the Governors of the Chest at Chatham, 1617-1797

HO 47/7 Petition of James Hunt, 7th April 1789.

PC1/14/95 King's Council Petition of Poor Soldiers of Regiment of Guards taken Prisoner at Almanza, March 1715.

PC/1/1/162 Petition of William Varnall, August 1702.

WO1/870 War Office In-Letters, 1760-63.

WO1/1137 In-letters of the Commander in Chief, 1777-1825.

WO12/2289 Musters for 5th Foot 1st Battalion, 1760-80.

WO12/11599 Invalid Musters, Berwick, 1783-1802.

WO12/11616 Invalid Musters, Plymouth, 1784-93.

WO12/11618 Invalid Musters, Scilly Islands and Portsmouth, 1784-1802.

WO23/18 Indian Army Pensioners Register, 1853-6.

WO23/147-8 Pensions Admission Book: Pensions payable to the colonies, 1817-39.

WO23/153 Negro Pensioners and the St Helen Corps, c.1837.

WO23/154 Negro Pensioners, c.1837.

WO24/15 Hospital Establishment Books, April 1692.

WO27/3 Army Inspection Returns, 1753-55.

WO45/1 Board of Ordnance Establishment, 1783-84.

WO116/1-13 The Royal Hospital of Chelsea; Disability and Royal Artillery Out-Pension Admission Books, 1715-1812.

WO117 Royal Hospital of Chelsea, Length of Service Pension Admission Books, 1823-1920.

WO118 Royal Hospital of Kilmainham, Pension Admission Books, 1704-1922.

WO119 Royal Hospital of Kilmainham, Discharge Papers, 1757-1849.

WO245/1 Out-Pensioner Cash Books, 1715-16.

WO245/30 Royal Hospital of Chelsea, Surgeons' Bills, 1790.

WO247/32 Royal Hospital of Chelsea, Staff Instructions, 1716-80.

WO245/37 Royal Hospital of Chelsea, Miscellaneous Papers, 1790.

WO245/108 Royal Hospital of Chelsea, Expenses on Staff and Accommodation, 1723-42.

WO245/121 Accounts of Lunatics in Bethlem Hospital, Expense Accounts, 1750-74.

WO246/92-4, Royal Hospital of Chelsea, Common Letter Books, 1715-55.

WO 246/ 98-9. Royal Hospital of Chelsea, Letters relating to Out-Pension, 1781-97, 1807-23.

WO247/5 Royal Hospital of Chelsea, Warrants and Letters of Attorney, 1751-1836.

WO247/25-8 Royal Hospital of Chelsea, Office Regulations, 1816-45.

WO247/29 Royal Hospital of Chelsea, Register of Questions to Prove Identity of Pensioners, 1832-3.

WO247/30 Royal Hospital of Chelsea, Miscellaneous Administrative Papers, 1715-84.

WO250/458-67 Royal Hospital of Chelsea, Hospital Journal, February 1702-1806.

WO250/468-9 Hospital Journal, Index to November 1667, February 1703-March 1755.

WO250/470-82 Board Minutes, November 1716-February 1743-January 1802.

WO251/1-7 Royal Hospital of Chelsea, Correspondence, nd.

London Metropolitan Archives (LMA)

XO15/35-36, 49. St Luke's parish records, nd.

XO15/036 Stopped Pension payments, St Luke's parish, 1822-7

Online Databases

British History Online, Domestic State and Treasury Papers, 1660-1703.

Calendar of State Papers: Charles II, William and Mary, and William III.

Calendar of Treasury Papers

Calendar of Treasury Books

Calendar of State Papers Domestic: Charles II, 1665-6 (1864).

Calendar of State Papers Domestic: Charles II, 1673-5 (1904).

Calendar of State Papers Domestic: William and Mary, vol. 1 1691-1 (1898).

Calendar of State Papers Domestic: William and Mary vol. 2. (1900).

Calendar of State Papers Domestic: William III 1700-2 (1937)

Calendar of Treasury Papers, vols 1-3 (1868, 1871, 1874)

Calendar of Treasury Books vol. 7: 1681-85 (1916).

Calendar of Treasury Books, vol. 17: Register of Papers, Petitions and Reports (1939)

Calendar of Treasury Books vol. 18: 1703 (1936).

Calendar of Treasury Books, vol. 19: 1704-5 (1938)

Calendar of Treasury Books, vol. 20: 1705-6 (1952).

Calendar of Treasury Books, vol. 27 (1955).

House of Commons Journal

House of Lords Journal

Old Bailey Online

Printed Primary Materials

1797-98 (13): *Report of the Thirty-Fourth Report from the Select Committee on Finance etc: Chatham Chest, Greenwich Hospital, and Chelsea Hospital*, London: 1798.

1797 (109): *Nineteenth Report from the Select Committee on Finance &tc: Secretary at War, Comptrollers of Army Accounts, and Paymaster-General*, London: 1797.

1806-7 (88): *Return of the number of out-pensioners of the establishment of Chelsea Hospital, distinguished into their respective classes, as to amount of pension as estimated at Christmas 1806*, London: 1807.

1812 (251): *The Nineteenth Report of the Commissioners of Military Enquiry*, London: 1812.

1816 (227): *First Report of Evidence Taken before the Select Committee appointed to consider of provision being made for the better regulation of madhouses in England*, London: 1816.

1816 (451): *Third Report from the Committee on Madhouses in England, &c with Appendix*, London: 1816.

1826 (429): *A Return of the names and residents of all discharged soldiers, who were admitted on the out-pension of Chelsea Hospital during the period at which the corps to which they respectively belonged were serving in the Isles of France and Bourbon: 1810-24*, London: 1826.

1829 (290): *Report of the commissioners appointed to inquire into and to state the mode of keeping the official accounts in the principal departments connected with the receipts and expenditure for the public service*, London: 1829.

1870 (191): *First Report of a Committee on the Royal Hospitals at Chelsea and Kilmainham, together with Minutes of Evidence &c.*, London: 1870.

1870 (275): *Second Report of a Committee on the Royal Hospitals at Chelsea and Kilmainham*, London: 1870.

Anno Regni Caroli II Regis, London: John Bill and Christopher Barker, 1660.

Regimental Standing Orders for the 62nd Regiment of Foot, issued by Major General Edward Mathew, Lincoln: 25th April 1781.

General Regulations and orders for His Majesty's Forces [Ireland], Dublin: 1786.

Standing Orders and Regulations for the Army in Ireland, Dublin: George Grierson, 1789.

Anon., *Here is some Comfort for Poor Cavaleeres*, 1660-1.

Anon., *Commission for Greenwich Hospital*, London: Charles Bill & Thomas Newcomb, 1695.

Anon., *A Pattern of a Well Constituted and Well Governed Hospital,, or a Brief Description of the Buildings, and Full Relation of the Establishment, Constitution, Discipline, Oeconomy and Administration of the Royal Hospital of Invalids near Paris*, London: 1695.

Anon., *An account of the proceedings of the House of Peers, upon the Observations of the Commissioners for Taking, Examining and Stating the Publick Accounts of the Kingdom: with their Address to Her Majesty; and Her Majesty's Most Gracious Answer Thereunto, together with the Paper Referred to in these Proceedings*, London: Charles Bill, 1703.

Anon., *An Historical Account of the Affairs of Great Britain and Ireland, with the Most remarkable Occurrence from Abroad, for the month of December*, London: A. Bell, 1715.

Anon., *A Collection of the Parliamentary Debates in England from the Year MDCLXVIII to the present Time*, vol. 10., London: John Torbuck, 1741, 109-118.

Anon., *The Female Soldier, or the Surprising Life and adventures of Hannah Snell*, London: R. Walker, 1750.

Anon., *Abstract of the by-laws, rules and orders, made by the Governors of the Royal Hospital of King Charles II near Dublin*, Dublin: George Faulkner, 1752.

- Anon., *The Case of the Agents for the Out-Pensioners of Chelsea-College*, London: 1755.
- Anon., 'The Recruiting Serjeant, Engrav'd for the Oxford Magazine', *Oxford Magazine* 5 (1770), 193.
- Anon., *The Adventures of William Blair, a Trooper and his Horse Pocket*, Ipswich: 1800.
- Anon., *Old Joe Miller: being a complete and correct copy from the best edited collections of his celebrated Jest*s, London: 1800.
- Anon., 'Chelsea Quarters', in *The Festival of Momus: A Collection of Comic Songs, including the modern and a variety of originals*, London: W. Lane, circa 1780.
- Anon., "John Dorman's Appeal to the Publick in the One Hundred and Tenth Year of his Age", *Gentleman's Magazine* (February 1819), 161.
- Anon., *Narrative of a Private Soldier in His Majesty's 92d Regiment of Foot, written by himself*, 2nd edition., Philadelphia: United Foreign Missionary Society, 1822.
- Anon., 'Royal Hospital of Kilmainham', *The Dublin Penny Journal*, 2, no. 89 (1834), 289-90.
- Anon., *Memoirs of a Sergeant late in the Forty-Third Light Infantry previous to and during the Peninsular War*, London: John Mason, 1835.
- Anon., 'Marshall on Malingering', *Chamber's Edinburgh Journal*, issue 397 (7th September 1839).
- Anon., *Choice Chips of Revenue Lore being Papers Relating to the Establishment of the Excise, Excise Duties, Salaries, Superannuation &c.*, Portsmouth: Hampshire Telegraph, 1877.
- Akerman, John Yonge ed., *Moneys Received and Paid for Secret Services of Charles II and James II*, London: Camden Society, 1851.
- Baillie, Thomas, *The Case of the Royal Hospital of Seamen at Greenwich: containing a Comprehensive View of the Internal Government, in which are state the several Abuses that have been introduced into that Great Establishment*, London: 1778.

