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The Hospitals Association.

THE LONDON POOR
AND
THEIR MEDICAL NEEDS.

BY

CONRAD W. THIES,

(Secretary of the Royal Free Hospital.)

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The Hospitals Association.

The second General Meeting of the tenth Session was held at the Royal Free Hospital on Wednesday, 22nd March, 1893, when Mr. Conrad W. Thies read a paper on "The London Poor and their Medical Needs." The Chair was taken at 8 p.m. by James Berry, Esq., F.R.C.S. (in the unavoidable absence of Mr. John Hutton, Chairman of the London County Council), and among those present were Mr. Jesse Argyle, Mrs. May Dickenson-Berry, M.D., Dr. W. H. Evans, Mr. H. Howgrave-Graham, Mr. J. Grosvenor Mackinlay, F.R.C.S., Mr. P. Michelli, Mr. James Miley, Dr. Harrington Sainsbury, Miss Wedgewood, &c.

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THE LONDON POOR AND THEIR MEDICAL NEEDS.

BY CONRAD W. THIES.

The subject which I venture to bring before this meeting of the Hospitals Association certainly cannot claim the merit of novelty, indeed, it is "a tale oft told," and yet it is one of perennial interest, demanding the earnest attention of all who are in any way engaged in the work of providing for the medical necessities of the poorer classes of the metropolis.

The special object which I have had in view in the preparation of this paper has been to lay before you some facts respecting the economic condition of the metropolitan population, in order thereby to show what are the actual numbers of the poorer classes, on whose behalf it may be fairly assumed that, owing to their poverty, they are fit and proper recipients of the benefits of charitable medical relief.

I am fully persuaded that these facts, if carefully considered, will tend to remove the impression, which is evidently very commonly entertained, that the provision made for free medical relief in London is already excessive. This opinion was strongly expressed by several well qualified witnesses before the Lords' Committee on Metropolitan Hospitals, and occasional articles in the public press have severely criticised the voluntary medical charities, on the assumption of the truth of this view of the question. This is no new criticism, however, for I find the same view was held by a very competent authority—Dr. John Chapman—who recorded his opinion over twenty years ago as follows: "The enormous proportion of the population of London who are the recipients of medical charitable relief cannot fail to strike with astonishment anyone who considers it for the first time. Indeed, it seems at first sight incredible that, in the wealthiest metropolis in the world, medical charity should have assumed the colossal magnitude which it actually presents."

There never was a period in our history when more universal interest was manifested in the condition of our poorer neighbours than during the past few years. This general awakening of the public conscience to its social responsibilities has been the result of a combination of causes to which I need not now refer, and it has been shown in various ways. We have had elaborate reports by Royal Commissions, by philanthropic and religious societies, and on every hand we find that efforts are being made to brighten the lives of the poor, and to ameliorate the distress and suffering which is inseparable from extreme poverty.

One effect of this revival of interest in social questions has been the opening up of fresh channels for the public benevolence, and there is a danger lest the medical charities should be neglected, or, at least, not receive their due share of public support. I find, for instance, that in the last edition of Howe's "Directory of the Metropolitan Charities" it is estimated that the total income of 980 charitable institutions in London for the year 1891 was £6,246,136, of which sum about one-half was absorbed by missionary societies, while the voluntary medical charities received about £630,000. This state of affairs has certainly not resulted from any lack of enterprise on the part of the medical charities, for the public generally, and philanthropic persons in particular, are persistently deluged with appeals on their behalf, until, by their very very frequency, even the most importunate and smartly-written presentment of the case for the hospitals meets with comparatively little response.

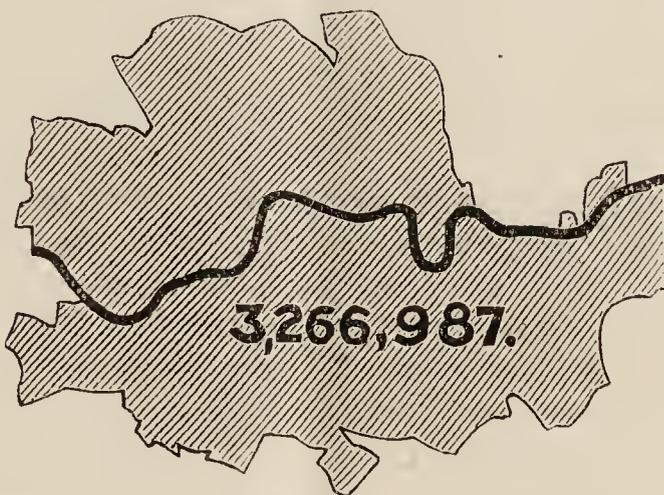
We had a notable illustration of this fact during the past year, when "Suffering London" was published, and special efforts were put forth to stimulate the public interest in our medical charities. I thought at the time that probably a statement of the simple facts would have proved more effective in enlisting the sympathies and opening the purse strings of the well-to-do classes. I have since endeavoured to ascertain what is really known as to the actual conditions under which the poor live, and then, furnished with this information, to consider whether the provision made for their medical needs is really excessive.

Before referring to the result of my inquiries, I would ask your attention to a few facts respecting London. Very few persons, even of those who have for many years resided in the metropolis, realise what London really means, or the magnitude of the problems arising out of the enormous aggregation of people which make up the metropolitan population. It must be borne in mind that the area covered by the Greater London is much larger than that comprised in

the County of London, for on every side of the county limits there stretches a belt of suburbs and towns, extending as far as Barnet on the north, and Croydon on the south, which, practically, for the purposes of hospital relief, are a part of London. The population of this enlarged area is now nearly six millions, that is considerably more than that of the whole of Ireland. If it were emptied to-morrow the whole of the inhabitants of Scotland and Wales together could barely refill it, and the three next largest cities in the world could be combined without outnumbering its millions.

