On 6 April 1775, the Governors of the Hospitals for the Small Pox and Inoculation held their Annual Feast at the London Tavern. Three days later, the Bishop of Peterborough preached a sermon at St Paul’s Church, Covent Garden, in aid of the same institution. Both were typical eighteenth century fundraising initiatives. And both were aimed at combatting one of the most destructive of all diseases: smallpox.

Smallpox, a scourge on mankind since ancient times, continued to strike fear into the hearts of eighteenth century Londoners. Highly contagious, it killed a third of those it affected and showed scant regard for wealth or class. Mary II succumbed to smallpox in 1695 and a further five European monarchs suffered a similar fate during the century that followed. The after effects too could be devastating. Some survivors were left blinded or partially sighted. Nearly all were disfigured by deep pitted scars and pock-marked faces would have been a familiar sight on London’s streets, as descriptions of wanted men illustrate: John Moffity, otherwise Windgrove, otherwise Jelly, a Well-made stout young Fellow, about 30 years of Age…a little marked with the Small-Pox, and swarthy, very black Eyes, wears a cut Wig…well known in the Neighbourhood of Spitalfields; James Lawler, alias Jemmy the Shuffler, alias Irish Jemmy, about 5 Feet 7 Inches high, rather lusty, pale and much pitted with the Small-pox, grey Eyes, dark brown hair tied behind, lately wore blue Cloaths with yellow Buttons. (Public Advertiser, 29 Feb 1764)

Those who could afford to do so resorted to veils, lead-based face powder or strategically placed beauty patches to disguise the worst ravages of the disease – Richard Hoare’s late seventeenth century plate books show that sales of patch boxes were brisk – while London’s quacks did a roaring trade in potions and powders. Original Royal Chymical Wash-Balls, available from Mrs Gales’ Millinery shop at the Blue Ball, near Hercules Pillars Alley, by the Temple in Fleet Street, during the 1720s, held out the promise of smooth soft skin: by taking off all Deformities, as…Sunburn, Scurf, Pimples, Pits or Redness of the Small-pox. (Daily Courant, 29 Feb 1720) In the 1760s, Dr James’s Powders were promoted as a safe and certain Cure for everything from smallpox to rheumatism, while the 1790s produced Robert Mason’s Celebrated Worm Medicine, in the form of Gingerbread Nuts…the best physic yet known where purging is required, such as the Measles, Small-pox, Hard-drinking, and Surfeits…for Children there cannot be a speedy cure without a good Worm-Medicine, and as a preparative for Inoculation; and for persons of any age when the Small-Pox is in the neighbourhood, there is no medicine so safe and certain. Each Box contains 13 Nuts, and each Nut an exact quantity of pure medicine incorporated in choice Gingerbread, and as grateful to the palate. (The Star, 30 Jan 1793)
No cure has ever been found for smallpox. But by the 1720s, a form of inoculation, known as variolation, had spread to England from the Ottoman Empire. Variolation deliberately infected an otherwise healthy person by inserting dried smallpox scabs under the skin to induce a mild form of the disease. Once recovered, the individual was immune for life. Inoculation was not entirely risk free, however. A small number of those who underwent the procedure did go on to develop full-blown smallpox instead of the milder version intended. Nor was it welcomed by everyone. Opponents argued that inoculation helped spread the disease or interfered with divine providence.

The Hospitals for the Small Pox and Inoculation opened on Windmill Street, Tottenham Court Road, in 1746, one of a growing number of hospitals that aimed to tackle specific conditions rather than general illness. Ten years later it moved to Upper Street, Islington, before relocating to St Pancras in 1767. Its purpose was two-fold: to provide free hospital care for poor Londoners afflicted by smallpox and inoculation to those who otherwise would be unable to afford it. In 1757, the Hospitals’ Governors were able to report that 874 people had been inoculated during the previous five years, of which only two had died, and nearly 2,000 others had been treated for smallpox contracted in the natural way. But inoculation was time consuming and expensive. Patients had to be admitted into the House of Inoculation two weeks before undergoing variolation, to ensure they were not already infected with smallpox. On arrival they were given new clothes, put on a strict diet and bombarded with medicine so as to be in the best possible condition when inoculation took place. After the first symptoms appeared, they were removed to the Small Pox Hospital for up to a month. A constant supply of money was therefore required to pay for premises, staff, medicines and the long-term maintenance of patients.