- Beaver, Alfred, *Memorials of Old Chelsea: A New History of the Village of Palaces*, London: Elliott Stock, 1892.
- Bird, James Barry, *Selections from the Laws of England: containing distinct and familiar treatises upon such heads and divisions of the law as are of most general*, London: 1799.
- Bobbin, Tim, 'The Pluralist and the Old Soldier', London: M. Darly, 1762.
- Blair, William, *The Soldier's Friend: or, the means of preserving the health of military men addressed to officers of the British Army*, Dublin: T. Stewart, 1798.
- Blane, G., 'Statements of the Comparative Health of the British Navy, 1779-1814', *Medical and Chirurgical Transactions London*, 6 (1819), 490-573.
- Bryan, George, *Chelsea in the Olden & Present Times*, London: 1869.
- Buchanan, William, *Domestic Medicine: or, a Treatise on the prevention and cure of diseases by regimen and simple medicines*, Philadelphia: 1774.
- Bullingbrooke, Edward, *An Appendix to the abridgement of the statutes of Ireland, Containing an abridgement of the several acts passed in this Kingdom; and such British Acts, as relate to or bind Ireland; which have passed since the twenty-fifth year of the reign of His Present Majesty*, Dublin: 1756.
- Burt, Isabella, *Historical Notices of Chelsea, Kensington, Fulham, and Hammersmith*, London: J. Saunders, 1871.
- Butler, Roberts, *Narrative of the Life and Travels of Serjeant B, written by himself*, Edinburgh: Knight and Lacey, 1823.
- Cay, John, *The Statutes at large, from Magna Charta, to the thirtieth year of King George the Second, inclusive, in Six Volumes, by the late John Cay Esq., vol. 6*. London: Thomas Baskett, 1758.
- Chomley, Hugh, *An Account of Tangier, with some account of himself and his journey through France and Spain*, London: 1787.
- Cotton, Joseph, *Memoir of the Origin and incorporation of the Trinity House of Deptford Strand*, London: J. Darling, 1818.

- Curling, James Bunce, *Some Account of the Ancient Corps of Gentlemen-At-Arms*, London: Richard Bentley, 1850.
- Darley, John, *The Glory of Chelsey Colledge revived*, London: J. Bourn, 1662.
- Davies, Christian, *The Life and Adventures of Mrs Christian Davies, commonly call'd Mother Ross; who in several campaigns under King William and the late Duke of Marlborough in the quality of a foot-soldier and dragoon, gave many signal Proofs of unparallel'd Courage and Personal Bravery*, London: R. Montagu, 1740.
- Downing, James, *A Narrative of the Life of James Downing, a blind man a private in His Majesty's 20th Regiment of Foot, written by himself*, 3rd edition, London: J. Haddon, 1815.
- Dudley, John Ward, *The Law of a Justice of the Peace and Parish Officer, containing all the acts of Parliament at Large concerning them*, London: 1770.
- Faulkner, Thomas, *An Historical and Descriptive account of the Royal Hospital and the Royal Military Asylum at Chelsea*, London: 1805.
- Faulkner, Thomas, *An Historical and Topographical Description of Chelsea and its Environs*, London: 1829.
- Fielding, Henry, *The Champion: containing a series of papers, humorous, moral, political and critical*, London: 1743.
- Gatty, Alfred, 'Longevity at Chelsea Hospital', *Notes and Queries*, series 8, vol. 7, no. 178 (1895), 418.
- Gibson, John, 'A Blind Perthshire Sergeant's Lament for his Colonel who died at El Hamet in 1807', *International Review of Scottish Studies*, 36 (2011), 93-106.
- Gleig, George, *The Chelsea Pensioners*, London: Henry Coburn, 1829.
- Gleig, George, *The Traditions of Chelsea College*, London: R. Bentley, 1839.
- Gleig, George, *The Veterans of Chelsea Hospital*, London: Bentley, 1844.
- Goldsmith, Oliver, *The Deserted Village*, London: 1770.

- Goldsmith, Oliver, *The Citizen of the world, or letters from a Chinese Philosopher residing in London to his friends in the East*, London: 1792.
- Guthrie, Thomas, *The Street Preacher, being the Autobiography of Robert Flockhart*, Edinburgh: Adam and Charles Black, 1858.
- Hale, James, *Journal of James Hale, late Sergeant in the Ninth Regiment of Foot*, 2nd edition, London: Naval and Military Press, original edition, 1826.
- Hayter, Tony, (ed.), *An Eighteenth-Century Secretary at War: The Papers of William, Viscount Barrington*, London: Bodley Head and Army Records Society, 1988.
- Hutt, George, *Papers Illustrative of the Origin and Early History of the Royal Hospital at Chelsea*, London: HM Stationary Office, 1872.
- Jackson, Thomas, *Narrative of the eventful life of Thomas Jackson late sergeant of the Coldstream Guards detailing his military career during the twelve years of the French War*, Birmingham: Joshiah Allen and Son, 1847.
- L'Strange, Alfred Guy, *Village of Palaces; or Chronicles of Chelsea*, London: Hurst and Blackett, 1880.
- Lawrence, William, *The Autobiography of Sergeant William Lawrence, a hero of the Peninsular and Waterloo Campaigns*, ed. George Nugent Bankes, London: Sampson Lowe, 1886.
- Layer, John, *The office and duties of constables, churchwardens and other the overseers of the poore*, Cambridge: Roger Daniel, 1641.
- Lovell, Walter, 'Longevity at the Royal Hospital', *Notes & Queries*, Series 8, vol. 8 (1893), 385.
- Lysons, Daniel, *The Environs of London; being an historical account of the towns, villages, and hamlets within twelve miles of that capital*, London: 1792.
- Marshall, Henry, *Hints to Young Medical Officers of the Army on the Examination of Recruits*, London: 1828.

- Marshall, Henry, *On the Enlisting, Discharging and Pensioning of Soldiers with the Official Documents on these Branches of Military Duty*, 2nd edition, Philadelphia: A Waldie, 1840, original edition 1839.
- Mead, Richard, *Bibliotheca Mediana, sive catalogus librorum Richardi Mead*, London: 1755.
- Oldmixton, John, *Memoirs of Ireland from the Restoration to the Present times*, London: J. Roberts, 1716.
- Osbourne, Thomas, *Catalogus Bibliothecae Harleianae*, vol. 2 London: 1743.
- Pittis, William, *Memoirs of the Life of Sir Stephen Fox, Kt from his first entrance upon the stage of action under the Lord Piercy till his decease*, London: John Sackfield, 1717.
- Savil, Gertrude, *Secret Comment: The Diaries of Gertude Savile*, ed. Alan Saville, Kingsbridge History Society and Thoroton Society of Nottinghamshire, 1997.
- Shipp, John, *Memoirs of the extraordinary military career of John Shipp, late a lieutenant in His Majesty's 87th Regiment, written by himself*, 2nd edition, London: 1897, 1st edition 1829.
- Simes, Thomas, *Military course for the government and conduct of a battalion, designed for the regulations in quarter, camp or garrison*, London: 1777.
- Smith, Thomas, *Some Account of the Royal Body-Guard Entitled the Ancient Corps of the Yeoman of the Guard*, London: Wrights, 1852.
- Spavens, William, *The seaman's narrative: containing an account of a great variety of such incidents as the author met in the Sea Service*, Louth: 1796.
- Stewart, Lewis, *A Collection of Songs*, Aberdeen: Burnett and Rettie, 1797.
- Stow, John, *The survey of London containing the original, increase, modern estate and government of that city, methodically set down*, London: Nicolas Bourn, 1633.
- Tulloch, Alexander, 'On the Sickness and Mortality among the Troops in the West Indies', *Journal of the Statistical Society of London*, 1, no. 7 (1838), 428-44.

Wilson, Thomas, *An Account of the foundation of the Royal Hospital of King Charles II &c, near Dublin, for the relief and maintenance of antient and maimed soldiers of the army of Ireland*, Dublin: Robert Owen, 1725.

Wingate, Edmund, *An exact abridgement of all the statutes in force and use from the beginning of the Magna Carta*, London: 1704.

Woodman, John, *The Rat-Catcher at Chelsea College*, London: 1740.

