



UNIVERSITY OF
LEICESTER

CENTRE FOR ENGLISH
LOCAL HISTORY

Battle-Scarred: Surgery, Medicine and Military Welfare during the British Civil Wars

Exhibition at the National Civil War Centre, Newark Museum

Guest curators: Dr Eric Gruber von Arni and Dr Andrew Hopper



NATIONAL
CIVIL WAR
CENTRE
NEWARK MUSEUM

THE WILSON FOUNDATION

A Noote, of phisick delivred for the Sick Soldiers and Troopers within the Garrison of Glouc.

For a trooper at m^r Ducatts a vomit, a purge, } 5s 6d
and two Cordiall Inlesps — — — — — }
For another at m^r Flowers de Luce a vomit, } 6d
a Cord: Inlesp, a box of pills, an Electuary and }
a Cordiall powder — — — — — }
For another at Rowland Adams 2 Cord: Inlesps, } 5s 6d
a vomit, a purge, and a Cooling dzmiter — — — — — }
For another at m^r Bullocks a vomit, a Inlesp, } 6d 6d
a powder 2 Cordialls, a monthwater, a Syrup — — — — — }
For William Clark a soldier of Captn^s grays } 3s 6d
a vomit, a Inlesp, a purge, and a Syrup — — — — — }

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IMAGE: Treatments prescribed for sick
parliamentarian soldiers and troopers in the
Gloucester garrison: TNA, SP28/228/679.
Reproduced by permission of the National
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Introduction

The British Civil Wars were a critical episode in the welfare history of Europe. This point is currently little appreciated within the academic world, let alone beyond it. Previous conflicts had seen military commanders demonstrate little concern for the welfare of sick and injured soldiers. But during the British Civil Wars, Parliament's concern for the 'commonweal' led to centralized care for those who had suffered 'in the State's service', including a national pension scheme, which was to be emulated by the crown after 1660.

Parliament's ordinance of 24 October 1642 acknowledged members' duty of care not just to soldiers maimed in their service but also to the orphans and widows of their war dead. This was immensely significant because for the first time Parliament publicly assumed responsibility for such matters, whilst the specific inclusion of widows and orphans was particularly novel: such schemes were not to be seen again for another 200 years. The evidence that survives is especially plentiful, making the Civil Wars the best source of information for military welfare during the early modern period.

It has been estimated that between 180,000 and 190,000 people, including civilians, died from combat and war-related diseases in England and Wales alone between 1642 and 1651. The First World War is generally regarded as the conflict which resulted in the greatest loss of British lives, and the Second World War as the one that had the greatest impact on the civilian population. Yet if the estimate cited above is accepted as even approximately correct, then there is overwhelming evidence to

indicate that a larger percentage of the British Isles' population died as a direct result of the Civil Wars. The impact of the World Wars was immense, and has continued to resonate through British and Irish society right up to the present day. How much greater must the impact of the Civil Wars have been upon the far smaller seventeenth-century populations? Some of those who had suffered were still petitioning for relief as late as the 1690s. There are indications that thousands of veterans and civilians were afflicted with mental problems as a result of the conflict. The impact of this is all too easy to imagine when we consider how British society was traumatized by the psychological legacy of the World Wars.

Many historians consider the Civil Wars were the most unsettling experience the British and Irish peoples have ever undergone. This exhibition aims to provide the modern visitor with a small window into the human cost of those wars and to consider how the consequences of wars persist well beyond the peace treaties and settlements that conclude them.

Room 1 Medicine

Introduction

The dominant popular misconception is that seventeenth-century medical treatments were incompetent and hopeless, that medical practice was riddled with charlatans and quack doctors, and that in an age lacking modern antibiotics, those suffering from infection were doomed. Medical ideas were still based on the work of the Classical Greeks, Hippocrates and Galen, and the theory that sickness resulted from an imbalance in the human body's four humours: black bile, yellow bile, blood and phlegm. Yet much medical practice was also based on practical experience, observation and specific drugs according to the teachings of the Swiss physician Paracelsus. Herbal remedies were also administered. Whilst most English towns had apothecaries' shops where drugs, potions, herbs and spices were available, civilians could not avoid the effects of war and increased numbers died from diseases, such as plague and typhus, spread by marching armies and for which there was no effective treatment.

Soldiers' Medicine

In his *Approved Medicines of Little Cost* (1651), Richard Elkes recommended treatments for typhus, scurvy, scabies and lice, as well as shot wounds. He described low-cost items that could be carried by a soldier, or kept by a householder, to help prevent or treat disease, especially the 'bloody flux' (dysentery), a common disease in crowded military camps with poor sanitation.

- A 'peece of steele' could be heated to red-hot in a camp-fire, then dropped into a drink of water, milk or beer to heat (and sterilise) it before drinking.
- Crushed leaves or bark from oak or blackthorn trees in a stew helped settle the stomach.
- Salt and oatmeal treated the flux. Salt might replace lost electrolytes from the body during diarrhoea, oatmeal might help solidify the patient's stool: 17th-century Dioralyte and Immodium.

Elkes also recommended three 'earth remedies', essentially whole or powdered clay, for treating an upset stomach: 'Terra Sigillata (Terra Lemina), Bolarmonicke

and Chalke'. Terra sigillata was a clay exported from the Greek island of Lemnos, bolarmonicke from Spain, and chalk was to be found all over Britain. The calcium, magnesium and silicon in these clays might have helped settle the stomach, much like anti-indigestion tablets or milk of magnesia today.

The Physician

Physicians exercised control over the administration of all medicines taken internally, and were normally graduates of Oxford or Cambridge. The College of Physicians, which had risen in importance in the decades before the civil war, was struggling to impose its authority over medical practice. Many medical textbooks were produced between 1640 and 1660, but, although some were of practical value, most were vessels for their authors to project their personal arguments for one or other of the two ideological camps of contemporary medicine - the traditionalists (Galenists), symbolised by the College of Physicians, or the modernists, (Helmontians or Paracelcians). Aelius Galenus (AD 129 – c. 200-216) was a prominent Greek physician, surgeon and philosopher. His understanding of anatomy and medicine was influenced by the then-current theory of the four humours (Black bile, yellow bile, blood, and phlegm). His theories dominated and influenced Western medical science for more than 1,300 years. The modernists included Jan Baptist van Helmont (12 January 1580 – 30 December 1644) who was a Flemish chemist, physiologist and physician, and Paracelsus, who was a Swiss German philosopher, physician, botanist and astrologer. He founded the discipline of toxicology and was also noted for utilizing observations of nature, rather than referring to ancient texts.

The Apothecary

Apothecaries were licensed by the Society of Apothecaries. The drugs and medicaments used in London's military hospitals, the Savoy and Ely House, were dispensed from a central pharmacy at Ely House where the apothecaries conducted their business. Unfortunately the specific ingredients used by these men have been deliberately obscured as a protective measure against revealing their 'mysteries'. Fortunately an inventory, compiled in 1657 for the purchase of the stock and equipment for Ely House

from Mrs Mary Bateman, the widow of a recently deceased apothecary, survives to illustrate the nature of their department. Even there, items were listed under basic generic terms, such as 'a cordial' or 'a purging potion,' just as, until recently, modern pharmacists labelled pill boxes and bottles as 'The Tablets' or 'The Tonic' rather than specify the product's correct pharmaceutical name. A typical apothecary's bill for items supplied for the use of patients in the Savoy Hospital included various pills, cordials and juleps, diet drinks, purging potions, pectoral syrups, liquorice juice, powders, sweating potions, emetics, ointments, gargles and, for the surgeons, cataplasms (plasters or poultices), fomentations and styptics.