Like most eighteenth century charitable enterprises, the Small Pox Hospital’s finances were underpinned by subscriptions. For five guineas a year anyone could become a Governor, while a one-off payment of 30 guineas made them a Governor for life. Governorship gave subscribers a say in the way an institution was run as well as the right to nominate an agreed number of patients for admission each year. Although not a cause the Hoare family subscribed to regularly, both Henry Hoare (Magnificent) and his brother Richard did become life Governors of the Small Pox Hospital in September 1752. By then, however, smallpox had acquired painful significance. For earlier that year it had claimed the life of Henry’s last surviving son. Henry Hoare jnr, newly installed as a partner at the family bank on Fleet Street and heir to the extensive Stourhead estates, had embarked on a two year Grand Tour in the summer of 1750. But in January 1752, shortly after his twenty first birthday, he fell ill at Naples. In a letter to Henry’s agent, Joshua Cox, Richard expressed thanks for your Great Prudence & Tenderness in Breaking to my ever Dear Brother, the fatal News of the Death of the Best of Sons, and added: if any Expression should Drop from him, that my Comeing down [to Stourhead] would be Agreeable, I beg you will lett me know as my Whole Thought & Study shall be to Contribute all in my Power to his Contentment & Ease of Mind.

While subscriptions formed the financial cornerstone for most charities, they were incapable of generating enough money to keep them afloat, making alternative fundraising initiatives vital. One of the most popular of these was the charity sermon. A few charities, notably the Foundling Hospital (est 1739) and the Magdalen Hospital for the Reception of Penitent Prostitutes (est 1758), built their own chapels, which became tourist attractions and considerable money-spinners. Most, however, settled for an annual service in a local church, aimed at current and potential subscribers. These were advertised in the press and elaborately engraved tickets, like the one illustrated here, issued in advance. Entrance was free, but a collection would be taken at the end of the service and the more popular sermons were often published to raise additional funds. Needless to say, charities vied with each other to engage the most dynamic or distinguished preachers. Music too was a great
Annual Feasts were another popular fundraiser. These were usually organized by a dozen or so nominated Stewards, who would divide the cost among themselves, thus ensuring that all money raised on the day went directly to the charity. Henry Hoare’s personal accounts show that he paid £11l-10s as his share of the Stewards’ expenses for the Small Pox Hospital’s Feast of 1763. Tickets for the 1775 Annual Feast (5s) could be purchased from the Hospital’s Secretary or from various Coffee Houses, including John’s in Cornhill, Garraway’s in Exchange Alley and the Cocoa-Tree in Pall Mall. On the day itself, participants assembled at the House of Inoculation before proceeding en masse to the London Tavern in Bishopsgate Street. One of the smartest venues in the city, the London Tavern boasted a large top-floor room capable of seating over 300 diners, a prodigious wine-cellar and tanks of live turtles, guaranteeing a constant supply of fresh turtle soup. It even had a celebrity chef. John Farley, the London Tavern’s Principal Cook, was known throughout the city for his culinary skill and went on to cement his reputation with a bestseller, ‘The London Art of Cookery, and Housekeeper’s Complete Assistant’ (1783). Alongside a bewildering array of recipes, everything from Stewed Lampreys to Sugared Roses, Farley’s book offered tips on shopping, poultry keeping, menu planning and Elegant Ornaments for a Grand Entertainment. Among the latter were a Chinese temple constructed from layers of baked sugar paste and Moonshine, a quivering fantasy of moulded calf’s foot jelly and cochineal-tinged blancmange. Such grandeur lent the Annual Feasts an air of occasion, but they also made sound financial sense. For once the guests had been suitably regaled with food, wine, speeches and songs, the collecting plate would make its appearance. In 1775, the Small Pox Hospital’s Annual Feast collection raised an impressive 540l 3s (c.£56K today).

By 1797, the Small Pox Hospital was admitting nearly 500 cases of natural smallpox per annum and inoculating nearly 1,500 others. But change was afoot. The following year, Edward Jenner, who had been trialling a new, safer form of inoculation called vaccination, published his findings in a landmark work: An Inquiry into the Causes and Effects of the Variolae Vaccine...with Observations on the Origin of the Small Pox, and on the Subject of Inoculation. This led to the establishment of several institutions dedicated to vaccination, among them the Royal Jennerian Society for the Extermination of the Small Pox and the National Vaccine Establishment, both of whom maintained subscription accounts at Hoare’s. Like variolation a century earlier, however, vaccination was not without its critics. And after the government made vaccination compulsory for children under fourteen in 1853, anti-vaccination societies sprang up across the country. Some opposed vaccination altogether, claiming it caused consumption and syphilis. Others were not against vaccination per se, but believed parents should have the right to choose whether to have their children vaccinated. There was also widespread resentment at the cost of vaccination, £275,000 (c.£220M today), as well as a nagging suspicion that Vaccination was supported by doctors because it put money in their purse. (The Hull Packet and East Riding Times, 27 Sept 1867)

The Hospitals for the Small Pox and Inoculation survived well into the twentieth century and the disease proved equally resilient. Some 300M lives were lost to smallpox after 1900. But in 1966 a campaign aimed at its total elimination was launched. For the next decade, medical officers tracked the virus across the globe, imposing mass vaccination programmes and draconian quarantine restrictions wherever it appeared. So successful was this approach that in 1980 the World Health Organization was able to declare smallpox officially eradicated.