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Death, Grief and the Victorian GP: A Case Study of Edward Wrench of Baslow, Derbyshire, 1862 - 1898

Carol Anne Beardmore

School of Arts and Humanities, Faculty of Arts and Social Sciences, the Open University, Milton Keynes, UK

ABSTRACT

While historians such as Anne Digby and Irvine Loudon have explored and examined the processes of general medical practice in the nineteenth century, we still know relatively about individual doctors' emotional responses to death, grief and dying. The diaries of Edward Wrench, a Derbyshire GP, act as a lens through which to examine his responses when faced with the deaths of his own children, family members, close friends and his patients many of whom he came to know well through living and working in a relatively isolated rural community. In the early days of his practice Wrench had a strong Christian faith but this waned over time as new scientific findings made him more sceptical and unable to balance his faith against these new discoveries. This article will by using his diaries focus on his emotional and professional attitudes to death across the entire spectrum of his practice and family life.

KEYWORDS

Baslow; bereavement; commemoration; emotion; empathy; grief; family

Introduction

Death in Victorian England was a relatively common occurrence at all ages, and not just from old age. According to Romola Davenport the compulsory civil registration of deaths in 1837 has made it possible to calculate 'cause specific mortality rates' for the entire population.¹ Between 1891 and 1900 overall life expectancy remained relatively low, for example in Liverpool it was 43.7 years, in Salford 36.5 and Bristol 36.5.² There were thus variations across the country and as Wrigley and Schofield argued national trends hid important differences in the mortality levels of different communities.³ Pat Jalland stated that the death rate in England for infants under one-year old stood at 154 per 1,000 live births in 1840 and was still at the same level in 1900.⁴ Davenport has added complexity to this basic analysis by suggesting that mortality rates for children varied according to age. In the 1830s, for example, mortality rose for children aged one

CONTACT Carol Anne Beardmore  carol.beardmore@open.ac.uk  School of Arts and Humanities, Faculty of Arts and Social Sciences, the Open University, Milton Keynes, UK

¹R. J. Davenport, 'Mortality, Migration and Epidemiological Change in English cities, 1600–1870', *International Journal of Palaeopathology*, 34 (2021), 40.

²*Ibid.*, p. 41.

³E. A. Wrigley and R. S. Schofield, *The Population History of England 1541–1871: A Reconstruction* (Cambridge: Cambridge University Press, 1981), p. 253.

⁴P. Jalland, 'Victorian Death and its Decline: 1850–1918' in *Death in England: An Illustrated History* ed. by P. C. Jupp and C. Gittings (Manchester: Manchester University Press, 1999), p. 237.

to four years in both urban and rural areas.⁵ Both infant and early childhood mortality after 1837 were sensitive to population density, especially deaths caused by gastro-enteric diseases.⁶ Overall Davenport concluded that the explanation reached by Wrigley et al. was correct and there was a significant rise in mortality particularly affecting young children. This was entirely consistent with the research carried out by Simon Szreter and Graham Mooney.⁷ As the changes in mortality also occurred in slow growing and rural populations as well as in the midlands and other industrializing parishes any epidemiological causes which had driven this increase were widespread.⁸ General Practitioners such as Edward Wrench (the subject of this article) would thus have witnessed the deaths of patients across all age ranges as his practice encompassed both rural and industrial areas of Derbyshire. All those who practised medicine in the middle of the 19th century and even into the 20th century would, therefore, have recognized the limitations of their healing powers.

While this article centres on Edward Wrench's personal interactions with death through his surviving diaries, some discussion of the debate around professionalization of medicine is still necessary for context. According to Michael Brown the 1858 Medical Act was the reason medicine became a recognized profession.⁹ Although the 1858 Act had begun the process of legitimating the medical profession, Anne Digby states that it was not until the Medical Amendment Act of 1886 that all medical students had to have a qualification in surgery, medicine and midwifery. The 1858 Act had not outlawed those who practised on the margins of medicine such as quacks, chemists and druggists and thus failed to create a medical monopoly.¹⁰ It did, however, establish a new category of doctor, 'the registered medical practitioner' who could enter the register with either a single or double qualification in medicine and/or surgery.¹¹ Consequently there was a professional body now responsible for regulating medical practice and this went a long way towards founding a standardized profession.¹² The position of the general practitioner has been less clear and their status within the medical marketplace not clarified until the latter part of the nineteenth century. From this point onwards professionalization pushed consultants and specialists to the forefront of medicine and relegated the GP to a subordinate position.¹³ Yet, as argued by Irvine Loudon, the GP in market towns and rural areas may well have occupied a higher and more secure status than those in cities such as London. As the sole medical attendant, he would have treated all social classes and represented all areas of medicine without being overshadowed by physicians and 'pure' surgeons.¹⁴ Edward Wrench fell into this group of GPs who provided a range of care for all those who fell within the boundaries of his

⁵R. J. Davenport, 'Urbanization and Mortality in Britain c.1800–1850', *Economic History Review*, 73, 2 (2020), 455–85.

⁶Davenport, 'Urbanisation and mortality', 468.

⁷See Davenport, 'Urbanization and mortality', 468 and S. Szreter and G. Mooney, 'Urbanization, Mortality, and the Standard of Living Debate: New Estimates of the Expectation of Life at Birth in Nineteenth-Century British Cities', *Economic History Review*, 51 (1998), 84–112.

⁸Davenport, 'Urbanisation and mortality', 468.

⁹M. Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, c. 1760–1850* (Manchester: Manchester University Press, 2011), p. 6.

¹⁰A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge: Cambridge University Press, 1994), p. 31.

¹¹*Ibid.*

¹²*Ibid.*

¹³I. Loudon, *Medical Care and the General Practitioner, 1750–1850* (Oxford: Oxford University Press, 1986), p. 189.

¹⁴*Ibid.*, p. 200.

practice. In his capacity as local doctor he used all the skills he had acquired through his apprenticeship at St Thomas's Hospital in London and as assistant surgeon in the army. In 1870 presumably to meet the requirements for the register he became a Fellow of the Royal College of Surgeons after completing the necessary examinations.

Despite improvements in training and a growing understanding of the causes of disease, those like Wrench who were involved in medical practice continued to understand the intractability of illness. Fast onset complaints such as fevers often needed a quick diagnosis, and treatment was usually reliant on experience or instinct rather than empirical diagnosis. At the same time, doctors needed to encourage a belief in the remedies offered. They had access to new techniques, such as palpitation, using percussion, and listening with a stethoscope, which gave the appearance of adding science to the mix of healing but did little to aid treatment. In essence, in the process of observing and examining, the 'modern' doctor created a new relationship with the patient based on an increased faith that the medical profession might be able to cure afflictions in a way that had previously been impossible.