Secondary Sources

Ackroyd, Marcus, Brockliss, Laurence, Moss, Michael, Retford, Kate & Stevenson, John, (eds.), *Advancing with the Army: Medicine, the Profession, and Social Mobility in the British Isles, 1790-1850*, Oxford: Oxford University Press, 2006.

Ainsworth, J., 'Manuscripts at the Royal Hospital, Kilmainham', *Analecta Hibernica*, 23 (1966), 311-12.

Aldous, Vivienne, 'Records of King's Freemen in the City of London in the 18th and 19th Centuries', *Genealogists' Magazine*, 27, no. 9 (2003), 415-21.

Anderson, F. W. 'Why did Colonial New Englanders Make Bad Soldiers?: Contractual Principles and Military Conduct during the Seven Years' War', *William and Mary Quarterly*, 38, no. 3 (1981), 395-417.

Anderson, Julie, *War, Disability and Rehabilitation in Britain: Soul of a Nation*, Manchester: Manchester University Press, 2011.

Appleby, D. J., "'Unnecessary Persons? Maimed Soldiers and War Widows in Essex, 1642-62', *Essex Archaeology and History*, 32 (2001), 209-21.

Armstrong, W. A., 'The Use of Information about Occupation', in *Nineteenth-Century Society*, ed. E. A. Wrigley, Cambridge: Cambridge University Press, 1972, 191-310.

Atherton, Ian, McGrath, Eileen, and Tomkins, Alannah, "'Pressed down by want and afflicted with Poverty, Wounded and maimed in war or worn down with Age?": Cathedral Almsmen in England, 1538-1914', in *Medicine, Charity and Mutual Aid*, eds. Anne Borsay and Peter Shapely, Aldershot: Ashgate, 2007, 11-34.

- Bailey, Joanne, “‘A Very Sensible Man’”: Imagining Fatherhood in England, c.1750-1830’, *History*, 95, no. 319 (2010), 267-92.
- Bainbridge, Simon, *British Poetry and the Revolutionary and Napoleonic Wars: Visions of Conflict*, Oxford: Oxford University Press, 2003.
- Barker, Hannah, ‘Soul, Purse, and Family: Middling and Lower-Class Masculinity in Eighteenth-Century Manchester’, *Social History*, 33, no. 1 (2008), 12-35.
- Barnsley, R. ‘The Life of an Eighteenth-Century Army Surgeon’, *Journal of Army Historical Research*, 44 (1966), 130-34.
- Behrendt, Stephen, “‘A Few Harmless Numbers’”: British Women Poets and the Climate of War, 1793-1815’, in *Romantic Wars: Studies in Culture and Conflict, 1793-1822*, ed. Philip Shaw, Aldershot: Ashgate, 2000, 13-36.
- Beier, Lucinda McCray, ‘Seventeenth-Century English Surgery: The Casebook of Joseph Binns’, in *Medical Theory, Surgical Practice: Studies in the History of Surgery*, ed. Christopher Lawrence, London: Routledge, 1992, 48-84.
- Bennett, Betty, ‘Introduction’, in *British War Poetry in the Age of Romanticism 1793-1815*, (London: Garland, 1976), online edition, [<http://www.rc.umd.edu/editions/warpoetry/intro.html>, accessed 25th February 2014].
- Berry, Helen, and Foyster, Elizabeth, ‘Childless Men in Early Modern England’, in *The Family in Early Modern England*, eds. Helen Berry and Elizabeth Foyster, Cambridge: Cambridge University Press, 2007, 158-83.
- Beveridge, William, *Prices and Wages in England from the Twelfth to the Nineteenth Century*, vol. 1, London: Longman, Green and Co., 1939, 301-13.
- Black, Shirley Burgoyne, ‘The Chest at Chatham, 1590-1803’, *Archaeologia Cantiana*, 111 (1993), 263-80.
- Blackie, Daniel, ‘Veterans, Disability and Society in the Early United States’, in *Men After War*, eds. Stephen McVeigh and Nicola Cooper, London: Routledge, 2013, 36-51.

- Blano, Richard, 'Henry Marshall (1775-1851) and the Health of the British Army', *Medical History*, 14, no. 3 (1970), 260-76.
- Breihan, John, 'Army Barracks in the North-East in the Era of the French Revolution', *Archaeologia Aeliana*, 5th series, 18, (1998), 165-75.
- Brujin, Iris, 'The Healthcare Organization of the Dutch East India Company at Home', *Social History of Medicine*, 7, no. 3 (1994), 359-81.
- Bois, Jean-Pierre, "'Les soldats invalids au XVIIIème siècle: Perspectives nouvelles', *Histoire, économie et société*, 1, no. 2 (1982), 237-58.
- Bois, Jean-Pierre, 'Les anciens soldats de 1715 à 1815: Problèmes et methods', *Revue Historique*, (1981), 81-102.
- Borsay, Anne, "'Persons of Honour and Reputation": The Voluntary Hospital in an Age of Corruption', *Medical History*, 35 (1991), 281-94.
- Borsay, Anne, 'Using the Records of an Eighteenth-Century Infirmary', *Archives* (1994), 172-82.
- Borsay, Anne, 'Returning Patients to the Community: Disability, Medicine and Economic Rationality before the Industrial Revolution', *Disability & Society*, 13 (1998), 645-63.
- Borsay, Anne, *Medicine and Charity in Georgian Bath: A Social History of the General Infirmary, circa 1739-1830*, London: Ashgate, 1999.
- Borsay, Anne & Shapely, Peter (eds.), *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, circa 1550-1950*, Aldershot: Ashgate, 2007.
- Borsay, Anne, 'Deaf Children and Charitable Education in Britain, 1790-1944', in *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, circa. 1550-1950*, eds. Anne Borsay & Peter Shapely, Aldershot: Ashgate, 2007, 71-90.

- Bosma, Ulbe, 'European Colonial Soldiers in the Nineteenth Century: Their Role in White Global Migration and Patterns of Colonial Settlement', *Journal of Global History*, 4, no. 2 (2009), 317-36.
- Boulton, Jeremy, 'Going on the Parish: The Parish Pension and its Meaning in the London Suburbs, 1640-1724', in *Chronicling Poverty: The Voices and Strategies of the English Poor 1640-1840*, eds. Tim Hitchcock, Peter King and Pam Sharpe, London: Palgrave Macmillan, 1997, 19-46.
- Boulton, Jeremy, "'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*, 48, Supplement 8, (2000), 57-69.
- Boulton, Jeremy, 'The Poor among the Rich: Paupers and the Parish in the West End, 1600-1724', in *Londinopolis: Essays in the Cultural and Social History of Early Modern London*, ed. Paul Griffith, Manchester: Manchester University Press, 2000, 197-227.
- Bourke, Joanna, *Dismembering the Male: Men's Bodies, Britain and the Great War*, London: Reaktion, 1999.
- Bowen, Huw, 'The East India Company and Military Recruitment in Britain, 1763-1771', *Bulletin of the Institute of Historical Research*, 59, no. 139 (1986), 78-90.
- Bowen, Scarlet, "'The Real Soul of a Man in her Breast": Popular Opposition and British Nationalism in Memoirs of Female Soldiers, 1740-50', *Eighteenth-Century Life*, 28, no. 3 (2004), 20-45.
- Braddick, Michael, 'Sir Stephen Fox, (1627-1716)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2004, online edition, 2004, [<http://www.oxforddnb.com/view/article/10043>, accessed 10th February 2014].
- Brewer, John, *The Sinews of Power: War, Money and the English State, 1688-1783*, Cambridge Massachusetts: Harvard University Press, 1988.
- Brumwell, Stephen, *Redcoats: The British Soldier and War in the Americas, 1755-1763*, Cambridge: Cambridge University Press, 2002.

- Burnett, John, Vincent, David, and Mayall, David (eds.), *The Autobiography of the Working Class: An Annotated Bibliography* vols. 1 and 3, Brighton: Harvester, 1984 & 1989.
- Cannadine, David & Pellew, Jill, (eds.), *History and Philanthropy: Past, Present and Future*, (London: Institute of Historical Research, 2008).
- Cantlie, Neil, *A History of the Army Medical Department*, vol. 1, Edinburgh: Churchill Livingstone, 1974.
- Carr, Rosalind, 'The Gentleman and the Soldier: Patriotic Masculinities in Eighteenth-Century Scotland', *Journal of Scottish Historical Studies*, 28, no. 2 (2008), 12-35.
- Carvello, Sarah, 'Charity, Power and Patronage in Eighteenth-Century Italian Hospitals: The Case of Turin', in *The Hospital in History*, eds. L. Granshaw & Roy Porter, London: Routledge, 1990, 93-122.
- Chamberlayne, Edward, and Chamberlayne, John, *Angliæ Notitia, or the Present State of England with divers Remarks upon the Ancient State thereof*, 18th edition, London: 1693-4, 678-79.
- Chalus, Elaine, 'Elite Women, Social Politics and the Political World of the late Eighteenth Century', *Historical Journal*, 43, no. 3 (2000), 669-97.
- Charters, Erica, 'The Caring Fiscal-Military during the Seven Years War, 1756-63', *Historical Journal*, 52, no. 4 (2009), 921-41.
- Charters, Erica, "'The Intention is Certain Noble": The Western Squadron, Medical Trials, and the Sick and Hurt Board during the Seven Years War (1756-63)', in *Health and Medicine at Sea, 1700-1900*, eds. Sally Archer and David Boyd Hancock, London: Boydell Brewer, 2009, 19-37.
- Erica Charters, 'Making Bodies Modern: Race, Medicine and the Colonial Soldier in the Mid-Eighteenth Century', *Patterns of Prejudice*, 46, no. 3 (2012), 214-31.
- Childs, John, *The Armies of Charles II*, London: Routledge, 1979.
- Childs, John, *The Armies, James II and the Glorious Revolution*, New York: St Martin's Press, 1980.