Fatal Sicknesses during the Civil Wars

Typhus

Epidemic Typhus is a disease caused by a specific bacterium and is transmitted via lice bites. When a victim is bitten, the bacteria are left behind on the skin and subsequent scratching the bite area then opens the skin to the bacteria, allowing them to enter the bloodstream. Within the blood stream, the bacteria grow and replicate. The most common symptoms include headache, high fever, chills and a typical rash. Untreated epidemic typhus can also produce drowsiness and confusion. Complications include hepatitis (infection of the liver) and gastro-intestinal hemorrhage (bleeding inside the intestines) which can lead to serious, potentially fatal complications. Today, the mortality rate for untreated typhus is 15 percent in otherwise healthy adults but, in the seventeenth century, common soldiers and civilians frequently lived in poor, unsanitary, and crowded conditions. Armies, constantly on the move, carried lice and the disease along with them producing outbreaks wherever they rested. Epidemic typhus was frequently called camp fever because camps were generally overcrowded and breeding grounds for the infection. The eruption of fever throughout Oxford during 1643, described as *morbis campestris* (camp fever), was one such outbreak of epidemic typhus.

Gerard's Herbal

This exhibited copy of *Gerard's Herbal*, a book of herbal medicine, belonged to the Cooper family of Thurgarton, a village 7 miles from Newark. The Coopers were staunch royalists and their house was fortified and garrisoned for the king. Sir Roger Cooper briefly forfeited his estate after Thurgarton House fell to a parliamentary assault in December 1644; while his sons Cecil and John, both royalist captains, were ringleaders in a failed plot against Cromwell in March 1655. *Gerard's Herbal* was the finest medical manual of its age, an essential reference work for all those dealing with injury, illness and disease during the Civil Wars. The Cooper family's copy has been annotated throughout with 244 'manicles' or hands in the margins pointing to ailments curable by certain plants. The majority pick out six medical matters – bleeding; spitting blood (a possible sign of typhus); bloody flux (a form of dysentery); laske (diarrhoea); green wounds; and ulcers – all conditions associated with early modern siege warfare. It would seem that this book was used by the Coopers to treat injured and ill soldiers from the sieges of Newark, perhaps using Thurgarton House as a royalist field hospital.



John Gerard (1545–1612), herbalist and author of *Gerard's Herbal*, Fairclough Collection, image reproduced by permission of the University of Leicester.

Gangrene

Gangrene is a condition in which body tissue, such as skin and muscle, rots and dies. It occurs when blood flow to an area of the body is restricted, usually as a result of infection in a wound or health problems affecting blood circulation, like diabetes. Gangrene most commonly affects the extremities – that is, the legs, feet, arms and hands – but it can also affect internal organs. The affected areas turn black, green and/or yellowish-brown and give off a rotten stench. Gangrene is accompanied by an agonising fever and if left untreated, is fatal. Many soldiers survived battle but died of gangrene in otherwise treatable wounds. Musket wounds were particularly susceptible, as the musket ball often took scraps of clothing into the wound, whilst also crushing the flesh around the entry wound and thereby cutting off the blood supply. Cuts from swords, if kept clean and bandaged quickly, were less serious. If a person succumbs to gangrene, the dead tissue must be surgically removed. Nowadays, doctors attempt to improve circulation to the affected part of the body and can make use of antibiotics but in the Civil War, amputation was usually the only solution.

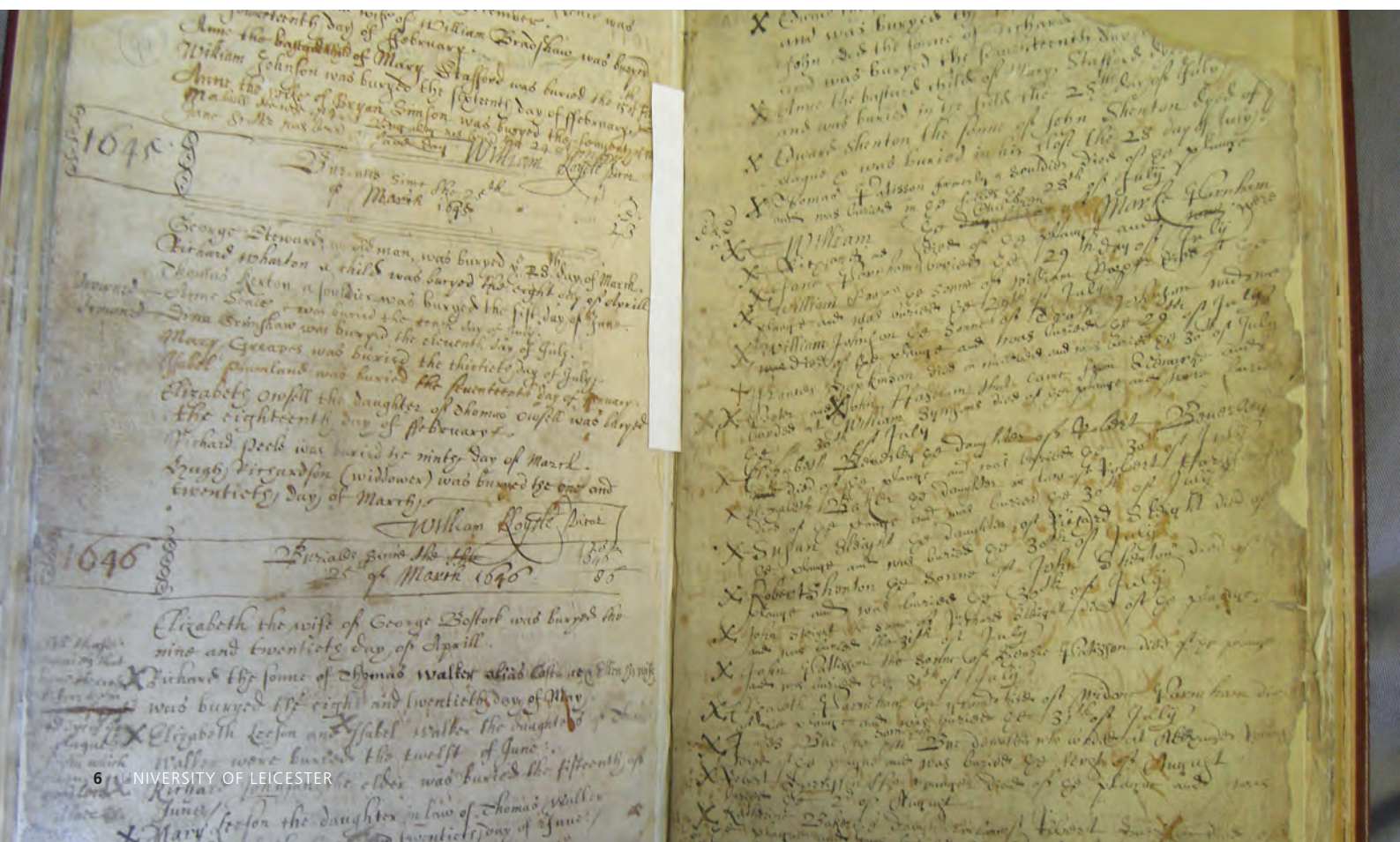
Bubonic Plague

The plague was particularly prevalent during wartime conditions and was spread by the marching armies such as Prince Rupert's forces who arrived in Newark in October 1645. The burial register of East Stoke, near Newark provides a vivid illustration of mortality with each plague death marked by a cross. At the start of the East Stoke Parish burial register for 1646 (which began on March 25th), the scribe recorded 'all those names that have ye crosse before them did dye of ye plague'. By the end of the year he recorded with a heavy heart 'there dyed of the plague... eight score and ten, whereof of the plague seven score and nineteen' (159). The average number of burials per year across the previous decade had been 8. In a population of around 340 people the death of 159 individuals would have been catastrophic. 58 percent of households experienced at least one plague death. With the surrender of Newark in May 1646, the population fled into the surrounding villages to avoid the plague, taking the infection with them. Behind this lengthy list of plague victims extending over many pages, lie many stories of personal and family tragedy.