At their best, the Victorian doctor was more a family friend and a source of support, especially when it came to palliative care.¹⁵ Indeed, Edward Shorter has argued that the three main medical advances during the nineteenth century – clinical examination, pathological anatomy, and microbiology – meant that for the first time in history doctors were able to accurately diagnose many of the most common diseases suffered by ordinary people, even if they could not be treated.¹⁶ A 19th century GP, therefore, needed to turn his hand to treat a wide and diverse range of illnesses and of course visit and provide care for the dying. The end of life usually occurred in the home, it was a family affair with relatives summoned to the bedside.¹⁷ As the historiography has tended to concentrate on the evolution of general practice and the crowded marketplace, we know relatively little of individual doctors. Consequently, their voices, thoughts and emotions are frequently missing from the historical narrative. Edward Wrench a GP in Baslow, Derbyshire, from 1862 until his death in 1912 left an annual diary which has survived in its entirety. His diaries are often just a series of thoughts with no sense that they were ever intended to be read by a wider readership or indeed intended for publication. The vast majority of entries are poorly punctuated, often without properly formed sentences and interspersed with references to other dates and years. His diaries, though, provide a valuable resource for exploring and understanding the emotional impact of death for a practicing doctor.

At the time of purchasing the practice Wrench was a born-again Christian and his faith was evident in all his dealings within and beyond the local community of Baslow. Over time with new scientific findings, the equilibrium between his faith and new discoveries became much harder to balance. The extent of his changing sentiments was evident in July 1887, when he recorded: 'To church in the evening I don't go very often now, and I don't seem to get any good when I do go. I can't agree with Stockdale's

¹⁵*Ibid.*, p. 241.

¹⁶E. Shorter, 'The History of the Doctor-Patient Relationship' in *Companion Encyclopaedia of the History of Medicine* ed. by W. F. Bynum and R. Porter (Abingdon: Routledge, 1993).

¹⁷See for example, M. Riso, *The Narrative of the Good Death: The Evangelical Deathbed in Victorian England* (Abingdon: Routledge, 2016); M. E. Hotz, *Literary Remains: Representations of Death and Burial in Victorian England* (New York: State University of New York Press, 2009); P. Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996) and J. Walvin, 'Dust to Dust: Celebrations of Death in Victorian England', *Historical Reflections*, 9, 3 (1982), 357.

theology so much of mythology in it or with the hymns which are so often opposed to science if not common sense'.¹⁸ Later in the year an even clearer sense of Wrench's changing religious opinions emerged. On 21 November, he wrote:

Reading a review of C Darwin's life just published I was struck with the resemblance of the phases of my religious views & his own. He was what is called a religious man in youth & was compelled as he studied science & saw the wonders of creation to see that the commonly accepted [such as] religion was the creation of men. He became what I am an agnostic.¹⁹

This did not mean he had lost his empathy or desire to treat his patients but the narrative around their deaths became less certain and the loss greater because the sense of a 'better life' no longer seemed feasible. In this context, the following article will explore how Wrench dealt with death across the spectrum of those who intersected his personal and professional life, it will examine his interaction with the dying and the ways in which bereavement and grief are outlined within his diary entries. The historiography has concentrated on the impact of the death of young children on parents and family life, but it does not consider the impact of losing children once they are adults. As Wrench's three eldest children died in their twenties his diaries recorded a clear sense of how he coped with the knowledge of their terminal illnesses and the impact of their deaths in quick succession. The focus here is on a male response to death as rarely, if at all, did Wrench discuss his wife's reaction to the death of their children. At the centre of the grief over his children's deaths was a sense of his failure to protect them from harm even though they were now mature adults. For his parents, although their deaths were not expected there was the normal progression of old age and a life well lived. This article will begin by looking at the relationship between the GP and patient deaths, it will then consider how, as a son, he faced the impact of his parents' deaths, and finally examine how he both treated and reacted to the death of his children.

The GP and Patient Deaths

It is telling that in Anne Digby's seminal work on the evolution of general practice neither death nor bereavement is mentioned in the index, even though the general practitioner would have dealt with both events on a regular basis.²⁰ She does, however, argue that understanding the patient-doctor encounter is not simple and has to be teased out from a variety of records. Consequently, there are gaps and silences, and it is this lack of information that has shaped the narrative of the relationships which existed between a doctor and those he treated.²¹ Irvine Loudon suggests that the family doctor was highly valued, and his broad-brush clinical approach ensured that patients could be cared for no matter what their condition, this role extended beyond the medical into pastoral care.²² It was this regular interaction which created close bonds between patients and built up trust especially at the point of death. The patient would be

¹⁸Nottingham University Manuscripts and Special Collection (NUMSC), Wr D 32 entry for 3 July 1887.

¹⁹*Ibid.*, entry for 21 November 1887.

²⁰See, A. Digby, *The Evolution of General Practice 1850–1948* (Oxford: Oxford University Press, 1999).

²¹*Ibid.*, p. 224.

²²I. Loudon, *Medical Care and the General Practitioner*, p. 277.

cared for by relatives and doctors and this may have been some comfort in their last hours.²³ Pat Jalland argues that the news of imminent death was often concealed from patients although from the 1880s onwards the family were usually informed.²⁴ There was a growing perception of a 'a good death' which was pain and stress free, uncluttered from excessive emotional good-byes or death bed confessions and devoid of any religious significance.²⁵ Although Edward Wrench was not a non-conformist his evangelical zeal in at the start of his practice mirrored the idea that the deathbed was the final battleground with Satan, a chance to get the dying to repent of their sins and acknowledge Jesus Christ as Saviour.²⁶ The state of a patient's soul at the moment of death was, thus, important to Wrench in the early days of his practice. He recorded on 2 September 1863: 'To Edensor morning & evening to see old Alex Bacon who is sinking slowly and not I fear prepared for death though he is so fond of saying he wishes the Lord would take him – really taking God's name in vain'.²⁷ His difficulty in convincing Bacon in the last weeks of his life to claim salvation preyed on Wrench's mind and he stated: 'I am troubled at the impossibility I find of speaking on salvation to old Alex he always puts me off with fair hopes and I sadly want zeal in pressing the subject & faith to think I can lead him to think seriously on his state'.²⁸ Bacon died a few weeks later on the 18 October and Wrench simply wrote, 'a sad death no clear hope': this comment related to Bacon's entry into heaven as much as Wrench's inability to treat his condition successfully.