- Childs, John, 'War, Crime Waves and the English Army in the Late Seventeenth Century', *War & Society*, 15, no. 2 (1997), 1-17.
- Clay, Christopher, *Public Finance and Private Wealth: The Career of Sir Stephen Fox, 1627-1716*, Oxford: Clarendon, 1978.
- Claydon, Tony, *William III and the Godly Revolution*, Cambridge: Cambridge University Press, 1996.
- Claydon, Tony and McBride, Ian (eds.), *Protestantism and National Identity: Britain and Ireland, circa 1650-1850*, Cambridge: Cambridge University Press, 1998.
- Cockayne, Emily, 'Experiences of the Deaf in Early Modern England', *Historical Journal*, 46, no. 3 (2003), 493-510.
- Cohen, Michèle, 'Manliness, Effeminacy and the French: Gender and the Construction of National Character in Eighteenth-Century England', in *English Masculinities*, eds. Tim Hitchcock and Michèle Cohen, London: Addison Wesley, 1999.
- Colley, Linda, *Britons: Forging the Nation, 1707-1837*, 2nd edition, London: Pimlico, 2003.
- Conway, Stephen, 'The Mobilization of Manpower for Britain's Mid-Eighteenth Century Wars', *Historical Research*, 77, no. 197 (2004), 377-404.
- Conway, Stephen, *War, State, and Society in Mid-Eighteenth-Century Britain and Ireland*, Oxford: Oxford University Press, 2006.
- Cook, Randolph, 'Thomas Baillie (c.1725-1802)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2008, online edition, January 2008, [<http://www.oxforddnb.com/view/article/1069>, accessed 10th August 2014.]
- Cookson, J. E. *The British Armed Nation, 1793-1815*, Oxford: Oxford University Press, 1997.
- Cookson, J. E., 'Alexander Tulloch and the Chelsea Out-Pensioners, 1838-43: Centralization in the Early Victorian State', *English Historical Review*, 125, no. 512 (2010), 60-82.

- Cookson, J. E., 'Early Nineteenth-Century Scottish Military Pensioners as Homecoming Soldiers', *Historical Journal*, 52, no. 2 (2009), 319-41.
- Cookson, J. E., 'Regimental Worlds: Interpreting the Experience of British Soldiers during the Napoleonic Wars', in *Soldiers, Citizens and Civilians: Experiences and Perceptions of the Revolutionary and Napoleonic Wars 1790-1820*, eds. Alan Forrest, Karen Hageman and Jane Rendall, Basingstoke: Palgrave Macmillan, 2009, 23-42.
- Cooter, Roger & Luckin, Bill, 'Accidents in History: An Introduction', in *Accidents in History: Injuries, Fatalities and Social Relations: Clio Medica 41*, eds. Roger Cooter & Bill Luckin, Amsterdam: Rodopi, 1997, 1-16.
- Cooter, Roger, 'The Moment of the Accident: Culture, Militarism and Modernism in Late Victorian Britain', in *Accidents in History: Injuries, Fatalities and Social Relations: Clio Medica 41*, eds. Roger Cooter & Bill Luckin, Amsterdam: Rodopi, 1997, 107-57.
- Craske, Matthew, 'Making National Heroes?: A Survey of the Social and Political Functions and Meanings of Major British Funeral Monuments to Naval and Military Figures, 1730-70', in *Conflicting Visions: War and Visual Culture in Britain and France, 1700-1830*, eds. Jon Bonehill & Geoff Quilley, Aldershot: Ashgate, 2005, 41-60.
- Crimmin, Pat, 'The Sick and Hurt Board and the Health of Seamen, c.1700-1806', *Journal of Maritime Research*, 1, no. 1 (1999), 48-65.
- Crimmin, Pat, 'British Naval Health, 1700-1800: Improvement over Time', in *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, ed. Geoffrey Hudson, Amsterdam: Rodopi, 2007, 183-200.
- Crimmin, Pat, 'The Sick and Hurt Board: Fit for Purpose?', in *Health and Medicine at Sea, 1700-1900*, eds. Sally Archer and David Boyd Hancock, London: Boydell Brewer, 2009, 90-107.
- Cruikshank, Dan, *The Royal Hospital Chelsea: The Place and the People*, London: Third Millennium, 2003.

- Crumplin, Michael, 'Surgery in the Royal Navy during the Revolutionary and Napoleonic Wars (1793-1815)', in *Health and Medicine at Sea, 1700-1900*, eds. Sally Archer and David Boyd Hancock, London: Boydell Brewer, 2009, 63-89.
- Cunningham, Peter & Grell, Ole, (eds.), *Health Care and Poor Relief in Protestant Europe, 1500-1700*, London: Routledge, 1997, 204-19.
- Curtin, Philip, 'The White Man's Grave: Image and Reality, 1780-1850', *Journal of British Studies*, 1 (1961), 376-86
- D'Ews, A. D., Charlton, I., and Porter, Charles, (eds), *The Trinity House Petitions: A Calendar of the Records of the Corporation of Trinity House, London, now in the Library for the Society of Genealogists*, London: Society of Genealogists, 1987.
- Dawney, N. P., 'The Dress of the Royal Hospital, Chelsea', *Journal of the Society for Army Historical Research*, 19 (1940), 104-11.
- Dean, C. G. T., 'Lord Ranelagh's House in Chelsea: An Unrecorded Work by Sir Christopher Wren', *Transactions of the London and Middlesex Archaeological Society*, 7 (1933), 210-17.
- Dean, C. G. T., 'The Graham Family', *The Times*, issue 46883, 12th October 1934, 15.
- Dean, C. G. T., 'The Inauguration of Army Pensions: A Two-Hundred-and-Fiftieth Anniversary', *Journal of the Royal United Service Institute*, 80, no. 519 (1935), 557-9.
- Dean, C. G. T., 'The Uniform of the Chelsea Pensioner', *Journal of the Society for Army Historical Research*, 14, no. 56 (1935), 53-60.
- Dean, C. G. T., 'The Corps of Invalids', *Journal of the Royal United Service Institute*, 89, no. 555 (1944), 282-7 and 91, no. 555 (1946), 282-87.
- Dean, C. G. .T., 'Charles II's Garrison Hospital, Portsmouth', *Proceedings of the Hampshire Field Club and Archaeological Society*, 16, no. 3 (1947), 280-3.
- Dean, C. G. T., 'The Governor's Table: A Curious Link with James Boswell at Chelsea Hospital', *Transactions of the London and Middlesex Archaeological Society*, 8 (1947), 10-16.

- Dean, C. G. T., *The Royal Hospital, Chelsea*, London: Hutchinson & Co., 1950.
- Dean, David, *Law-Making and Society in Late Elizabethan England: The Parliament of England, 1584-1601*, Cambridge: Cambridge University Press, 1996.
- De Beer, E., (ed.), *The Diary of John Evelyn*, London: Oxford University Press, 1959.
- Dickinson, H., 'Popular Conservatism and Militant Loyalism, 1789-1815', in *Britain and the French Revolution, 1789-1815*, ed. H. Dickinson, Basingstoke: Macmillan, 1989, 103-25.
- Diehl, James, 'Victors or Victims? Disabled Veterans in the Third Reich', *Journal of Modern History*, 59, no. 4 (1987), 705-36.
- Divers, David, 'Excavations at Deptford on the Site of the East India Company Dockyards and the Trinity House Almshouses, London', *Post-Medieval Archaeology*, 38, no. 1 (2004), 17-32.
- Downie, J. A., 'The Commission of Public Accounts and the Formation of the Country Party', *English Historical Review*, 91, no. 358 (1976), 33-51.
- Douet, James, *British Barracks, 1600-1914: Their Architecture and Role in Society*, Norwich: English Heritage, 1998.
- Doyle, Barry, 'Power and Accountability in the Voluntary Hospitals of Middlesborough, 1900-48', in *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, c. 1550-1950*, eds. Anne Borsay & Peter Shapely, Aldershot: Ashgate, 2007, 207-24.
- Dudink, Stefan, Hagemann, Karen, and Clark, Anna (eds.), *Representing Masculinity: Male Citizenship in Modern Western Culture*, Basingstoke: Palgrave Macmillan, 2007.
- Duffy, Christopher, *The Military Experience in the Age of Reason*, London: Routledge & Kegan Paul, 1987.
- Ertman, Thomas, 'The Sinews of Power and European State-Building Theory', in *An Imperial State at War: Britain from 1689 to 1815*, ed. Lawrence Stone, London: Routledge, 1994, 33-51.