Legacy

Medicine had a significant effect on lowering the death toll. Physicians, doctors, surgeons, nurses, apothecaries, herbalists and midwives all played their part. Many of the inherited work traditions and practices among hospital personnel remained similar over centuries, in some cases right up to the present. The use of spa treatments was increasingly recommended as advocated by Dr John French, a military physician at Ely House Hospital, in his book *The Yorkshire Spaw* (1652). During the 1650s, hundreds of recovering parliamentarian wounded in London's hospitals were sent on organised trips to take the waters at Bath, a practice that became enormously popular in the following centuries. Many medical textbooks were also published during the period. Yet not all the lessons of the Civil Wars were learned. For example the medical support for colonising ventures in the Caribbean in the 1650s was underfunded and appalling.

Plague deaths marked with crosses in the parish register of East Stoke: Reproduced by permission of Nottinghamshire Archives, PR346, East Stoke Parish Register.



Room 2 Surgery

Introduction

Despite a lack of antibiotics, military surgery saved many lives. The Civil Wars witnessed advancements in bone-setting, prosthetics and medical cleanliness. Military surgeons accompanied the armies at regimental and even company level. Many surgical treatises were published to share new medical practice, such as John Woodall's *The Surgeon's Mate*, which went through four editions by 1655. Friar Moulten's *Complete Bonesetter* (republished in 1656), offered much helpful advice that is still relevant today for how to heal fractures. Early forms of plaster and splinting were devised to support fractured limbs whilst they healed. Many amputations were performed and hospital carpenters made prosthetic limbs, some of which were remarkable for their sophistication and craftsmanship.

The Surgeon

The best military surgeons were greatly influenced by the work of the Frenchman Ambroise Paré (1510–1590), whose teachings substituted the precise application of ligatures to arrest haemorrhage instead of the drastic cauterisation previously advocated. Additionally, he recommended the application of egg-yolk, oil of roses and turpentine to gun-shot wounds and pioneered the development of several innovative surgical instruments and prosthetic limbs. It is distinctly probable that Thomas Trapham, Oliver Cromwell's personal surgeon, followed Paré's teachings and methods at the Savoy Hospital but, sadly, there is no surviving record of his operative procedures. Fortunately the royalist surgeon Richard Wiseman published works of advice to fellow surgeons that in the main, closely followed Paré's teaching.

The Royalists: Richard Wiseman

Richard Wiseman (c.1620–1676) was a surgeon in the retinue of the Prince of Wales (the future Charles II) during the First Civil War, and was his personal surgeon from 1646. Wiseman worked through many battles, including Dunbar (1650) and Worcester (1651). During the 1650s he practised as a surgeon in England, had a few brushes with the authorities, and spent some years in the Spanish navy. Wiseman was made 'surgeon in ordinary for the person' to Charles II after the Restoration, at the King's own request, and had a highly successful career thereafter. Wiseman gained extensive medical knowledge from practical experience on the battlefield. His book, *Severall Chirurgicall Treatises*, was first published in 1676, just before his death, and reprinted 5 times over the next 60 years. In this book, Wiseman outlines medical procedures and describes over 600 patients, including their wounds, treatment and outcomes (good or bad). What makes Wiseman so exceptional is that he adopted a scientific approach to analysing the effectiveness of his treatments, which was quite unusual for his time. Due to the popularity of his writings, Wiseman had a highly significant impact on the development of surgical practice in Britain.

Reproduction of a surgeon's implements including a bone-saw, and amputation knife (left) and bullet extractor with musket balls (right).

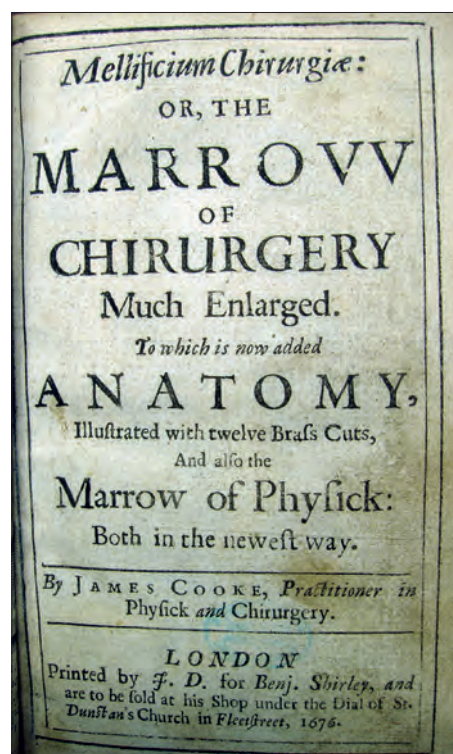


The Parliamentarians: James Cooke

James Cooke of Warwick (c.1613-1693) became physician and surgeon to Robert, second Lord Brooke of Warwick Castle around 1637. When Brooke became commander of the Warwickshire parliamentary forces in 1642, Cooke served as surgeon to the sick and wounded of Warwick Castle's garrison. Using his experience as a physician and surgeon, in 1648 Cooke published *Mellificium Chirurgiae, or the Marrow of Many Good Authors, Wherein is... the Art of Surgery*. Cooke's advice on treatment acknowledged classical medical texts as well as English surgeons like John Woodall's, *The Surgeon's Mate*. Cooke's third edition of *The Marrow of Chirurgery* (1676) retained his belief in the traditional theory of balancing the body's four 'humours', with frequent bleeding and purging. Cooke observed, experimented and used post-mortems to refine his treatments. He was also pastor of a Congregational meeting in Warwick from the late 1640s.



Likeness engraved by
R. White when Cooke was
64, from the 1676 edition
of *Mellificium Chirurgiae*:
reproduced by permission of the
Shakespeare Birthplace Trust.



Title page of 1676 edition of *Mellificium Chirurgiae*: reproduced by permission of the Shakespeare Birthplace Trust.