The idea of the good Christian death, however, remained a powerful concept in the middle of the 19th century especially amongst the middle and upper classes. The Evangelical movement influenced the depiction of death bed scenes, and this fed into both Victorian art and fiction.²⁹ Essentially, a good death required piety and fortitude both in facing what was to come and coping with physical suffering. The perfect setting was at home surrounded by family and able to make the appropriate farewells, and an assurance that at some point in the future there would be family reunions in heaven.³⁰ The death of Miss Bright who lived in Buxton perfectly illustrated these principles. On 12 January 1871, Wrench was called from his home in Baslow and on arrival found Bright dying. She asked whether she could have another week, but Wrench had replied, 'I fear not'. As a result, he recorded, she called for her family and as they came one by one to her bedside she bade her farewells, 'Throwing her poor skeleton arms round their necks & calm herself when all were crying'. As the time of her death approached, she complained she could not see and so Wrench gave her egg and brandy. Shortly afterwards she lost all power as her muscles twitched. For about half an hour her respirations slowed and 'her bright resigned soul fled from its withered tenement'. Her family were distraught and 'prostrate' with grief and so Wrench as part of his final duty to his patient 'laid her out'.³¹

²³Walvin, 'Dust to Dust', 356.

²⁴Jalland, *Death in the Victorian Family*, pp. 117–18.

²⁵*Ibid.*

²⁶M. Riso. *The Narrative of the Good Death: The Evangelical Deathbed in Victorian England* (Abingdon: Routledge, 2016), p. 188.

²⁷NUMSC, Wr D 8 entry for 1 September 1863.

²⁸*Ibid.*, entry for 3 October 1863.

²⁹P. C. Jupp, *Death in England: An Illustrated History* (Manchester: Manchester University Press, 1999), p. 233.

³⁰*Ibid.*

³¹NUMSC, Wr D 16 entry for 12 January 1871.

While doctors had little in their medical armoury to treat chronic or terminal patients their role at the patient's bedside meant something, as seen above. For men like Wrench who worked across the class structure this could mean different things for different people.³² One of the most important aspects of the care of the dying was the treatment of pain and the use of opiates was an efficient tool in the doctor's pharmacy. Roy Porter had seen the eighteenth century as an anaesthetised age,³³ but by the mid-Victorian period there was a more disciplined approach to the use of opium, a greater understanding of its usefulness in controlling pain and a more nuanced knowledge of dosages and management of its administration.³⁴ Doctors understood that there was a risk to using opiates as they depress the respiratory system but were still prepared to use them. One such case was that of Mr Gregory who had become comatose and died on the afternoon of 5 June 1872, and despite the inevitability of his death, Wrench was convinced that the opiate administered not only relieved his end but hastened it too.³⁵

The death of a patient could cause the family doctor to question his role. For example, in early January 1885 Mrs Bark who had been confined on 21 December 1884 died from thrombosis.³⁶ Wrench thought the problem was blood-borne bacilli and therefore an infection. Her symptoms included a persistent high temperature but no pain. Wrench worried he was the cause of her demise. At the time of his attendance at the birth he too had had enlarged cervical glands and a high fever and consequently considered whether he had passed his own contagion on to the patient.³⁷ Other patients could be used to further knowledge and to confirm any diagnosis previously made. It seems that in the interests of science personal relationships would often have to take second place to the necessity of improving professional knowledge as in the following two cases. Jas Hall of Froggatt who had been one of the first patients treated on Wrench's arrival in Baslow died on 7 December 1863. Together with his colleague, Mr Fenton, he believed the patient had suffered from some form of rheumatics. At the beginning of the year some curvature of the upper dorsal vertebra had become apparent alongside increased heart sounds on the right-hand side. This Wrench believed was the result of an aneurism pressing on and eroding the spine. He died in great pain and to try to confirm a diagnosis Wrench carried out a post-mortem. Despite the lungs being full of a hard melanotic onerous concretion with the right lung very black and adherent to the pleura, the aorta was healthy, ultimately there was no immediate overlying disease.³⁸ This was not the case with Mr Stewart who had been the head gardener at Chatsworth House and who from early March 1864 had been seriously ill with heart problems.³⁹ For about six weeks Wrench visited Stewart on a regular basis, not so much as to treat but to provide comfort until his death on 10 April 1864. Along with his colleague Dr Branson a post-mortem was conducted. On this occasion, they

³²Jalland, *Death in the Victorian Family*, p. 86.

³³R. Porter, 'Death and the Doctors in Georgian England' in *Death, Ritual and Bereavement* ed. by R. Houlbrooke (London: Routledge, 1989), pp. 91–4.

³⁴Jalland, *Death in the Victorian Family*, p. 86.

³⁵NUMSC, Wr D 17 entry for 5 June 1872.

³⁶Confined in Wrench's diaries was used to describe childbirth.

³⁷NUMSC, Wr D 30, entry for, 8 January 1885.

³⁸NUMSC, Wr D 8, entry for, 7 January 1863.

³⁹It is hard to determine a modern diagnosis from Edward Wrench's diaries, but it appears that Stewart had some form of heart failure.

only opened the chest which was enough for them to establish that an enlarged heart was the cause of his symptoms and his ultimate death.⁴⁰

Occasionally a case arose which would make Wrench question his decisions around his own family. Balancing family life and medical practice was not easy, especially as his medical knowledge raised fears in relation to his wife and children's safety. Women he treated died in childbirth and when his own wife was pregnant this caused moments of anxiety. When local children caught diseases such as diphtheria and smallpox his thoughts turned towards his own children, making him consider what actions he could take even if they were outside of the medical norm.⁴¹ There were significant smallpox outbreaks in 1863 and 1864 in the vicinity of Baslow and Wrench was called in by Mrs Brocklehurst at Curbar to examine her father. Wrench wrote that the poor man's son had died of smallpox about a fortnight previously at the same time his wife had been confined with twins. These babies had now contracted confluent smallpox and the look of misery on this 'poor woman's face' as she covered the 'poor little things lying side by side covered with this loathsome disease'. As a result, he went home and vaccinated his three-week-old baby even though the recommendation was to wait until the child was three months old.⁴²

Treating affluent patients helped to establish a successful general practice, although for the middle and upper classes there was a growing reliance on physicians as consultants at least in urban areas. In rural areas and when visiting country estates access to medical expertise was often more difficult and it was sometimes necessary to consult a local general practitioner. Thus, drawing the line between consultants and GPs was not always easy. The Editor of the *British Medical Journal* suggested the only difference was the level of fees that could be charged.⁴³ Treating high profile patients, while it might bring status and more patients for a popular GP, could be risky, especially if they died in the doctor's care. Besides acting as family doctor for the Cavendish family when they were in residence at Chatsworth House, Wrench also treated the Duke and Duchess of Rutland when they stayed at Haddon Hall. Wrench received a letter from the Duchess of Rutland on 27 September 1894 stating that little Lord Haddon, Lord Granby's son was 'dangerously ill of intestinal twist'. This was a dangerous condition and the following day a telegram arrived from the Duchess stating that the child had been operated on for 'internal strangulation of bowel'. Despite this medical intervention the poor boy died and although Wrench was very sad over his loss there was also relief when he wrote, 'how fortunate for me that his illness did not occur at Longshaw where he was last month'.⁴⁴ Looking after a range of patients within the community could still allow a GP to maintain an emotional distance, but this became more difficult when it was immediate family and when his own children were sick, as will be seen below.