- Fevret, Mary, 'Coming Home: The Public Spaces of Romantic War', *Studies in Romanticism*, 33, no. 4 (1994), 539-48.
- Fevret, Mary, 'War and Everyday Life in Britain', in *War in an Age of Revolution, 1775-1815*, eds. Roger Chickering and Stig Förster, Cambridge: Cambridge University Press, 2010, 395-410.
- Fissell, Mary, 'Charity Universal?: Institutions and Moral Reform in Eighteenth-Century Bristol', in *Stilling the Grumbling Hive: The Response to Social and Economic Problems in England, 1689-1750*, eds. Tim Hitchcock, Lee Davison, Tim Keirn & Robert Shoemaker, Stroud: Alan Sutton, 1992, 121-44.
- Fissell, Mary, *Patients, Power and the Poor in Eighteenth Century Bristol*, Cambridge: Cambridge University Press, 1991.
- Floud, Roderick, Wachter, Kenneth, and Gregory, Annabel (eds.), *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980*, Cambridge: Cambridge University Press, 1990.
- Fontana, V. J. L., 'The Political and Religious Significance of the British/Irish Militia Interchange, 1811-1816', *Journal of the Society for Army Historical Research*, 84 (2006), 131-57.
- Forrest, Alan, *Conscripts and Deserters: The Army and French Society during the Revolution and Empire*, Oxford: Oxford University Press, 1988.
- Forrest, Alan, 'Citizenship, Honour and Masculinity: Military Qualities under the French Revolution and Empire', in *Gender, War and Politics: Transatlantic Perspectives, 1775-1830*, eds. Karen Hagemann, Gisela Mettele and Jane Rendall, Basingstoke: Palgrave Macmillan, 2010, 93-109.
- Fulford, Tim, "Romanticizing the Empire: The Naval Heroes of Southey, Coleridge, Austen and Marryat", *Modern Language Quarterly* 60:2 (1999): 161-96.
- Fulford, Tim, "'Sighing for a Soldier": Jane Austen and Military Pride and Prejudice', *Nineteenth-Century Literature*, 57, no. 2 (2002), 153-78.
- Gash, Norman, 'After Waterloo: British Society and the Legacy of the Napoleonic Wars', *Transactions of the Royal Historical Society*, 28 (1978), 145-57.

- Gerber, David (ed.), *Disabled Veterans in History*, (Ann Arbor: University of Michigan Press, 2000).
- Gillespie, T. P., 'Early Days at the Royal Hospital, Plymouth', *Journal of Royal Navy Medical Service*, 50 (1964), 34-46.
- Greggus, David, 'Yellow Fever in the 1790s: The British Army in Occupied St Domingue', *Medical History*, 22 (1979), 38-58.
- Gruber von Arni, Eric, *Justice to the Maimed Soldier: Nursing, Medical Care and Welfare for Sick and Wounded Soldiers and their Families during the English Civil Wars and Interregnum, 1642-60*, Aldershot: Ashgate, 2001.
- Gruber von Arni, Eric, *Hospital Care and the British Standing Army, 1660-1714*, Aldershot: Ashgate, 2006.
- Guy, Alan, 'Regimental Agency in the British Standing Army, 1715-63: A Study in Georgian Military Administration Parts 1 and 2', *Bulletin of the John Rylands Library*, 62 (1979), 423-53 & 63 (1980), 31-57.
- Guy, Alan, *Oeconomy and Discipline: Officership and Administration in the British Army, 1714-63*, Manchester: Manchester University Press, 1985.
- Hall, Lesley, 'What Shall We Do with the Poxey Sailor?', *Journal for Maritime Research*, 6, no. 1 (2004), 113-44.
- Hagemann, Karen, "'Of "Manly Valor" and "German Honour": Nation, War and Masculinity in the Age of the Prussian Uprising against Napoleon', *Central European History*, 30, no. 2 (1997), 187-220.
- Hagemann, Karen, 'German Heroes: The Cult of Death for the Fatherland in Nineteenth-Century Germany', in *Masculinities in Politics and War: Gendering Modern History*, eds. Stefan Dudink, Karen Hagemann and John Tosh, Manchester: Manchester University Press, 2004, 116-34.
- Hagemann, Karen, 'The Military and Masculinity: Gendering the History of the Revolutionary and Napoleonic Wars, 1792-1815', in *War in an Age of Revolution, 1775-1815*, eds. Roger Chickering and Stig Förster, Cambridge: Cambridge University Press, 2010, 331-52.

- Hagemann, Karen, and Rendall, Jane, 'Introduction: Gender, War and Politics', in *Gender, War and Politics: Transatlantic Perspectives, 1775-1830*, eds. Karen Hagemann, Gisela Mettele and Jane Rendall, Basingstoke: Palgrave Macmillan, 2010, 1-40.
- Hanham, A. A., 'John Grobham Howe (1657-1722)', *Oxford Dictionary of National Biography*, (Oxford: Oxford University Press, 2007), online edition, January 2007, [<http://www.oxforddnb.com/view/article/13958>, accessed 13th February 2013].
- Harari, Yuval Noah, 'Military Memoirs: A Historical Overview of the Genre from the Middle Ages to the Late Modern Era', *War in History*, 14 (2007), 289-309.
- Harding, R., 'The Growth of Anglo-American Alienation: The Case of the American Regiment, 1740-42', *Journal of Imperial and Commonwealth History*, 17 (1989), 161-84.
- Harding, Peter and Mandler, Peter, 'From Fiscal-Military State to Laissez Faire State, 1760-1850', *Journal of British Studies*, 32 (1991), 44-70.
- Harris, G. G., *The Trinity House of Deptford, 1514-1660*, London: Athlone, 1969.
- Harris, G. G., *Trinity House of Deptford Transactions, 1609-35*, London: London Record Society, 1983.
- Harris, Tim, 'Understanding Popular Politics in Restoration Britain', in *A Nation Transformed: England after the Restoration*, eds. Alan Houston and Steve Pinctus Cambridge: Cambridge University Press, 2001, 125-53.
- Harrison, Mark, 'Disease and Medicine in the Armies of British India, 1750-1830: The Treatment of Fevers and the Emergency of Tropical Therapeutics', in *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, ed. Geoffrey Hudson, Amsterdam: Rodopi, 2007, 87-120.
- Harrison, Mark, 'Medical Experimentation in British India: The Case of Dr Helenus Scott', in *The Development of Modern Medicine in Non-Western Countries: Historical Perspectives*, ed. H. Ebrahimnejad, London: Routledge, 2009, 23-41.

- Harrison, Mark, 'Medicine and Orientalism: Perspectives on Europe's Encounter with Indian Medical Systems', in *Health, Medicine and Empire: Perspectives on Colonial India*, eds. Mark Harrison & Pati, Biswamoy, New Delhi: Orient Longman, 2001, 37-87.
- Harrison, Mark, 'Race, War and Tropical Medicine in the Eighteenth-Century Caribbean', in *Warm Climates and Western Medicine*, ed. D. Arnold, Amsterdam: Rodopi, 1996, 65-79.
- Harrison, Mark, "'The Tender Frame of Man": Disease, Climate and Racial Difference in India and the West Indies, 1760-1860', *Bulletin in the History of Medicine*, 70 (1996), 69-93.
- Harrison, Mark, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies, 1660-1830*, Oxford: Oxford University Press, 2010.
- Haycock, David Boyd, 'Exterminated by the Bloody Flux', *Journal for Maritime Research*, 4, no. 1 (2002), 15-39.
- Haycock, David Boyd, & Archer eds., Sally, *Health and Medicine at Sea, 1700-1900*, Woodbridge: Boydell, 2009.
- Hayter, Tony, *The Army and the Crowd in Mid-Georgian England*, London: Macmillan, 1978.
- Hendrickson, Ken, 'A Kinder, Gentler British Army: Mid-Victorian Experiments in the Management of Army Vice at Gibraltar and Aldershot', *War & Society*, 14 (1996), 21-33.
- Hichberger, J. W. M., *Images of the Army: The Military in British Art, 1815-1914*, Manchester: Manchester University Press, 1988.
- Hilaire-Pérez, Liliane and Rabier, Christelle, 'Self-Machinery?: Steel Trusses and the Management of Ruptures in Eighteenth-Century Europe', *Technology and Culture*, 54, no. 3 (2013), 460-502.
- Hindle, Steve, *On the Parish: The Micro-Politics of Poor Relief in Rural England, c.1550-1750*, Oxford: Clarendon, 2004.