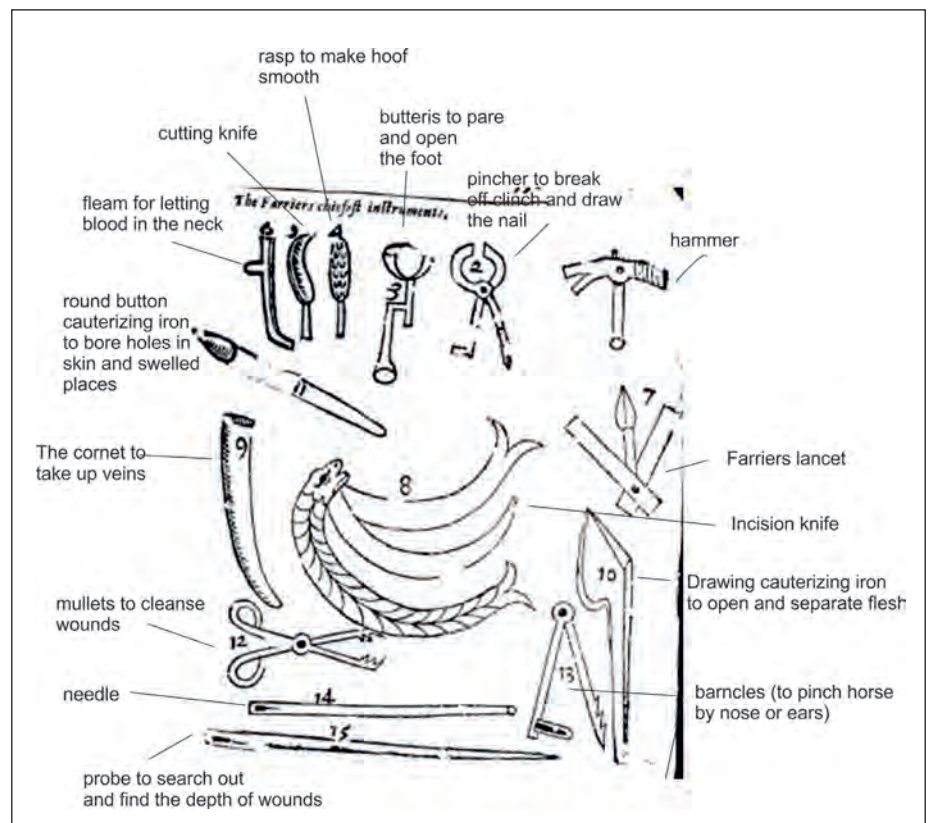


Illustration of application of surgical implements from the 1676 edition of *Mellificium Chirurgiae*: reproduced by permission of the Shakespeare Birthplace Trust.

Equine care

'First make a choice of a nimble and able horse of a convenient stature, of 15 handfuls high, sad coloured, as black, brown, cheastnut, dun, bay, sorell, iron grey, rone and the like.' John Vernon, *The Young Horse-man, or, the Honest Plain-Dealing Cavalier* (1644).

Cavalry horses were not only required for battles – troopers had scouting and sentry duties to fulfil as well. Horses also transported artillery and baggage vehicles. Horses were often required to travel many miles each day. Therefore they were subject to many illnesses and injuries associated with hard use; injuries sustained in battle were only part of the problem. Each troop had a farrier. Nowadays a farrier shoes horses, but then the farrier also acted as the specialist horse vet. There were many printed books on horsemanship available that gave instructions for treating sick and injured horses. Some of their advice would work today, but some would now be regarded as animal cruelty. Likewise, some of the farriers' tools are still used today, while others have evolved. Horse medicine was based on the theory of the four humours. Much treatment was aimed at balancing the humours, often involving letting of blood. For medicines, various herbs and plants were recommended, often mixed with muscadine wine or 'sallet' (olive) oil. Other, odder, remedies included hen's dung, bacon fat, and dead cat.



A horse and the farrier's tools from Gervase Markham, *Markham's Masterpiece, Containing all Knowledge Belonging to the Smith, Farrier, or Horse-leech* (1668), reproduced by permission of the Huntington Library, California.

The death of John Hussey (d. 1643)

John Hussey was killed on 27 July 1643 whilst defending the town of Gainsborough. He was shot with a musket ball entering the front of his right upper chest having passed through the upper rim of his steel breastplate and his leather coat carrying fragments of metal, leather and cloth into the chest cavity, lacerating his right lung in its passage. There is no evidence of an exit wound to his back. It is not possible to define a specific cause of death. The trajectories of bullets after penetrating a body are haphazard at best and the exact angle of the shot is unclear. However, a likely outcome would include serious damage to the right lung and internal haemorrhage. His breathing would become increasingly laboured as his right lung would have collapsed. Modern first aid treatment would include placing an airtight dressing over the entry wound and, where possible, insertion of a chest-drain to allow blood to drain from inside the chest thereby enabling the lung to slowly re-expand. This was not possible at the time of this injury. If a major blood vessel was damaged, bleeding would have been severe, the heart cavity and the windpipe would be pushed towards the left side embarrassing both the heart and the left lung. With increasingly difficult breathing and mounting pressure on the heart, death would have occurred as a result of haemorrhage, heart failure and suffocation over a period varying from less than an hour to more than twenty-four.

Legacy

The popular idea that military surgeons were little better than torturers, inflicting damaging and unnecessary treatments on their patients might be challenged when we recognise the successes of some of their techniques. Many of the surgical instruments they used look remarkably similar to their equivalents today, and were intended to perform similar functions. The successes of civil-war surgeons in saving lives are reflected in the thousands of petitions that survive from maimed soldiers detailing the terrible injuries they carried for years, even decades afterwards. However it should also be remembered that people's expectations of treatment were vastly different from those of most people in Britain today.



The armour of the royalist John Hussey, showing the hole in the upper rim of the breastplate. Reproduced by kind permission of John Birch.

Room 3 Aftercare and Hospitals

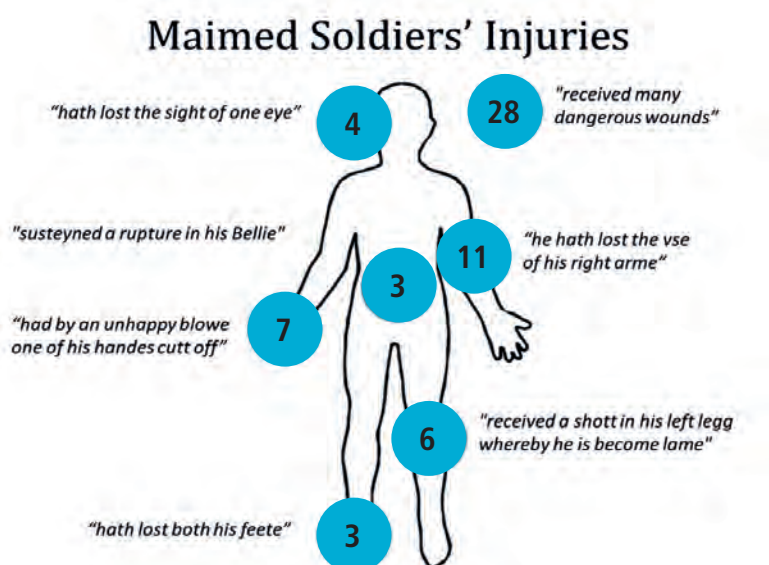
Introduction

The history of British military nursing did not begin with Florence Nightingale in the Crimean War. Civil-War nursing was not restricted to the haphazard efforts of camp followers and members of the poorest levels of society. Instead, the wars led to the establishment of Britain's first permanent military hospitals. Parliament's concern for the 'commonweal' led to wholesale, centralized care for some of those who had suffered in its service. This contrasted with the King's approach which only provided lip-service to casualty care, and varied in worth according to the concerns of individual commanders and the availability of casual local facilities. Although both sides established military hospitals, and there was little difference between the practices of the doctors, surgeons and nurses on each side, Parliament achieved greater levels of care through superior administration, legislation, and clerical support.

Maimed Soldier's Injuries

This picture and table shows the types of injuries that maimed soldiers described themselves as having received in their surviving petitions for relief in Kent and Sussex. Note the frequency with which they sustained, and survived, wounds to their extremities such as feet and hands.