⁴⁰NUMSC, Wr D 9, entry for, 10 April 1864.

⁴¹See C. A. Beardmore, 'Balancing the Family: Edward Wrench, Baslow G.P., c.1862–1890' in *Family Life in Britain, 1650–1910* ed. by C. A. Beardmore, C. Dobbing and S. King (Palgrave: Cham, 2019), pp. 113–34.

⁴²NUMSC, Wr D 8, entry for, 6 December 1863.

⁴³Digby, *Making a Medical Living*, p. 295.

⁴⁴See entries for NUMSC Wr D 39, 27–29 September 1894.

Familial Bereavement and Death

Once a loved one had passed away it was common practice to keep the dead at home in the domestic setting as argued by Julia Strange, this meant that until the funeral the body remained a physical presence within the family environment.⁴⁵ Considerable effort might be expended on caring for the body. Helen Frisby outlines some of the many different practices which existed such as: laying pennies over the eyes to keep them closed, placing a saucer of salt in the vicinity of the corpse, the positioning of candles around the body or coffin and even leaving food and wine close by in case the loved one should awake and be hungry or thirsty.⁴⁶ It was customary for family and friends to visit and pay their last respects to the deceased, part of this ritual included the touching or kissing of the corpse; even by young children.⁴⁷ Strange suggests that families were possessive of their dead, not just from a need to claim ownership but as a way of ensuring that the body was treated with respect.⁴⁸ There was a lingering sense of the spiritual status of the corpse and a prevailing need to fulfil secular and social obligations which guaranteed the dead received the correct level of dignity.⁴⁹ This too provided a philological and figurative landscape through which loss and condolences can be expressed.⁵⁰

The death of Edward Wrench's father exhibited many of these Victorian rituals. From the beginning of his diary in 1875, there was a growing sense of unease over his father's health. This was evident in the many letters between Wrench and his mother in London narrating the ongoing situation. The exchange of correspondence was emblematically illustrated by his diary entry for the 19 March, which stated: 'Mother writes father is a little better but Harry says he is daily loosing strength & I fear it is true'.⁵¹ The next letter, which arrived the following day, provided greater hope of a recovery: 'The good father has had a very comfortable night, no pain, no sickness for 3 days'.⁵² Other indications suggested that all was not well as his father was not taking any solid food and until then could not be said to be on the road to recovery. Letters arrived almost daily, and they reported steady recovery which made Wrench believe that there was no organic reason for the illness. On 12 April 1875, he wrote in his diary that a letter from his mother had revealed that improvement was just a temporary rally, and his father was much weaker. Indeed, so worried was Wrench he travelled to London to ascertain the situation and found: 'the sickness has returned even with a milk diet & he [father] is losing flesh'.⁵³ Although obviously very ill, the Reverend Wrench lingered on, with his son undertaking a further visit to London in mid-May when it appeared obvious to both father and son that the end was not far away. Wrench wrote:

⁴⁵See J-M. Strange, *Death, Grief and Poverty in Britain, 1870–1914* (Cambridge: Cambridge University Press, 2005), p. 66; H. Frisby, 'Drawing the Pillow, Laying Out and Port Wine: The Moral Economy of Death, Dying and Bereavement in England, c.1840–1930', *Mortality*, 20, 2 (2015), 112.

⁴⁶*Ibid.*

⁴⁷*Ibid.*

⁴⁸Strange, *Death, Grief and Poverty*, p. 66.

⁴⁹*Ibid.*

⁵⁰*Ibid.*, p. 67.

⁵¹NUMSC, Wr D 20, entry for 19 March 1875.

⁵²*Ibid.*, 20 March 1875.

⁵³*Ibid.*, entry for 12 April 1875.

I left dear father better again this morning but in a precarious state. I tried to say that he might leave mother in my keeping but we both began to cry & we could only kiss each other over & over again. I have written to him tonight to say what I wanted & to tell him I only hope that at my death my children will feel as I do that I can wish nothing had been different in all he did for me as a boy.⁵⁴

There was a slow sure deterioration of his father's condition and on 18 June Wrench was summoned to London urgently, arriving at around 4 am the next morning. He found his father weaker but better than expected; he was still lucid and talked of having tried to do the best for his children. The following evening it was clear the end was near, and Wrench called his mother and other family members to the bedside. One of his father's last comments was 'Don't let me be opened'.⁵⁵ He finally passed away just after midnight with his wife and family at the bedside; in a Victorian sense this was a good death. The weight of Edward Wrench's grief was enormous, and he recorded:

I cried a good deal during the night being quite knocked up with watching & my cold & sore throat and after helping Mrs Spencer (father's tenant of the stables & cab proprietor)⁵⁶ and his nurse Pitt such a quiet gentle young woman to put him tidy & the room straight I was in a high state of fever which continued all the next day pulse over 100 a brain almost wandering Mr Lees & W Clapton came to see me & calmed my fear of Rheumatic Fever I was much distressed at being obliged to stay in bed.

The straw that broke me down was dear mother giving me dear father's gold watch & chain.⁵⁷

Death conjured intense emotions in Victorian families, but they were encouraged to talk and write freely of their sentiments. This was not a pretentious outpouring of grief but was perceived as a clear expression of 'sorrow, love and faith'.⁵⁸ While very young children might be shielded from the realities of death, for the older ones; they were an essential part of the funerary process, especially in the period between death and the funeral.⁵⁹ Wrench's eldest children came down from Baslow and on the morning of the funeral were taken into the large drawing room after breakfast to see their grandfather for the last time. As rector of St Michaels, Cornhill, London his coffin was draped in wreaths of evergreen and white flowers with a plain brass plaque carrying his name (but without the title Reverend by his own request), the date of death and his age.⁶⁰ The coffin was then carried to 'Necropolis Station, Westminster Road' and conveyed by London and South Western Rail to Wokingham. Attendance at funerals reinforced family bonds and shared grief and provided an intimate forum in which to say a last farewell. This was not an ostentatious funeral with just 11 members of the family and their servants. Wrench wrote: 'We all bore up barely I had hard work'.⁶¹

Wrench was to lose his mother the following year after a very short and sudden illness. He had travelled to London to take his mother to the cemetery at Woking. On arriving at the home of his sister Julia he found she was late home because their mother

⁵⁴*Ibid.*, entry for 14 May 1875.