- Hitchcock, Tim, Davison, Lee, Keirn Tim & Shoemaker, Robert eds., *Stilling the Grumbling Hive: The Response to Social and Economic Problems in England, 1689-1750*, Stroud: Alan Sutton, 1992.
- Hitchcock, Tim, 'Sociability and Misogyny in the Life of John Cannon, 1684-1743', in *English Masculinities, 1660-1800*, eds. Tim Hitchcock and Michèle Cohen, London: Addison Wesley, 1999, 25-43.
- Hopkin, David, 'La Ramée: The Archetypal Soldier as an Indicator of Popular Attitudes to the Army in Nineteenth-Century France', *French History*, 14, no. 2 (2000), 115-49.
- Hoppitt, Julian, 'Attitudes to Credit in Britain, 1680-1790', *Historical Journal*, 33, no. 2 (1990), 304-22.
- Hore, Liz, 'Life After the Army: Chelsea Out-Pensioners in the Late Eighteenth Century', *Ancestors*, 12, (2003), 18-25.
- Hore, Liz, 'Family or Country: Chelsea Out-Pensioners in the Late Eighteenth Century', *Ancestors*, 13 (2003).
- Howie, W., 'The Administration of an Eighteenth-Century Provincial Hospital: The Royal Salop Infirmary', *Medical History*, 5 (1961), 34-55.
- Hudson, Geoffrey ed., *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, Amsterdam: Rodopi, 2007.
- Hudson, Geoffrey, 'Arguing Disability: Ex-Servicemen's Own Stories in Early Modern England, 1590-1790', in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, eds. Roberta Bivins & John Pickstone, Basingstoke: Palgrave Macmillan, 2007, 105-17.
- Hudson, Geoffrey, 'Disabled Veterans and the State in Early Modern England', in *Disabled Veterans in History*, ed. David Gerber, Ann Arbor: University of Michigan Press, 2000, 117-44.
- Hudson, Geoffrey, 'Negotiating for Blood Money: War Widows and the Courts in the Seventeenth-Century', in *Women, Crime and the Courts in Early Modern*

- England*, eds. Jennifer Kermode and Garthine Walker, London: Routledge, 2004, 153-76.
- Hudson, Geoffrey, 'Internal Influences in the Making of the English Military Hospital: The Early Eighteenth Century-Greenwich', in *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, ed. Geoffrey Hudson, Amsterdam: Rodopi, 2007, 253-72.
- Hughes, Michael, 'Making Frenchmen into Warriors', in *French Masculinities: History, Culture and Politics*, eds. Christopher Forth and Bertrand Taithe, Basingstoke: Palgrave Macmillan, 2007, 51-61.
- Hurl-Eamon, Jennine, 'The Fiction of Female Dependence and the Makeshift Economy of Soldiers, Sailors and their Wives in Eighteenth-Century London', *Labor History*, 49, no. 4 (2008), 481-501.
- Igoe, Vivien & O'Dwyer, Frederick, 'Early Views of the Royal Hospital, Kilmainham', *GPA Irish Arts Review Yearbook*, (1980), 78-88.
- Innes, Joanna, 'The Domestic Face of the Military-Fiscal State: Government and Society in Eighteenth-Century Britain', in *An Imperial State at War: Britain from 1689 to 1815*, ed. Lawrence Stone, London: Routledge, 1994, 94-127.
- Jones, Colin, 'The Welfare of the French Foot-Soldier from Richelieu to Napoleon', in *The Charitable Imperative: Hospitals and Nursing in Ancien Regime and Revolutionary France*, ed. Colin Jones, London: Routledge, 1989, 209-40.
- Keay, Anna, *The Magnificent Monarch: Charles II and the Ceremonies of Power*, London: Continuum, 2008.
- Kent, David, 'Gone for a Soldier: Family Breakdown and the Demography of Desertion in a London Parish, 1750-91', *Local Population Studies*, 45 (1990), 27-42.
- King, Steven, *Poverty and Welfare in England, 1700-1850: A Regional Perspective*, Manchester: Manchester University Press, 2000.
- Kiple, Kenneth, 'Deficiency Diseases in the Caribbean', in *Disease in Human History*, ed. Robert Rotberg, Cambridge Mass.: Massachusetts Institute of Technology Press, 2000, 231-48.

- Knights, Mark, 'Parliament, Print and Corruption in Later Stuart Britain', *Parliamentary History*, 26, no. 1 (2007), 49-61.
- Kopperman, Paul and Ordahl, Karen, 'Fear of Hot Climates in the Anglo-American Colonial Experience', *William & Mary Quarterly*, 3rd series, 41 (1984), 214-40.
- Kopperman, Paul, "'The Cheapest Pay": Alcohol Abuse in the Eighteenth-Century British Army', *Journal of Military History*, 60, no. 3 (1996), 445-70.
- Kopperman, Paul, 'The British Army in North America and the West Indies, 1755-83: A Medical Perspective', in *British Military and Naval Medicine, 1600-1830: Clio Medica 81*, ed. Geoffrey Hudson, Amsterdam: Rodopi, 2007, 51-81.
- Land, Isaac, 'Bread and Arsenic: Citizenship from the Bottom Up in Georgian London', *Journal of Social History*, 39, no. 1 (2005), 89-110.
- Lawrence, David, 'Reappraising the Elizabethan and Early Stuart Soldier: Recent Historiography on Early Modern English Military Culture', *History Compass*, 9, no. 1 (2011), 16-33.
- Laws, M. E. S., 'The Royal Artillery Invalids', *Journal of the Royal Artillery*, 76 (1949), 94-98.
- Lawson, Philip, and Phillips, Jim, "'Our Execrable Banditti": Perceptions of the Nabobs in Mid-Eighteenth Century Britain', *Albion*, 16, no. 3 (1984), 225-41.
- Lewin, C. G., 'Sir Samuel Eyre (1638-1698)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2004, online edition, May 2009, [<http://www.oxforddnb.com/view/article/9037>, accessed 13th February 2013.]
- Lewin, C. G., *Pensions and Insurance before 1800: A Social History*, East Linton: Tuckwell, 2003.
- Lin, Patricia Y. C. E., 'Caring for the Nation's Families: British Soldiers' and Sailors' Families and the State, 1793-1815', in *Soldiers, Citizens and Civilians: Experiences and Perceptions of the Revolutionary and Napoleonic Wars, 1790-1820*, eds. Alan Forrest, Karen Hagemann and Jane Rendall, London: Palgrave Macmillan, 2009, 99-117.

- Lin, Patricia Y. C. E., 'Citizenship, Military Families and the Creation of a New Definition of Deserving Poor in Britain, 1793-1815', *Social Politics*, 7 (2000), 5-46.
- Lloyd, Christopher, and Coulter, Jack, *Medicine and the Navy, 1200-1900*, vols. 2 and 3, London: E. & S. Livingstone, 1961.
- Loudon, Irvine, 'The Nature of Provincial Medical Practice in Eighteenth-Century England', *Medical History*, 29 (1985), 1-32.
- Lund, Roger, 'Laughing at Cripples: Ridicule, Deformity and the Argument from Design', *Eighteenth-Century Studies*, 31, no. 1 (2005), 91-114.
- Mann, Michael, 'The Corps of Invalids', *Journal of the Society for Army Historical Research*, 66 (1988), 5-20.
- Mann, Michael, *The Veterans*, Norwich: Michael Russell, 1997.
- Mather, F. C., 'Army Pensioners and the Maintenance of Civil Order in Early 19th Century England', *Journal of the Society for Army Historical Research*, 36 (1958), 110-24.
- Mathias, Peter, 'Swords and Ploughshares: The Armed Forces, Medicine and Public Health in the Late Eighteenth Century', in *War and Economic Development*, ed. J. M. Winter, Cambridge: Cambridge University Press, 1975, 91-102.
- Mackillop, Andrew, *More Fruitful than the Soil: Army, Empire and the Scottish Highlands, 1715-1815*, East Linton: Tuckwell, 2000.
- McCombie, Grace, 'The Buildings of Trinity House Newcastle upon Tyne', *Archaeologia Aeliana*, 5th series, 13 (1985), 163-85.
- McCormack, Matthew, 'Citizenship, Nationhood, and Masculinity in the Affair of the Hanoverian Soldier, 1756', *Historical Journal*, 49, no. 4 (2006), 971-93.
- McCormack, Matthew, 'The New Militia: War, Politics, and Gender in 1750s Britain', *Gender & History*, 19, no. 3 (2007), 483-500.