	Kent	East and West Sussex	Total
various	19	9	28
leg	5	1	6
arm	6	5	11
hand	5	2	7
foot	3	0	3
belly	3	0	3
eyes	3	1	4
	44	18	62



Source: Kent Record Office, East Sussex Record Office, West Sussex Record Office, Quarter Sessions Rolls and Order Books, 1642–1680.

Parliamentarian Hospitals

The Savoy

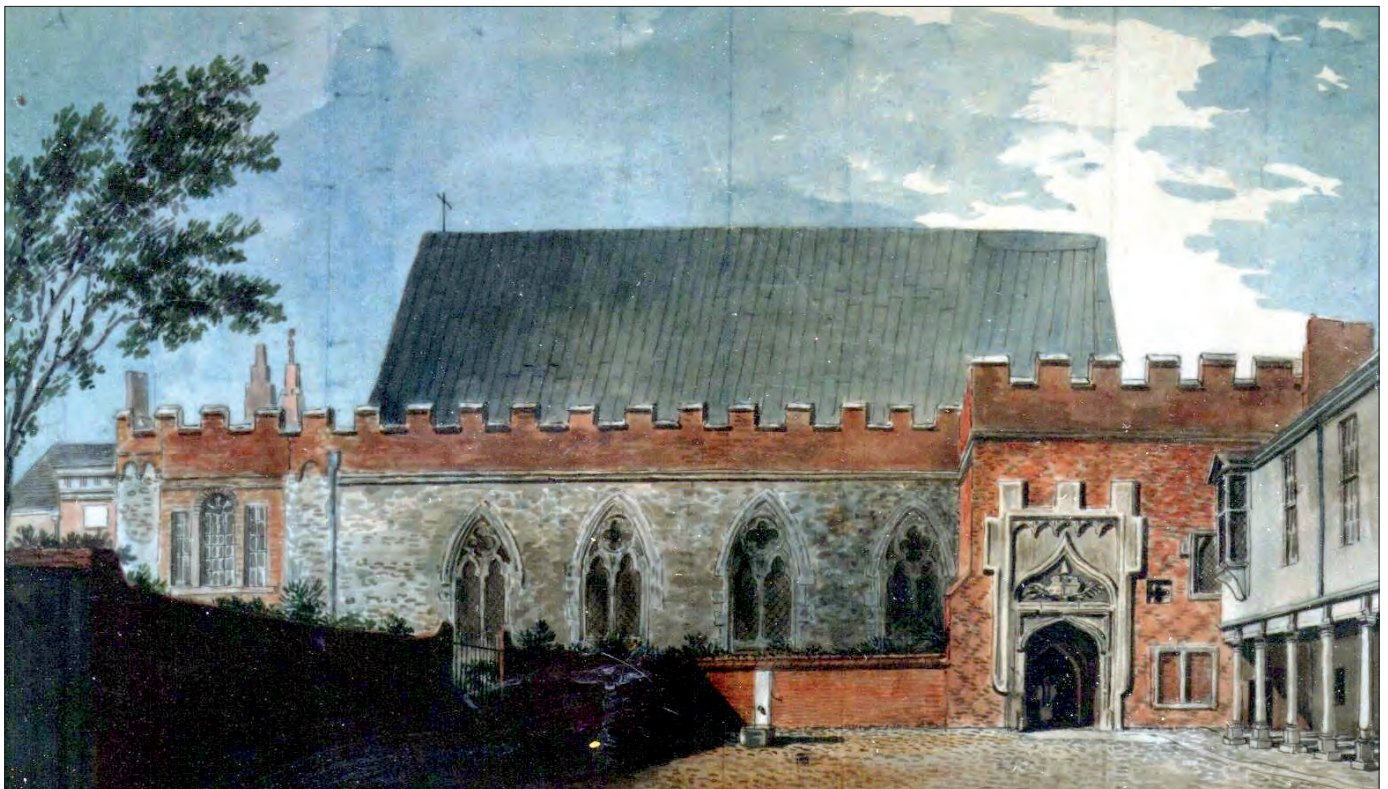
In 1642 Parliament established a hospital specifically for the care and treatment of sick and wounded soldiers at the Savoy in the Strand. This was the first and most significant of the various hospitals dedicated to the care of military casualties. A revolutionary and innovatory building in its time, it has been described as the first of the 'modern' hospitals. There were four main wards in the large, church-like building with, Long Ward sited in the Nave, Chapel Ward in the Chancel, and Newbury Ward and Reading Ward arranged in the two Transepts. The Savoy Hospital was ideally suited for its new role as its position on the River Thames allowed easy access for casualties brought to London by boat.



The Savoy

Ely House

In 1648 Ely House, the former London residence of the Bishop of Ely which, since 1643, had been used to house Royalist prisoners, was converted into a hospital. The main buildings of the extensive property consisted of a large hall, a chapel and a cloistered quadrangle where patients could walk in the fresh air with protection from the elements. On the south side large gardens, including a herb garden with medicinal plants, provided a pleasant amenity and there was further open space to the north. Patient bed occupancy figures for the military hospitals during October 1648 show clearly that the newly opened hospital filled rapidly over a period of two to three weeks. Its physicians treated a wide variety of conditions including infective, systemic and psychiatric disorders although information on the contemporary frequency and treatment of the latter is particularly sparse.



Ely House

Royalist Hospitals

When Charles II retired to Oxford following his defeat at Turnham Green in November 1642, a military hospital for his troops was established in the surviving portion of the former St Mary's College which stood in New Inn Hall Street. Unfortunately, documentation bearing testimony to the nature, quantity and quality of the care provided in this hospital has not survived. The buildings that remained after the original college was dissolved at the Reformation were donated to the city in 1562 by the Dowager Countess of Huntingdon, as 'a hospital to house and educate 10 poor children, to set to work 10 poor adults, and to succour deserving poor and sick persons'. Following a chequered history as a charitable almshouse and an infirmary, they became a hospital and 'house of correction' and it is in this multiple role that they are identified in the relevant surviving documentation. Although a new Bridewell had been built adjacent to Oxford's North Gate in 1631, in his 1643 map of Oxford, Wenceslas Hollar identified the military hospital's supposed New Inn Hall Street site as 'No. 47: The Bridewell', probably reflecting the continued local use of that name despite the completion of the replacement building as a hospital. Today the building is part of Brasenose College and is known as Frewen Hall.

Yarnton Manor lies in a small, quiet village lying on the trackway along which during the seventeenth century, local farmers traditionally herded their stock into Oxford market. In the summer of 1643, as typhus raged throughout Oxford, the manor was taken over by the Royalist army to provide a medical, or isolation hospital to supplement existing facilities at New Inn Hall Street. The village was probably chosen because of its relative isolation and distance from Oxford as, whilst wounded patients requiring surgery continued to be treated in the city, henceforth infectious cases were sent to Yarnton. Unfortunately, the effect of a military presence in the village coincident with the outbreak of plague is graphically recorded in the parish registers which list 24 military and 26 civilian burials in the village churchyard between May and August 1643. Military funeral services were conducted by regimental chaplains who were also responsible for ensuring that an appropriate number of the dead man's comrades accompanied the body to the graveside.



Yarnton Manor

Sir Thomas Fairfax (1612–1671)

The parliamentary commander-in-chief from 1645 to 1650, Sir Thomas Fairfax, was wounded so many times that during his retirement he required a wheelchair. He was shot through the wrist at Selby in 1643, slashed by a sword across the face at Marston Moor in 1644, and shot in the shoulder at the siege of Helmsley Castle later that year. In 1645 he wrote to his father: 'I am exceedingly troubled with rheumatism and a benumbing coldness in my head, legs and arms, especially on that side I had my hurts.' During the Protectorate Parliament in 1659, one fellow MP marvelled 'I bless God that he, having received so many wounds, now sits at my right hand.' His cousin Brian Fairfax recalled how from 1664 he resorted to his wheelchair, where he 'sat like an old Roman, his manly countenance striking awe and reverence into all that beheld him.'