⁵⁵This was presumably a request that a post-mortem was not to be carried out.

⁵⁶Wrench commonly added notes to his diary such as this in brackets to act as memory guides and would refer back to them in later posts.

⁵⁷NUMSC, Wr D 20, entry for 21 June 1875.

⁵⁸See Jalland, 'Victorian Death and its Decline', p. 245.

⁵⁹Frisby, 'Drawing the pillow, laying out and port wine', 115.

⁶⁰NUMSC, Wr D 20, entry for 24 June 1875.

⁶¹*Ibid.*

had been taken ill. Rushing to her side, he found his mother in a state of collapse with blue extremities after a severe attack of diarrhoea which had commenced on Sunday night. Her condition suggested to him that there was little hope of recovery. His mother had smiled on seeing Wrench and he quickly fetched brandy, beef tea and applied hot flannels to her feet. As it did not appear that she would survive until the morning, his two sisters living nearby in London were summoned and kept vigil throughout the night. In the morning, Wrench's mother remained perilously ill, and the rest of the family were summoned. With little other treatment available she was administered brandy – more than Wrench thought was good for her – but signs of organ failure were visible in the complete suppression of urine production, and she finally passed away at 6.10 pm.

At her passing, Wrench took the lilies from his portmanteau which they had intended to lay on his father's grave and 'put them into her dear dead hands ... so she will take them into & not onto dear Father's grave though I shall take her there I shall not bring her back'. Some comfort was gained by praying at her bedside especially as his faith had recently been shaken by 'what is commonly called religion by the impossible dogmas forced down our throats by our spiritual pastors and masters'.⁶² It was decided that the funeral should be held quickly on 29 July and the coffin arrived at the house the day before. The body was already beginning to decay and rather than carrying out the normal visitation of the deceased, as had happened with his father, Wrench 'gave her poor cold forehead a parting kiss', put the lilies in her hand and ordered the coffin to be closed. The coffin was then laid quietly in the dining room and the family brought wreaths, crowns and festoons of flowers to cover the plain elm casket. His grief and love were evident when he wrote:

All our hearts were full of grief but they were also full of love & as we knew she would not have any signs of grief but rather of joy & hope so we were able to linger round her coffin & admire the lovely flowers from Chatsworth ... while thinking of her who we shall never see again.⁶³

Wrench's mother was buried in Woking alongside his father and brothers.

There is a sense that the Victorian commemoration of death was represented in cemeteries, tombstones and monuments and coffin plates, handles, hearses, mourning cards and dress for higher social classes.⁶⁴ It is possible to find these mementoes in black edged mourning cards and stationery and in pictures of women such as Queen Victoria in black mourning clothes.⁶⁵ But memory and bereavement move beyond the visual and the memory of the deceased was central to the grieving process.⁶⁶ The extent to which an individual felt grief varied and its impact on collective groups such as families is much harder to ascertain. Inscriptions on gravestones recorded personal details and as Snell has argued this entailed careful choice and consideration. Inscriptions were often charged by the letter and so it was important that the details meant something to the family.⁶⁷ Many modern ideas surrounding death in the

⁶²NUMSC, Wr D 21, entries for 26 and 27 July 1876.

⁶³*Ibid.*, entry for 28 July 1876.

⁶⁴See, J. S. Curl, *The Victorian Celebration of Death* (Thrupp, Stroud: Sutton Publishing, 2000 & 2004).

⁶⁵*Ibid.*

⁶⁶Jalland, *Death in the Victorian Family*, p. 285.

⁶⁷K. D. M. Snell, 'Gravestones, Belonging and Local Attachment in England 1700–2000', *Past and Present* (2003), 100.

Victorian period have come from literary representations, particularly novels and poetry, or from studies of the funerary monuments which have survived.⁶⁸ Time though seems to have tempered the grief around the loss of his father as the diary entry on the first-year anniversary noted: 'This is the anniversary of the night of my dear Father's death. I am beginning to look at it dispassionately now as the [inevitable] but it was a hard trial to part from me who had been such a good kind Father'.⁶⁹ Likewise, in 1877, on the second anniversary of his passing, there was a reminder placed in the diary as to the event, indicating that Wrench still thought of his father and his sense of loss remained. On this occasion, the plan had been to place a wreath on the memorial tablet in St Michael's, the parish in which his father had spent much of his ministry but unfortunately Mrs Sheard who was to have undertaken the task had died unexpectedly. There was no one else he could trust to undertake the task.⁷⁰ Throughout his diaries there are frequent references to his parents, and he took his own children to places that held important family memories. There is no doubt that the love and respect that Wrench had felt towards his parents during their lifetime lived on long after they had gone.⁷¹

Not all family deaths experienced by Wrench could be classed as 'good deaths' in the true sense of the Victorian ideal of a calm deathbed surrounded by family. His Uncle Buchan is an emblematic example. Wrench was called by telegram to visit his uncle who had become very ill.⁷² On arrival, he was told by Col. Wright that his uncle had become dirty,⁷³ and from his facial expressions it was enough to convince Wrench that he was becoming insane too. It was noted that he sat for an hour in his chair without speaking and it appeared he was also confused about dates and places.⁷⁴ So that he could be cared for within his own home an attendant was appointed, but this caused conflict and resulted in Buchan threatening to tear up his will if the man was not dismissed. Ultimately, all attempts to keep him at home failed and the decision was made to send him to the Coppice, a private asylum in Nottingham. After the Certificate of Lunacy had been signed it was down to Wrench to collect and transport him from his home. Committing his uncle in this way had a profound effect and he recorded in his diary: 'I hurried away feeling more affected by my share in this sad business than I have done for years quite taking away my appetite'.⁷⁵ To add further to his guilt on 7 September 1887 his uncle managed to take his own life in the asylum. On inspection of the body, it appeared, that he had tried to stab himself in the abdomen and arm and eventually managed to slash his own carotid artery. Through questioning the medical officer, it transpired that the staff had thought Buchan suicidal and removed him to the suicide ward. The knife had been brought from home by his uncle presumably hidden among his person or possessions.⁷⁶ The overriding emotions from Wrench were guilt

⁶⁸See for example, M. E. Hotz, *Literary Remains: Representations of Death and Burial in Victorian England*, (New York: State of New York Press, 2009); or D. Lutz, *Relics of Death in Victorian Literature and Culture* (Cambridge: Cambridge University Press, 2015); and Snell, 'Gravestones and Belonging'.