- McCorry, H. C., “‘Besides, He was very Drunk at the Time...’: Desertion and Discipline, North Britain, 1751-53: Parts 1-3’, *Journal of the Society for Army Historical Research*, 69 and 70 (1991-2), 114-17, 189-97, 221-32.
- McGraith, C. I, ‘Richard Jones, Earl of Ranelagh (1641-1712)’, *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2004, online edition, <http://www.oxforddnb.com.libproxy.ncl.ac.uk/view/article/15072?docPos=2>, accessed 24th December 2013].
- McGregor, Robert, ‘The Popular Press and the Creation of Military Masculinities in Georgian Britain’, in *Military Masculinities: Identity and the State*, ed. Paul Higate, Westport: Praegar, 2003, 143-56.
- McNeill, J. R., ‘The Ecological Basis of Warfare in the Caribbean, 1700-1804’, in *Adapting to Conditions*, ed. M. Utee, Tuscaloosa: University of Alabama, 1986, 26-42.
- Metzler, Irina, *Disability in Medieval Europe: Thinking about Physical Impairment during the High Middle Ages, c.1100-1400*, London: Routledge, 2006.
- Mills, Philip, ‘Privates on Parade: Soldiers, Medicine and the Treatment of Inguinal Hernias in Georgian England’, in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson, Amsterdam: Rodopi, 2007, 149-182.
- Mitchell, Rosalind, ‘The Making of the Old Scottish Poor Law’, *Past & Present*, 63 (1974), 58-93.
- Moran, Richard, ‘The Origin of Insanity as a Special Verdict: The Trial for Treason of James Hadfield (1800)’, *Law and Society Review*, 19, no. 3 (1985), 487-519.
- Morris, Derek, ‘Stepney and the Trinity House’, *East London Record*, 13 (1990), 33-8.
- Morris, Ruth, ‘Pragmatism, Precept and Passions: The Attitudes of English-Language Legal System to Non-English Speakers’, in *Translation and the Law*, ed. Marshall Morris, Philadelphia: John Benjamin, 1995, 263-80.
- Morris, Ruth, ‘The Face of Justice: Historical Aspects of Court Interpreting’, *Interpreting*, 4, no. 1 (1999), 97-127.

- Mueller, Judith, 'Fallen Men: Representations of Male Impotence in Britain', *Studies in Eighteenth-Century Culture*, 28, no. 1 (1999), 85-102.
- Murison, Barbara, 'Thomas Povey, (1614-1705)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2004, online edition, [<http://www.oxforddnb.com.libproxy.ncl.ac.uk/view/article/22640?docPos=1>, accessed 1st March 2014].
- Myerly, Scott Hughes, *British Military Spectacle: From the Napoleonic Wars through to the Crimea*, Cambridge, Massachusetts: Harvard University Press, 1996.
- Nicholson, Malcolm, 'Giovanni Battista Morgagni and Eighteenth-Century Physical Examination', in *Medical Theory, Surgical Practice*, ed. C. Lawrence, London: Routledge, 1992, 101-34.
- Nielsen, Caroline Louise, 'Continuing to Serve: Representations of the Elderly Veteran Soldier in the late Eighteenth and early Nineteenth Centuries', in *Men After War*, eds. Stephen McVeigh and Nicola Cooper, London: Routledge, 2013, 18-35.
- O'Dea Laurence, 'The Hospitals of Kilmainham', *Dublin Historical Record*, 20, nos. 3 and 4 (1965), 82-99.
- Oddy, Derek, "'Gone for a Soldier": The Anatomy of a Nineteenth-Century Army Family', *Journal of Family History*, 25, no. 1 (2000), 39-62.
- Ollard, Richard, 'Greenwich and the Royal Naval Hospital', *History Today*, 5, no. 11 (1955), 777-84.
- Ottaway, Susannah, *The Decline of Life: Old Age in Eighteenth-Century England*, Cambridge: Cambridge University Press, 2004.
- Packham, Catherine, 'Disability and Sympathetic Sociability in Enlightenment Scotland: The Case of Thomas Blacklock', *British Journal for Eighteenth-Century Studies*, 30 (2007), 423-38.
- Padiak, Janet, 'The Serious Evil of Marching Regiments: The Families of the British Garrison at Gibraltar', *The History of the Family*, 10, no. 2 (2005), 137-50.

- Padiak, Janet, 'The Role of Morbidity in the Mortality Decline in the Nineteenth Century: Evidence from the Military Population', *Journal of the History of Medicine and Allied Sciences*, 60, no. 1 (2005), 73-95.
- Palmer Roy (ed.), *The Rambling Soldier: Life in the Lower Ranks, 1750-1900 through Soldiers' Songs and Writings*, Harmondsworth: Kestral, 1977.
- Parkes, Simon, 'Cultural Transfer, Wartime Anxiety and the *Lenore* Translations of 1796', *Romanticism*, 17, no. 2 (2011), 175-85.
- Parkes, Simon, "'More Dead than Alive": The Return of Not-Orlando in Charlotte Smith's *The Old Manor House*', *European Romantic Review*, 22 (2011), 765-84.
- Parkes, Simon, 'Wooden Legs and Tales of Sorrow Done: The Literary Broken Soldier of the late Eighteenth Century', *Eighteenth-Century Studies*, 36, no. 2 (2013), 191-207.
- Peers, Douglas, 'Gleig, George Roberts (1796-1888)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2004, online edition, [<http://www.oxforddnb.com.libproxy.ncl.ac.uk/view/article/10811>, last accessed 1st March 2014].
- Pelling, Margaret, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England*, London: Longman, 1998.
- Pender, Stephen, 'In the Bodyshop: Human Exhibition in Early Modern England', in *"Defects": Engendering the Modern Body*, eds. Helen Deutsch & Felicity Nussbaum, Ann Arbor: University of Michigan Press, 2000, 95-126.
- Porter, Roy & Porter, Dorothy (eds.), *In Sickness and in Health: The British Experience, 1650-1850*, London: Fourth Estate, 1988.
- Porter, Roy, 'The Drinking Man's Disease: The 'Pre-History' of Alcoholism in Georgian Britain', *British Journal of Addiction*, 80, no. 4 (1985), 385-7.
- Porter, Roy (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, Cambridge: Cambridge University Press, 1985.

- Porter, Roy, *Mind Forg'd Manacles: A History of Madness from the Restoration to the Regency*, Harvard: Harvard University Press, 1987.
- Porter, Roy, *Disease, Medicine and Society, 1550-1860*, Cambridge: Cambridge University Press, 1993.
- Porter, Roy, 'Accidents in the Eighteenth Century', in *Accidents in History: Injuries, Fatalities and Social Relations: Clio Medica 41*, eds. Roger Cooter and Bill Luckin, Amsterdam: Rodopi, 1997, 90-106.
- Powell, I., 'The Chatham Chest under the early Stuarts', *Mariner's Mirror*, 8 (1922), 175-82.
- Pugh, P., 'History of the Royal Naval Hospital, Plymouth', *Journal of Royal Navy Medical Service*, 58 (1972), 78-94, 207-26.
- Quilley, Geoff, 'Duty and Mutiny: The Aesthetics of Loyalty and the Representation of the British Sailor, c1789-1800', in *Romantic War: Studies in Culture and Conflict, 1793-1822*, ed. Philip Shaw, Aldershot: Ashgate, 2000, 80-109.
- Ramsey, Neil, *The Military Memoir and Romantic Literary Culture, 1780-1835*, Aldershot: Ashgate, 2011.
- Resch, John Phillips, *Suffering Soldiers: Revolutionary War Veterans, Moral Sentiment, and Political Culture in the Early Republic*, Amherst: University of Massachusetts Press, 1999.
- Risse, Guenther, 'Britannia Rules the Seas: The Health of Seamen, Edinburgh, 1791-1800', *Journal of the History of Medicine and Allied Sciences*, 43 (1988), 426-46.
- Risse, Guenther, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*, Cambridge: Cambridge University Press, 1986.
- Ritchie, Carson, trans. 'The Hostel of the Invalides by Thomas Povey (1682)', *Medical History*, 10, no. 1 and 2 (1966), 1-22, 177-97.
- Rosen, George, 'Nostalgia: A Forgotten Psychological Disorder', *Psychological Medicine*, 5, no. 4 (1975), 340-54.

- Rumsby, John, 'Suicide in the British Army, c1815-60', *Journal of the Society for Army Historical Research*, 84 (2006), 349-61.
- Sainty, John Christopher, 'Comptrollers of the Army: Provisional Lists', Institute of Historical Research Press, 2003, online edition
[<http://www.history.ac.uk/publications/office/comptroller>, accessed 21st February 2014).
- Sawchuk, Lawrence, Burke, Stacie, and Padiak, Janet, 'A Matter of Privilege: Infant Mortality in the Garrison Town of Gibraltar, 1870-1899', *Journal of Family History*, 27 (2002), 399-429.
- Schen, Claire, 'Constructing the Poor in Early Seventeenth-Century London', *Albion*, 32, no. 3 (2000), 450-63.
- Schwarz, Leonard, *London in the Age of Industrialisation: Entrepreneurs, Labour Force and Living Conditions, 1700-1850*, Cambridge: Cambridge University Press, 1992, 2003 edition.
- Scott, Hamish, 'The Fiscal-Military State and International Rivalry during the Long Eighteenth Century', in *The Fiscal-Military State in Eighteenth-Century Europe: Essays in Honour of P. G. M. Dickson*, ed. Christopher Storrs, Aldershot: Ashgate, 2009, 23-53
- Seaward, Paul, *The Cavalier Parliament and the Reconstruction of the Old Regime, 1661-67*, Cambridge: Cambridge University Press, 1989.
- Shepard, Alexandra, *The Meanings of Manhood in Early Modern England*, Oxford: Oxford University Press, 2003.
- Siena, Kevin, *Venereal Disease, Hospitals and the Urban Poor: London's Foul Wards, 1660-1880*, Rochester: University of Rochester Press, 2004.
- Simms, Brendan, 'Reform in Britain and Prussia, 1797-1815: The (Confessional) Fiscal-Military State and Military-Agrarian Complex', *Proceedings of the British Academy*, 100 (1999), 79-100.
- Skelley, Alan Ramsay, *The Victorian Army at Home: The Recruitment and Terms and Conditions of the British Regular, 1859-1899*, London: Croom Helm, 1977.