The wheelchair, boots, gauntlets and water bottle of the parliamentary commander-in-chief, by kind permission of his descendant, Tom Fairfax.

Elizabeth Alkin, also known as 'Parliament Joan' (d. 1655)

For twelve years, from 1643 to 1655, this indomitable lady served the parliamentary cause as nurse, informer and newspaper publisher. Accused of spying for Parliament, her husband George Alkin was executed in Oxford in 1643. Elizabeth remained in Oxford, caring for wounded parliamentary soldiers held prisoner in Oxford's jails, whilst secretly supplying the parliamentary generals with military intelligence. In 1646, Elizabeth returned to London. She occupied the house of the man who had denounced her husband and discovered underground royalist printing presses to the authorities.

One royalist scorned her as a fat woman about fifty years old 'who was now the most effective ferret for the government and Stationers' Hall'. Her contacts enabled her to become the publisher of several parliamentary serial newsbooks. She was again active as a nurse during the terrible siege of Colchester in 1648. Then, with the onset of the First Dutch War in 1652, she volunteered to nurse sick and wounded soldiers and sailors, first in Portsmouth and then in East Anglia where she supervised nursing care throughout a network of casualty reception centres.

Philip Skippon (d. 1660)

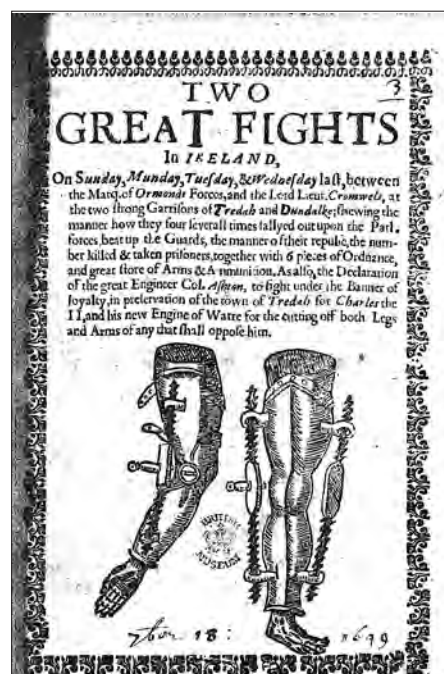
Sergeant-Major-General Philip Skippon commanded the infantry in Fairfax's New Model Army. At the battle of Naseby on 14 June 1645, he was accidentally shot in the right side by one of his own musketeers. Fortunately, the bullet missed Skippon's spine and vital organs but it left him with an eight-inch-long exit-wound on his left side. He refused to leave the field, saying 'He would not go so long as a Man would stand'. Consequently, he lost much blood, whilst a rag from his waistcoat got stuck in his wound and infected it. Afterwards, Skippon was taken to a nearby house to have his wound dressed but he soon fell into a fever. As a senior officer, Skippon benefitted from special treatment. The House of Commons paid to send him his own doctor and surgeon from London to tend his wound, whilst his regimental surgeon removed the scrap of waistcoat festering in it. A month later, Skippon was well enough to be transported back to London. The Commons granted Skippon £200 'as a testimony of their favour' and provided him and his family with a house in Westminster. Skippon eventually recovered and returned to active duty a year later, not dying until 1660.



Philip Skippon, Fairclough Collection, reproduced by permission of the University of Leicester.

Sir Arthur Aston (c.1593–1649)

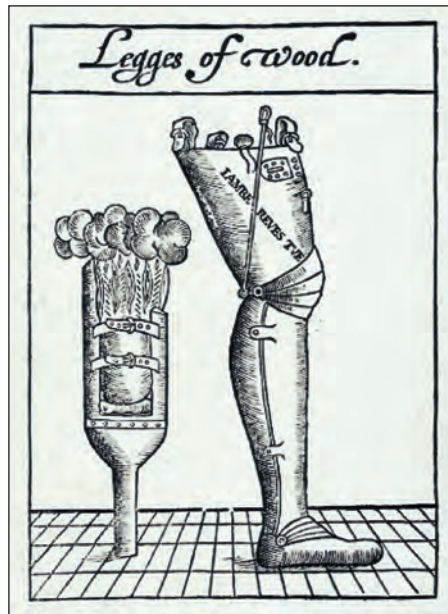
Sir Arthur Aston was a royalist officer, who was appointed governor of Oxford on 23 August 1643. Aston was not a popular governor and was described as 'a testy, froward, imperious and tirannicall person, hated in Oxon and elsewhere by God and man'. On 19 September, Aston broke his leg in a riding accident, allegedly whilst 'kervetting on horseback in Bullington green before certaine ladies'. By December, gangrene had taken hold and he was forced to have his leg amputated above the knee. The gangrene continued to spread and Aston took several months to recover. To the rejoicing of Oxford's garrison and inhabitants, he was replaced as governor and given a pension of £1,000 per annum by the king. Aston was fitted with a wooden leg and returned to military service, fighting for the royalist forces in Ireland. Unfortunately for Aston, his new limb contributed directly to his rather grisly demise. Whilst defending Drogheda on 11-12 September 1649, Aston had his brains beaten out with his own wooden leg, which the attacking soldiers thought contained gold coins.



Two Great Fights in Ireland (1649), a hostile satire on Aston's wooden leg, reproduced by permission of the British Library.

Prosthetics

Large numbers of amputations were carried out for battlefield casualties and London's hospitals provided sophisticated equipment for those who had lost limbs. Amputation cases were nursed under bed cradles supplied by the hospital carpenter and wounds were dressed with red dyed cotton and linen bandages which were frequently washed and re-used. Crutches were supplied in various lengths. Wooden splints provided support for fractures whilst hernia cases were fitted with straw filled trusses. In 1657 George Matheson, an above-knee amputee was provided with 'a new artificial leg fitted with a leather box and plated all over with iron - complete with swivels and pins.' In 1654, a soldier named Fisher was provided with a wooden hand. The hospital carpenter remained available to those out-patients who required continued assistance with their prosthetic appliances such as spare parts for their false legs and arms.



A seventeenth-century prosthetic leg

Legacy

Parliament established at considerable expense some of the very first professionally staffed, permanent military hospitals at the Savoy and Ely House in London. In these hospitals nursing and medical practice aided the soldiers' recovery. High moral standards were enforced to promote spiritual welfare, whilst diets were far more generous than those experienced by most of the population and compare favourably with those endured under rationing in World War II. A structure of staffing and codes of conduct were established which helped shape hospital practice today. In contrast to popular misconceptions about unhygienic and deplorable conditions, at the Savoy and Ely House the decent bedding, laundered sheets, prepared linen for bandages and concern for cleanliness all helped contain infection. Yet the majority of care for the wounded took place in settings such as houses, inns and temporary hospitals, and how far these places lived up to standards in London's hospitals requires more research. Although the Savoy and Ely House were shut down with the Restoration of Charles II in 1660, their example provided a blueprint for the future with the establishment of later hospitals for soldiers and sailors at Chelsea and Greenwich in 1692.