⁶⁹NUMSC, Wr D 21, entry for 20 June 1876.

⁷⁰*Ibid.*, entry for 21 June 1876.

⁷¹Jalland, *Death in the Victorian Family*, p. 285.

⁷²NUMSC, Wr D 32, entry for 20 June 1887.

⁷³Presumably here he means incontinent.

⁷⁴NUMSC, Wr D 32, entry for 25 June 1887.

⁷⁵*Ibid.*, entry for 31 August 1887.

⁷⁶*Ibid.*, entries for 7 and 9 September 1887.

and sadness that this death had occurred under his watch. In this instance, there was a sense that the incident had been caused by his inability to diagnose the extent of his uncle's mental health issues which resulted in his failure to prevent the suicide. Despite his medical experience and frequent exposure to death in all its different aspects Wrench did not become hardened to grief or loss within his own family, and his diaries with their frequent memories reveal the way in which they remained part of his life. The biggest challenge with family death, however, was with the loss of his own children and it to these this article now turns.

The Death of Children

The historical narrative as discussed in the introduction has concentrated on the death of children in the early years of their life and, as Julia Strange states, contagious diseases such as smallpox, measles, gastro-enteritis or diphtheria could quickly claim the lives of several children in a given household across a few short weeks.⁷⁷ While Strange has concentrated on links between childhood death and poverty her ideas around grieving for dead children cross the class divide. Essentially in the case of Wrench and his children, Annie (his wife) had completed her main role. She had worried and nursed their offspring through a number of childhood illnesses and raised them to adulthood, one in which they had taken up their own lives and careers.⁷⁸ The burden of guilt around the death of the three eldest children laid with Wrench himself, who was unable to save them from the terminal disease that led to their eventual demise. The frequency of child mortality led Pat Jalland to suggest there was a seeming reluctance for parents to make an emotional commitment to their children.⁷⁹ Despite understanding perhaps more than most the precarity of life this was certainly not the case with Wrench. Nowhere is this highlighted more clearly than with the birth of his first daughter Diana. His diaries for 1862 and 1863 which recorded the first year of her life are full of stories around whether she was feeding properly, putting on too much or not enough weight, had spots on her skin, was too forward in her development and generally worrying when she did not seem completely well. At the end of April, his emotional investment in his first child was clear as he wrote: 'Mr Whittington thinks baby [Diana] much too forward & in great danger of head affections when teething if forced. I quite agree with him & am more the [sic] anxious knowing how very quick she is . . . I scarce know what I should do were she to be seriously ill. I should be so anxious about her'.⁸⁰ Of the seven live children born to Annie Wrench, all survived until adulthood. Edward was therefore spared the sorrow of losing any of them as infants, but this was to change in May 1890 when Wrench lost his eldest son, Mervyn, followed by Letitia in August 1890 and his beloved Diana in 1893 all from tuberculosis (TB). Thus, rather than the usual focus on the death of young children the discourse here is around the grief of adult children, something that is noticeably missing from the historiography.

Fatherhood in Victorian England has been represented, firstly, as the unsmiling domestic tyrant, secondly through the idea of the absent father whose time was spent

⁷⁷J-M. Strange, *Death, Grief and Poverty in Britain, 1870–1914* (Cambridge: Cambridge University Press, 2005), p. 238.

⁷⁸*Ibid.*, p. 260.

⁷⁹Jalland, 'Victorian Death and its Decline', pp. 230–55.

⁸⁰NUMSC, Wr D 8, entry for 29 April 1863.

at work and elsewhere which ensured he was never in tune with the emotional elements of family life and finally as the ‘nursing father’ one who moves between child and work.⁸¹ The patriarchal role was based on a set of hierarchical divisions which placed the husband and father at the apex of the family unit in a position of authority. It has been claimed that it was this authority which men exercised over their household that formed an integral part of male masculinity and status.⁸² Yet as Leonore Davidoff and Catherine Hall argue the involvement of fathers moved beyond being simply authoritarian figures. They suggested that ‘local sources’ point towards the involvement of fathers in the upbringing of children as well as taking a loving interest in their children’s lives,⁸³ consequently implying that many Victorian men rejoiced in their parental roles. It was more usual for women to care for very young children but as Edward Wrench demonstrated in line with Davidoff’s and Hall’s suggestion that once past the early stages of life fathers could take an intense interest in their children’s lives.⁸⁴ It was, however, the death of a child that provoked in this instance the most paternal of feelings. While Davidoff and Hall, like Strange, concentrate on the loss of young children there is a sense from Wrench that the loss was all the more acute because they had grown together as a family. This had resulted in both friendship and a father–child relationship. Despite the age of his children Wrench’s role as their protector both emotionally and physically was challenged when his own medical training was unable to save or protect them from their final disease.

Wrench’s diaries are full of the exploits of his children, recording where they were, what they were doing, letters received and exhibits of their successes and achievements, this changed in 1889 when it became clear that first Mervyn (the eldest son) and Letitia (the second eldest daughter) were both suffering from phthisis (tuberculosis). TB was no respecter of class, age or gender. By the time Wrench’s children were diagnosed, Robert Koch a German physician and microbiologist had isolated the bacillus responsible for the disease, but it would not be until penicillin was discovered that it could be properly treated. In March 1882 Koch had presented his findings on TB to the Berlin Physiological Society and a paper on the subject was published the following month.⁸⁵ Thus, by the time Wrench’s children were diagnosed he knew exactly the cause of the disease which was slowly killing them but was unable to save them. After this point, in his diary for 1889 and much of 1890, Wrench constantly worried about the health of all his children even when they had the smallest of colds. Mervyn died on the 6 May 1890 and the rawness of the emotions recorded with the diary entries reflected the extent to which Wrench was affected.

The illness of Mervyn and Letitia had progressed relatively rapidly as shown by the entry for 27 April 1880, when Wrench wrote: ‘Dear Mervyn very much weaker ... Dear

⁸¹J. Tosh, *Manliness and Masculinities in Nineteenth-Century Britain: Essays on Gender, Family and Empire* (Abingdon: Routledge, 2016), p. 130.

⁸²M. Doolittle ‘Fatherhood and Family Shame: Masculinity, Welfare and the Workhouse in Late Nineteenth Century England’ in *The Politics of Domestic Authority in Britain from 1800* ed. by L. Delap, B. Griffen and A. Willis (Basingstoke: Palgrave MacMillan, 2009).