- Slack, Paul, *Poverty and Policy in Tudor and Stuart England*, London: Longman, 1988.
- Sledzik, Paul and Sandberg, Lars, 'The Effects of Nineteenth-Century Military Service on Health', in *The Backbone of History: Health and Nutrition in the Western Hemisphere*, Cambridge: Cambridge University Press, 2005, 185-207.
- Smith, Billy G., (ed.), *Down and Out in Early America*, University Park, Pennsylvania: Pennsylvania State University Press, 2003.
- Smith, Hannah, 'The Court in England, 1714-60: A Declining Political Institution', *History*, (2005), 23-41.
- Smith, Richard, 'Aging and Well-Being in Early Modern England: Pension Trends and Gender Preferences under the English Old Poor Law, c.1650-1800', in *Old Age from Antiquity to Post-Modernity*, eds. Paul Johnson and Pat Thane, London: Routledge, 1998, 64-95.
- Smylitopoulos, Christina, 'Rewritten and Reused: Imaging the Nabob through "Upstart Iconography,"' *Eighteenth-Century Life*, 32, no. 2 (2008), 39-59.
- Snape, Michael, *The Redcoat and Religion: The Forgotten History of the British Soldier from the Age of Marlborough to the Eve of the First World War*, London: Routledge, 2005.
- Stanley, Peter, "'Dear Comrades': Barrack Room Culture and the "White Mutiny", 1859-60', *Indo-British Review*, 21, no. 2 (1996), 165-75.
- Stanley, Peter, *For Fear of Pain: British Surgery, 170-1850*, *Clio Medica* 70, Amsterdam: Rodopi, 2003.
- Porter, Roy, 'Accidents in the Eighteenth Century', in *Accidents in History Clio Medica* 41, eds. Roger Cooter and Bill Luckin, Amsterdam: Rodopi, 1997, 90-106.
- Stevenson, Christine, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815*, New Haven, Connecticut: Yale University Press, 2000.
- Stevenson, Christine, 'From Palace to Hut: The Architecture of Military and Naval Medicine', in *British Military and Naval Medicine, 1600-1830*, ed. Geoffrey Hudson, Amsterdam: Rodopi, 2007), 227-51.

- Strickland, W., 'The Royal Hospital at Kilmainham, and its Architect', *Journal of the Royal Society of Antiquaries of Ireland*, 6th series, 13, no. 1 (1923), 101-4.
- Stone, Christopher, and Woll, Bencie, 'Dumb O Jemmy and Others: Deaf People, Interpreters and the London Courts in the Eighteenth and Nineteenth Centuries', *Sign Language Studies*, 8, no. 3 (2008), 226-240.
- Stone, Lawrence (ed.), *An Imperial State at War: Britain from 1689-1815*, London: Routledge, 1994.
- Storrs, Christopher (ed.), *The Fiscal-Military State in Eighteenth-Century Europe: Essays in Honour of P. G. M. Dickson*, Aldershot: Ashgate, 2009.
- Stoyle, Mark, 'Memories of the Maimed: The Testimony of Charles I's Former Soldiers, 1600-1730', *History*, 88, no. 29 (2003), 204-26.
- Tanner, J., (ed.), *A Descriptive Catalogue of the naval Manuscripts in the Pepysian Library at Magdalene College, Cambridge*, vol. 4, London: Navy Records Society, 1903.
- Tanner, J., (ed.), *Samuel Pepys' Naval Minutes*, London: London Record Society, 1929.
- Tomkins, Alannah, "'Retirement from the Noise and Hurry of the World?": The Experience of Almshouse Life', in *Accommodating Poverty: The Housing and Living Arrangements of the English Poor, c.1600-1850*, eds. Joanna McEwan and Pamela Sharpe, London: Palgrave Macmillan, 2010, 263-83.
- Travers, Tim, 'The Relativity of War: British Military Memoirs from the Campaigns of Marlborough to the First World War', in *Political Memoir: Essays on the Politics of Memory*, ed. George Egerton, London: Frank Cass, 1994, 151-66.
- Turner, David, and Stagg, Kevin (eds.), *Social Histories of Disability and Deformity: Bodies, Images and Experiences*, London: Routledge, 2006.
- Turner, David, 'Disability and Crime in Eighteenth-Century England: Physical Impairment at the Old Bailey,' *Cultural and Social History*, 9, no. 1 (2012), 47-64.

- Turner, David, *Disability in Eighteenth-Century England: Imagining Physical Impairment*, London: Routledge, 2012.
- Vernon, Alex, 'No Genre's Land: The Problem of Genre in War Memoirs and Military Autobiographies', in *Arms and the Self: War, the Military and Autobiographical Writing*, ed. Alex Vernon, Kent, Ohio: Kent State University Press, 2005, 1-39.
- Wade, Nicholas, 'Beyond Body Experiences: Phantom Limbs, Pain and the Locus of Sensation', *Cortex* 45 (2009), 243-55.
- Walker, James, 'The Secret Service under Charles II and James II', *Transactions of the Royal Historical Society*, 4th series, 15 (1932), 211-42.
- Ward, Jean, and Yell, Joan (eds.), *The Medical Casebook of William Brownrigg, M.D., F.R.S. (1712-1800) of the Town of Whitehaven in Cumberland*, London: Wellcome Institute for the History of Medicine, 1993.
- Wheelwright, Julie, 'Amazons and Military Maids: An Examination of Female Military Heroines in British Literature and the Changing Construction of Gender', *Women's Studies International Forum*, 10, no. 5 (1987), 489-502.
- Wright, Christine, 'Military Settlers: The Men of the Royal Veteran Companies and the Royal Staff Corps (1825)', *Journal of the Royal Australian Society*, 95, no. 2 (2009), 157-75.
- Wright, Christine, *Wellington's Men in Australia: Peninsular War Veterans and the Making of Empire, circa 1820-40*, Basingstoke: Palgrave Macmillan, 2011.
- Woloch, Isser, *The French Veteran from the Revolution to the Restoration*, Chapel Hill: University of North Carolina, 1980.
- Woloch, Isser, "'A Sacred Debt": Veterans and the State in Revolutionary and Napoleonic France', in *Disabled Veterans in History*, ed. David Gerber, Ann Arbor: University of Michigan Press, 2000, 145-62.
- Woodbridge, Linda, 'The Neglected Soldier as Vagrant, Revenger, Tyrant Slayer in Early Modern England', in *Cast Out: Vagrancy and Homelessness in Global and Historical Perspectives*, eds. A. Beier and Paul Pocock (2008), 65-87.

Woodward, Kenneth, *Making Saints: Religion and the Public Image of the British Army, 1809-85*, Madison, New Jersey: Fairleigh Dickinson University Press, 1998.

Woodward, John, *To do the Sick No Harm: A Study of the British Voluntary Hospital System to 1875*, London: Routledge and Kegan Paul, 1974.

Unpublished Sources

Blackie, Daniel, 'Disabled Revolutionary War Veterans and the Construction of Disability in the Early United States', unpublished PhD thesis, University of Helsinki, 2010.

Carter, Louise 'Scarlet Fever: Women and the Military Man, 1780-1815', unpublished conference paper, *Soldiers and Soldiering in Britain 1750-1815*, University of Leeds, July 2011.

Christiansen, David, 'From the Glorious Revolution to the French Revolutionary Wars: Civil-Military Relations in North-East England during the Eighteenth Century', unpublished PhD thesis, University of Newcastle, 2005.

Lin, Patricia Y. C. E., 'Extending her Arms: Military Families and the Transformation of the British State 1793-1815', University of California, Berkeley, 2000.

Linch, Kevin, 'The Recruitment of the British Army, 1807-1815', unpublished PhD thesis, University of Leeds, 2001.

Tröhler, Ulrich, 'Quantification in British Medicine and Surgery, 1750-1830, with Special Reference to its Introduction to Therapeutics', unpublished PhD thesis, University of London, 1978.

Tröhler, Ulrich, 'Towards Clinical Investigation on a Numerical Basis: James Lind at Haslar Hospital, 1753-83', unpublished paper presented at the *Actas XXVI Congreso Internacional de Historia de la Medicina*, Barcelona, 1981.

Zerbe, Britt, "'That Most Useful Body of Men": The Operational Doctrine and Identity of the British Marine Corps, 1755-1802', unpublished PhD thesis, University of Exeter, 2010.