A present-day prosthetic leg

Room 4 Welfare

Introduction

Parliament's ordinance of 24 October 1642 acknowledged its duty of care not just to soldiers maimed in its service but also to the orphans and widows of their war dead. This was immensely important. For the first time in history Parliament publicly assumed responsibility for such matters. It did so to rally support and encourage men to volunteer for its armies in the knowledge that their dependants would be looked after. The war dragged on for longer than many imagined and consequently Parliament found the financial burden of paying pensions increasingly difficult to meet. The amount that many received was woefully inadequate to meet their cost of living. Nevertheless, Parliament made a genuine attempt to meet its obligations. Payments were made mostly through the local county courts – the Quarter Sessions – where claimants appeared in person to petition the magistrates for financial relief. Thousands of these petitions survive, with thousands of pensions and one-off payments of gratuities being recorded in court order books. Military relief was also granted by parliamentary committees and at Army Headquarters. In April 1659, Lord Fairfax presented a petition to Parliament on behalf of 2,500 maimed soldiers and 4,000 war widows and orphans.



Parochial relief

Before the wars, although a county pension scheme had been established under Elizabeth I for maimed soldiers, much military welfare was distributed through the operation of parish relief. This unusual panel shows two disabled men, one blind, the other an amputee, receiving alms from wealthier citizens, under the biblical quotation: 'He that hath pity upon the poor, lendeth unto the Lord, Proverbs, Chapter 19, verse 17'. It is one of four depictions of citizens who deserved charity painted on the inside of two small doors, which fold over a wall-mounted Table listing charitable benefactions from 1562 to 1904. The other images show tradesmen, a school-scene and prisoners, each accompanied by a biblical text exhorting the reader to do good and give freely to those in need. From the style of clothing, black-letter text and an altered date on the external face, it has been suggested that the Table dates from 1603.



Reproduction of the Seal of the Parliamentary Committee for Maimed Soldiers

Charity-table painting from St Nicholas church, Alcester, Warwickshire: by kind permission of the Rector and Churchwardens of St Nicholas Church, Alcester.

Petitioning Strategies

“ ‘Nowe soe it is that your peticoners husband after more then ordinary good service done by him in the last relieffe of Taunton, by being more then ordinary valient in pursuing the enimeye so farr was there slayne, by reason whereof, & for that he had spent his other 50s not lent to Ireland before he came to Chichester in buying of horses, armes etc, & in cureing his wounds from time to time receiued, your poore petitioner his wife is vtterly vndone shee being great with childe when her husband was slayne & shortly after deliuered of 2 children, euer since w[hi]ch time shee hath beene weake & sickly & full of greeffe & sorrow & soe like to contynue noe way able to gett her liueing & therefore like to perish for want.’ ”

Extract from the petition of Anne Bettsworth of Chichester, West Sussex, April, 1646. The Sussex Justices awarded her a pension of £10 per annum, a much larger sum than received by most widows.

“ ‘That the said children may be accordingly paid for supply of their great wants and be further employed to set them out to some trade to get their living by honest labour, lest otherwise in their want, your and the Commonwealth’s enemies say in reproach and especially in the county where his service was so eminent “These are the children of Colonel Fox”.’ ”

Extract from petition of Humphrey Tudman of Walsall, Staffordshire, uncle of the children of Colonel John Fox, 1653.

“ ‘That your petitioner haveing bin a souldier & actually in armes for our late dead sov[er]aigne Lord King Charles the ffirst of blessed memory under the comannnd of one Captaine Ward att Naseby fight & other places and haveing lost one of his eyes and had & received divers wounds and suffered imprisonment by the enemy besides other losses in money and goods to the vallue of thirty pounds and upwards to his utter ruin and undoeing for his loyallty and faithfull service in the warrs for his sayd late maj[es]ty King Charles the ffirst and now being growne very aged and infirme and not able to worke for his living as formerly hee hath done.’ ”

Extract from the petition of William Gilby of Rowell, Northamptonshire, labourer, Michaelmas, 1675. He was awarded a pension of 30s.

Petitions and the County Pension Scheme

Thousands of quarterly pensions and one off gratuities were paid out to maimed soldiers and war widows as a result of their war related injuries and bereavements in England and Wales for about 30 years from the mid-1640s onwards. Whilst financial relief was sometimes available to those who petitioned parliamentary committees or attended army headquarters, most pensions were granted by civilian Justices of the Peace in response to petitions presented at each county’s Quarter Sessions’ courts. Most of these petitions were not written by the maimed soldiers and widows themselves, many of whom were illiterate. They were usually written for them by a paid scribe, clerk, schoolmaster or clergyman. However, the petitioners had to own the details in their petitions as true by appearing in person with them before the Justices at Quarter Sessions, which could prove a daunting experience. Yet, if successful, they might receive a pension of several pounds per annum from the County Treasurers for Maimed Soldiers who supervised the scheme’s administration. These pensions were worth considerable trouble to obtain, but they tended to only provide a fraction of the cost of living of their recipients, who might also depend on customary rights, by-employments and parish relief to eke out their livelihoods. Pensions often ran into arrears as funds provided by the county rate proved insufficient to meet demand.

As Parliament consolidated its victory, only petitions from parliamentarian soldiers and widows were accepted. Their royalist counterparts were thrown back on the poor rate and charity of their home parishes. Parliament had used the pension scheme to encourage volunteers and shore up support for its right to rule. Claimants became skilled in spinning the language in their petitions to satisfy the expectations of the Justices. In many counties, widows only received what income was left after the soldiers had been dealt with. Yet widows’ petitions often proved readier to use religious language to pressure the Justices and some display a language of entitlement. For the first time ever, war widows were entitled to relief not from Christian charity but because their contribution to the parliamentarian cause warranted it. After the Restoration in 1660, parliamentarians were stripped of their pensions and their places were taken by thousands of royalist petitioners. Yet royalist widows only tended to be granted one off gratuities rather than regular pensions. Although the legislation lapsed in 1679, in some counties there were still old soldiers receiving relief into the 1690s.

Army Politics and Military Welfare

With the victory of the New Model Army ending the First Civil War in 1646 a fair deal for its soldiers and widows became an important part of national politics. A Presbyterian faction in Parliament sought to disband the soldiers without properly settling their pay nor providing a legal indemnity for their wartime actions. Decent provision for the maimed and widowed became part of the rhetoric of Generals Fairfax and Cromwell, spurred on by the Army's political agents who were often elected from among their rank and file. In 1647 the Army seized political power and turned on some of its former masters, including the retired general, Sir William Waller. Although not printed until 1793, Waller wrote this account during the early 1650s to clear himself from their accusations of having sought to send Parliament's soldiers home unpaid.

'I wold not be misrepresented to the Army. God knows I have never been wanting to pay it all just respect. I acknowledge the great services done by it. I have acted, I have voted for it. The ordinance of Indemnity, the votes in favour of apprentices, for provision for maimed soldiers, widows and orphans, for exemption from press, had every one of them my concurrence; and for the payment of arrears, I may say I was for it to the uttermost farthing. I may not say who was against it: but those who seemed to be pillars, or somewhat (whatever they were, it maketh no matter to me) contributed nothing, nay, gave their flatt negative to it. And, truly, herein I did but discharge my conscience for I was ever of opinion that a soldier's pay is the justest debt in the world. For if it be a crying sin to keep back the wages of an hireling that doth but sweat for us, it must needs be a roaring altitonant sin, to detain pay of the soldier that bleeds for us. There is a cry of blood in it and God will make inquisition for it.'

Sir William Waller, *The Vindication of the Character and Conduct of Sir William Waller, Knight, Commander in Chief of the Parliament Forces in the West* (London, 1793), pp. 22-3.