⁸³L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class 1780–1850* (London: Taylor and Francis, 2018), p. 329.

⁸⁴*Ibid.*, p. 331.

⁸⁵S. M. Blevins and M. S. Bronze, ‘Robert Koch and the “Golden Age” of Bacteriology’, *International Journal of Infectious Diseases*, 14 (2010), 747.

Tish in much more pain in [her] side & flushed.⁸⁶ There was a growing sense of how little time they had left together and two days later the diary entry read:

Up in the night to both the children as we still like to call Mervyn aged 27 & Letitia aged 24 – Alas we shall not have them much longer to care for Dear Mervyn in the night so bad he thought himself dying – asked my forgiveness for all the anxiety he had coursed me & said he had hoped to live to help me – I freely forgave him & he fell asleep.⁸⁷

Mervyn was to live until 5 May, and during this final period of his life either Wrench or his wife were his constant companions. On the morning of his last day, a telegram was sent to his siblings and their wives to come home. Over the course of the day Mervyn got steadily weaker and said he knew the end was coming and just wanted to live to see the rest of the family arrive. The closeness of this family unit and the bond between child and parent are emphasized by his grieving if they left his side. Throughout this period Mervyn was clearly aware that he was dying but said, ‘I have no fear, there is nothing to fear.’ Wrench wrote: ‘I broke down once & he [Mervyn] immediately changed the conversation – so thoughtful of him. At daylight Mervyn kept asking for air and the windows were opened. At 7 am he finally died, having during the last few hours said he wanted to be buried in Baslow. At the same time as Wrench watched his son’s last hours, he was also worrying about Letitia who was already in the terminal stages of the same disease.

Pat Jalland argues that Victorian mourners sought consolation in writing about their dead loved ones, and it appeared that Wrench too found comfort by writing in his diary. By recording the minutiae of daily actions and conversations he created an aide de memoir which encapsulated precious memories of their last days together.⁸⁸ The death of his eldest son had a profound effect but he considered there were still many blessings within his life such as being: ‘surrounded by such loving children and with dear Annie so brave to help me bear my loss yet when alone I have had to work to subdue my tears.’⁸⁹ The depth of his grief and the worry over Letitia remained a prevalent emotion and on the day of the funeral he recorded: ‘I hope this bitterness of this my first great trial in 28 years of married life is over but alas there is another to come.’⁹⁰ Even the place of Mervyn’s final resting were part of the family’s memories as the spot was chosen where he had ‘learnt his first lessons’. Wrench dealt with his grief by not allowing himself to dwell on his loss, feeling that he ‘had duties to those who remain and for dear Letitia’s sake.’⁹¹ Wrench missed conversing with his son on the topics of the day and asking his opinion about events which had always seemed so clear and often original. His diary revealed that: ‘I could talk to him more like a Brother than a Son’.

Davidoff and Hall suggest that fathers did not feel the same kind of responsibility towards girls neither educating them to the same level nor allowing them to develop their own lives.⁹² This was not true of Wrench whose daughters travelled extensively,

⁸⁶NUMSC, Wr D 35, entry for 27 April 1890.

⁸⁷NUMSC, Wr D 35, entry for 30 April 1890.

⁸⁸Jalland, *Death in the Victorian Family*, p. 287.

⁸⁹NUMSC, Wr D 35, entry for 7 May 1890.

⁹⁰*Ibid.*, entry for 9 May 1890.

⁹¹*Ibid.*, entry for 15 May 1890.

⁹²Davidoff and C. Hall, *Family Fortune*, p. 332.

Diana, the eldest, working and training at the School for the Deaf and Dumb in Ealing and Letitia spending time in a French school. Having watched his son slip away in early May, Letitia by June was in sharp decline, she appeared to be getting rapidly weaker and began to talk about dying. For Wrench it was a comfort that, like Mervyn, she ‘calmly realise[d] her danger’ and was able to talk placidly about her death.⁹³ But for Wrench this was almost unbearable, and he found it ‘heartrending to think she is leaving us. I feel as if I had no right to love . . . anything while my children so young and good are taken away’.⁹⁴ Letitia’s final days corresponded with the anniversary of Wrench’s father’s death, and he recorded that this was ‘Always a sad day’ but it became even more so ‘this year’ when ‘every day is sad when I think of my dear ones dead and dying’.⁹⁵ By mid-August it was clear that Letitia was sinking fast, she could no longer manage to take any nourishment either solid or liquid.⁹⁶ Wrench like other doctors of this period understood that disease, in this case, TB ran a definite course and could not be altered. They would use whatever means to control pain and end suffering.⁹⁷ Consequently, Wrench regularly administered morphia to Letitia to keep her pain at bay. She died on 15 August 1890 and alongside the inevitable grief was guilt. When Mervyn was first ill, he had been sent to Blackpool for a change of air. Wrench had sent his sister to look after him, and although it was impossible to know if this was where she had caught the disease it was still a distinct possibility.⁹⁸ Her loss weighed heavily on Wrench, and on entering the family home from his day’s work he would want to run upstairs, ‘to see how my dear one is.’⁹⁹ There was some consolation in knowing that he had done everything possible to relieve her suffering. At the end of the year Wrench recorded: ‘I must call it a sad year for I have wept many tears, but our sorrow was full of joy. Joy at the happy death beds of those we loved so well and real happiness to tend them lovingly as long as they were to us.’¹⁰⁰

If this was not enough of a burden to bear Wrench was to go through the whole process again two years later. A hint of what was to come began in October 1892 when Diana returned from Belmont and although she did not look poorly, she had a very irritable cough. On examination her chest had ‘rales’ all over it.¹⁰¹ Wrench quickly voiced his fears, at least within his diary, when he wrote that he feared she had some tubercles in her lungs. He worried that she might have caught the disease from Letitia and Mervyn. By early June 1893 it was clear to both Diana’s husband and her father that her life was likely to be cut short and, in all probability, she had little time left to live. As a result of Diana’s illness there was considerable worry surrounding the youngest daughter and many questions were asked as to whether she should be sent away to lessen the risk of her too catching TB. On the morning of 2 August 1893 Wrench decided that it might be the right time to tell his daughter that her illness was probably terminal. He could not, however, bring himself to do it and left. In the evening

⁹³NUMSC, Wr D 35, entry for 8 June 1890.

⁹⁴*Ibid.*, entry for 18 June 1890.

⁹⁵*Ibid.*, entry for 21 June 1890.

⁹⁶*Ibid.*, entry for 13 August 1890.