Sir William Waller (1598–1668), parliamentarian general, Fairclough Collection, image reproduced by permission of the University of Leicester.

The widows of noblemen and high-ranking officers did not need to fall back on the county pension scheme but rather petitioned Parliament or the King directly.

The Puritan Widow

Robert Greville, 2nd Lord Brooke, commander of the Warwickshire parliamentarians, was killed on 2 March 1643 during the siege of the royalist garrison at Lichfield. From the Cathedral tower Brooke was shot at extreme range in his right eye, killing him instantly. His body was taken the same day to Coventry. Brooke's body was preserved until they had 'leisure to solemnize his Funerall'. James Cooke, Brooke's physician, carried out the embalming. He preserved Brooke's entrails in bran and salt in a specially prepared barrel, washed his body with herb-infused vinegar and salt, and embalmed it with oils and herbs. It was finally wrapped in cerecloths dipped in pitch, resin, frankincense and wax. Brooke's body was interred about five weeks after his death 'in honourable and Warlike fashion' in the family vault at St Mary's, Warwick. His widow, Katherine, who was pregnant with their fifth son Fulke at the time of Brooke's death, was voted £5,000 by the House of Lords.



The tomb of Robert Greville, 2nd Lord Brooke: by permission of the administrators of the Collegiate Church of St Mary, Warwick.



The shot that killed Brooke was made from the cathedral tower 177 metres away, an incredible shot with a 1640s musket.



Katherine Russell, daughter of the earl of Bedford and widow of Lord Brooke, in mourning attire holding a sprig of rosemary for remembrance: by permission of Warwick Castle.

The Royalist Widow

Arthur, Lord Capel was a royalist army officer captured at the surrender of Colchester in August 1648. Tried and adjudged guilty of treason by the High Court of Justice, he was executed outside Westminster Hall on 9 March 1649. Following the Restoration in May 1660, his widow Elizabeth petitioned Parliament demanding retribution against those who had sentenced her husband to death. She requested that 'all those who have had a hand in this notorious wickedness may for the glory of God, the honour of the English nation, and for terror to all such wicked men, be brought to condign punishment'. Elizabeth's desire for revenge was fuelled by her own wartime experience. During the siege of Colchester, her sixteen year old son was seized by Parliament and paraded before the town in an attempt to persuade his father to surrender. According to a contemporary account, the trauma caused by her son's arrest caused the then-pregnant Elizabeth into premature labour. Although Elizabeth's petition was ultimately unsuccessful, her demands demonstrate that not all royalist war widows were concerned with securing pensions. For some, the return of the monarchy invited a striving for vengeance and the settling of scores.

'Blowface' Forbes (d. 1646)

Colonel William 'Blowface' Forbes of Tolmads, Aberdeenshire, served among the Yorkshire parliamentarians under Ferdinando, Lord Fairfax. He was the first attacker to break into Leeds on 23 January 1643, standing on his lieutenant's shoulders to scale the royalist fortifications. He was captured three times by the royalists who decried him as an 'insolent Scot'. By 1644 he had become an expert in besieging castles. In January 1645 he was standing next to Sir Thomas Fairfax in the lines before Pontefract castle when a cannon ball passed between them. One newsbook reported that 'the wind of it beat them both to the ground, and put out one of Colonel Forbes his eyes, and spoyled that side of his face'. A kinsman described him as 'a gallant man called Blowface' because of this injury. Despite his disfigurement, soon afterwards Forbes married Mary, a bride twenty years his junior and the daughter of Pontefract's former royalist governor, Sir John Redman. Forbes returned to Scotland to fight for the Covenanters and was killed in action, defending Aberdeen on 14 May 1646. Mary was left widowed with her baby daughter Rebecca, petitioning Parliament for his arrears of pay.



Artist's impression of the wound sustained by William 'Blowface' Forbes, by Stephen Dennis.

The Capel family, by Cornelius Johnson, by permission of the National Portrait Gallery.



Trauma

Less well understood at the time were the mental scars suffered by the many soldiers who, having survived major battlefield trauma, then had to re-integrate into civilian society. Very little documentation relating to hospitalised psychiatric patients and their treatments survives and, unfortunately, it is not yet possible to arrive at an accurate assessment of their care. Yet some contemporaries recognised and documented the symptoms of trauma, including the poet and parliamentarian Major George Wither, and the London trained band soldier, Henry Foster.

'Our Army being rais'd, the Trumpts sounds;
The Colours are displaid, the Drums do beat:
To make a passage, thorow bloud and wounds,
For Justice, Truth, and Peace, we forward set.
And, whilst we marcht, my heart, with thoughts confus'd,
Was over-fild; and this I sadly mus'd.
Those dreadful Tragedies, must I, O Lord!
Must I, not onely now survive to see.
Which were so long time fear'd, and so abhor'd?
But live, in them, as Actor too, to be?

But now the Breach is made; the Floods break in,
And, we with miseries, are overflowne.
We shall be losers, though the day we win.
When spoiles we take, the loss will be our owne.
Because, from forraigne foes, we fear'd no harme,
God, for our sins, hath rais'd us foes at home.
Our selves, against our selves, we strongly arme;
And slaught'ners, of each other, are become.
And Universal Ruine us begun.'

Extracts from George Wither, *Campo-Musae: Or, the Field-Musings of Captain George Wither* (1643), pp. 13, 15.

'The enemies Canon did play most against the Red Regiment of trained Bands; they did some Canon amongst us at the First, and were somewhat dreadful when mens bowels and brains flew in our faces... We fired 10 or 12 Drakes at the enemy, but they came upon us very fiercely, having their foot on the other side of the hedges: many of our waggons were overthrowne and broken: others cut their traces and horse harnesses, and run away with their horses, leaving their waggons & carriages behind them: our foot fired upon the enemies horse very bravely, and slew many of them, some report above 100 and some not 10 of ours: some that we took prisoner our men were so enraged at them that they knockt out their braines with the butt-end of their Muskets in this great distraction.'

Extracts from Henry Foster, *A True and Exact Relation of the Marchings of the Two Regiments of the Trained-Bands of the City of London* (1643), pp. 11, 14.



George Wither (1588–1667), Fairclough Collection, reproduced by permission of the University of Leicester.

Legacy

The Long Parliament (1640–1653) was the first English government to recognize the State's moral obligation to all those who had suffered in its service. After the Restoration in 1660, parliamentary maimed soldiers were stripped of their pensions. Their places on the county lists were taken by royalist maimed soldiers who now petitioned in their thousands. The right of widows to petition for pensions was rescinded, making them reliant upon charitable relief in their home parishes. Many royalist widows petitioned nevertheless but they tended to receive one-off payments rather than regular pensions. Maimed soldiers continued to petition for pensions as a result of Civil-War injuries into the 1690s. They provide a powerful reminder that the consequences and human costs of war do not end with treaties and peace settlements, but linger on for generations. Parliament's efforts to provide pensions to the widows and orphans of its servicemen was revolutionary; for the first time the government considered a group of women to be part of the political nation, having shared in the sacrifices made for the parliamentary cause. Unfortunately, following the Restoration of 1660, this unique ground-breaking precedent was lost and statutory military pensions were denied women for more than 200 years.

We hope this exhibition may have changed your perceptions of military medical care and welfare during the Civil Wars and invited you to consider upon whom the responsibility should fall of caring for those maimed and bereaved by war. Maybe there are things we might still learn today from Civil-War medical care and welfare practices?

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