⁹⁷Jalland, *Death in the Victorian Family*, pp. 91–2.

⁹⁸NUMSC, Wr D 35, entry for 14 August 1890.

⁹⁹NUMSC, Wr D 35, entry for 16 August 1890.

¹⁰⁰*Ibid.*, entry for 31 December 1890.

¹⁰¹NUMSC, Wr D 37, entry for 11 October 1892.

he went back again and 'was able to tell the poor girl the truth'. Wrench stated: 'she bore it well & said she wanted to know for she wished to give many last wishes to Charlie.'¹⁰² Her decline after this conversation was rapid, her cough was incessant and gave her no peace, 'every half hour she has to sit up and cough for five minutes'.¹⁰³ From this point onwards, Wrench decided to sleep at his daughter's house this benefitted both his daughter and her husband who slept better with his father-in-law in the house. On the 15 August, the anniversary of her sister's death, Diana, Wrench's beloved eldest daughter died, also of TB. The love for his first born shone through when he wrote 'We buried my darling Diana beside her brother in Baslow ... she chose the spot herself saying near Mervyn but nearer the cedar tree.'¹⁰⁴ A sundial was erected which marked the heads of the graves of all three children and it remains in place to this day. Father and son-in-law continued to stay in touch and for both talking about Diana was a means of both coping with their grief and a way of keeping her memory alive. The depth of his sorrow was apparent at the end of the year when he wrote, 'I went to church alone at night and sat where I have done for 32 years. What hopes, what happiness & what losses what sorrows have filled my heart as I have sat there'.¹⁰⁵ A permanent reminder of his children came in the form of clerestory windows which were placed in St Anne's church, Baslow; an outward sign of his love, grief, and remembrance.

Conclusion

There is a considerable historiography on death and dying in Victorian England more often than not from a literary viewpoint. The seminal work by Pat Jalland on death in the Victorian family takes a more specific look at the impact of death on the family unit as a whole. This article, however, seeks to provide both a wider interpretation of how death was experienced by someone who witnessed death on many different levels and whose attitude changed as his religious faith waned over the years. By using Edward Wrench's diaries, the emotions in it are not tempered for public consumption but instead are a personal recollection of his reactions at the time. This means his diary entries are his way of working through events, his diary entries are, thus, often a jumble of thoughts with little organization. As a GP, Wrench saw the deaths of many of his patients of all ages and undoubtedly their loss had a personal impact. His grief is, however, immensely personal when faced with watching his own children die from a disease whose cause, he understood but could do nothing to prevent. The diaries of Edward Wrench provide a rare insight into the ways in which a doctor experienced grief both professionally and personally.

It was apparent that Wrench was able to view the death of his patients with empathy but in a detached and professional manner. With the death of the young Lord Haddon there was relief that the boy had died once he had left his care. For a GP who sought to build a practice, treating influential local gentry or aristocracy could be lucrative, but a death, especially of a child in circumstances that required novel surgical practices,

¹⁰²NUMSC, Wr D 38, entry for 11 October 1893.

¹⁰³*Ibid.*, entry for 7 August 1893.

¹⁰⁴*Ibid.*, entry for 17 August 1893.

¹⁰⁵*Ibid.*, entry for 31 December 1893.

could be disastrous. For his parents there was a sense of responsibility in being part of a 'good death'. He ensured that all the appropriate family were called, that social customs around the visitation of the deceased after the death followed and a decent burial arranged which fitted within the wishes of the person who had died. There is no doubt that for Wrench, as Jalland argues, memory was an important part of the grieving process. In the diaries, he did not have to present a public persona but recorded his emotions which included crying, struggling to cope and being overwhelmed by his emotions. The desire to keep this family memory alive was highlighted too in the desire to hang his grandfather's and father's portrait in his own house so that both he and his children could daily witness familial connections.

Without a doubt it was the death of his children which was to have the most lasting impact on his life. The historiography has tended to concentrate on the death of young children but not adults in a domestic setting, and by the end of the nineteenth century having got his children to adulthood there was every reason to expect they would bury him rather than the other way round. This article goes some way to opening up the discussion around the loss of older children. As already mentioned, there was an overriding sense of guilt in the death of Letitia because he was never sure that his own actions had not been responsible for her catching TB. As for Diana there was no indication of how she came to catch the same disease and her death, although without doubt the biggest blow to Wrench as a father, was tempered by having to care for the emotional well-being of his surviving son-in-law. She was the only one not to die in the family home and this may have made her passing a little easier as there was no daily reminder of her absence. What is evident is that Wrench was not the dispassionate strict Victorian father separated from the private sphere nor one who was more interested in discipline, but a caring loving father who did everything he could to ease the suffering of his children and to make their deaths as pain free as possible and from this he took great comfort.

This article has sought to move beyond the processes which governed the organization of a practice, diagnosing diseases, and making a medical living, to explore the under-researched field of how GPs dealt with death on a personal and professional basis. Little has been written on GPs and their approach to death and dying, despite the fact that they witnessed these events on numerous occasions. Anne Digby in her seminal work on GPs concentrated on the evolution of the role in the medical marketplace between 1850 and 1948, and her research plays an important part in understanding the ways in which general practice developed.¹⁰⁶ The aim here, though, was to use the extensive diaries of Edward Wrench to investigate how in a practice which was mainly rural and where his patients were also friends or well-known acquaintances whether this would affect the way in which he dealt with their deaths. As the introduction suggests death was more common for much of the nineteenth century, but as seen throughout this article, this did not mean that medical men either as doctors, sons or fathers were immune to its effects. In fact, a little knowledge and an early warning that a patient might not recover could be a heavy burden to bear and could lead to the turmoil of informing one's child that they were dying this must have been an unbearable experience. The writings of Edward Wrench provide an added layer of debate to

¹⁰⁶Digby, *The Evolution of General Practice*.

the history of masculine emotions and the discourse around Victorian death and memory. At the core of these diaries is a sense that while tears must be hidden from public view this did not affect the level of sorrow and grief felt, both of which are all too apparent in his writings.

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Notes on contributor

Carol Anne Beardmore is currently a lecturer in History and an Associate Lecturer at the Open University. I have a BA in History from the OU and a MA and PhD in History from the University of Leicester. I worked as a research associate for the project *In Their Own Write* and my current research continues to explore the voice of the poor within the workhouse. The diaries of Edward Mason Wrench GP in Baslow are part of an ongoing project which seeks to investigate the multi-stranded professional and social life of a busy Victorian GP. Recent publications include articles in *Family and Community History* (2019), *Rural History* (2020) and a contribution to a forthcoming book, *In Their Own Write* (McGill Queens, 2022).