Its growth has gone on at a prodigious rate since the beginning of this century, and notably so during the past twenty years. A mere statement of the figures conveys but a faint impression of its magnitude, but I am enabled to reproduce two maps of the county of London, which were

POPULATION IN 1871.



In-Patients, 58,671; Out-Patients, 830,519.
(Dr. John Chapman, "Medical Charity," p. 6.)

POPULATION IN 1891.



In-Patients, 82,334; Out-Patients, 1,048,536.
(“Burdett’s Hospital Annual,” p. cxxxi.)

published in the Hospital Sunday Supplement of the *Lancet* in June last. These maps show at a glance the enormous growth of the population during the past twenty years. The mere addition to the population during that period is equal to the entire population of three large cities, such as Manchester, Leeds, and Norwich added together.

It will be seen from the above figures that with the enormous growth of the population there has been a proportionate increase in the number of both in and out patients treated by the medical charities; and it is not very surprising, therefore, to find that the opinion expressed by Dr. John Chapman in 1871 is still very commonly entertained in the present day.

Previously to the publication of Mr. Charles Booth's remarkable work, "The Labour and Life of the People of London," the condition of this mass of population was a matter of conjecture, based upon merely local inquiries and partial knowledge. To quote Mr. Booth's own words: "The real London was hidden behind a curtain, on which were painted terrible pictures of starving children, suffering women, overworked men, horrors of drunkenness and vice, monsters and demons of inhumanity, giants of disease and despair. Did these pictures truly represent what lay behind, or did they bear to the facts a relation similar to that which the pictures outside a booth at some country fair bear to the performance or show within?" This curtain has now been lifted by Mr. Booth and his co-workers, after five years steady work, and we are enabled thereby to see clearly the conditions under which the poorer classes of the people live: the revelation exposes a state of things which is very startling, and certainly not creditable to our modern civilisation. It is evident that the saying, "The poor always ye have with you," which has been applicable to all ages and countries in the past, is especially true as applied to the London of to-day. Enthusiastic social reformers may confidently predict a future for humanity when poverty and destitution will be unknown, and where the material wants of every member of the community will be assured, but unfortunately there are no prospects of "the good time coming" being realised in our day.

After explaining the method by which his inquiries were made, Mr. Booth tells us that "his object was to show the numerical relation which poverty, misery and depravity bear to regular earnings and comparative comfort, and to describe the general conditions under which the people live." To this end he classified the population into eight classes, which I have again divided into three sections in the following table:—

	Class.	Description of the Classes.	Total Numbers.	Percent- age of Popula- tion.
POVERTY CLASSES.	A	The Lowest Class.	37,610	}
	B	The Very Poor.	316,834	
	C	The Poor.	938,293	
	D	Do.		
WORKING CLASS.	E	Working Class.	1,292,737	30.7
	F	Do.	2,166,503	51.5
MIDDLE AND UPPER CLASSES.	G	Lower Middle Class.	}	}
	H	Upper Middle Class.		
		Totals.		
		In Institutions, &c.	4,209,170	100
		Total.	99,830	per cent.
			4,309,000	

Although I have had rather exceptional opportunities for observing how the poor live, I must confess that, until I had studied Mr. Booth's books, I had not any idea of the extent to which the fell shadow of poverty darkened the lives of such a large proportion of the labouring classes; and I find it difficult, even now, to realise the state of affairs revealed by his statistics, which are, moreover, corroborated by other evidence, to which I can only refer very briefly.

According to the Registrar-General's reports, it appears that about one person in every five of our metropolitan population dies in a public institution, such as hospital, workhouse, infirmary, or asylum. In 1887 the percentage was 20·6 of the total deaths, and in 1888 it rose to 22·3. Considering that comparatively few of these deaths are those of children, it is no exaggeration to say that one person in every four of London adults is driven into one of these public institutions to die, and the proportion in the case of the manual labour classes must, of course, be considerably larger.

The evidence given before the Royal Commission appointed in 1884, "To inquire into the housing of the working classes," revealed a state of things, in the richest city of the world, which is unworthy of a civilised community. It proved that the single room system for families very largely prevailed, over 200,000 families thus living in one room. In Clerkenwell, very near to where we are now assembled, there are still numbers of tenement houses, each room of which shelters an entire family, sometimes consisting of seven or eight persons. Mr. Booth gives detailed descriptions of many such streets, written by School Board visitors and other persons well acquainted with their respective districts. I will read you the description of only one such street.

"An awful place, the worst street in the district. The inhabitants are mostly of the lowest class, and seem to lack all idea of cleanliness or decency. Few families occupy more than one room; the children are rarely brought up to any kind of work, but loaf about, and no doubt form the nucleus for future generations of thieves and other bad characters. The buildings are very old, and have been patched up and altered until it is difficult to distinguish one house from another. The houses throughout are unsanitary and overcrowded." I may remark that this is no overdrawn picture, for Mr. Booth expressly informs us that he was determined to adhere strictly to facts, and to make use of no statements which could not be verified. He says: "The materials for sensational stories lie plentifully in every book of our notes; but even if I had the skill to use my material in this way—

that gift of the imagination which is called 'realistic'—I should not wish to use it here."

I must refrain from further comments on this portion of my subject, but will at once proceed to consider the other side of the question, viz., the provision made for the medical needs of the poorer classes.

There is some difficulty in obtaining full information as to the provision actually existing for the sick poor of the metropolis; but I have summarised the information, which I have obtained from various sources, in the following table:

	Beds.	In-patients.	Out-patients.
93 Voluntary Hospitals and Convalescent Institutions } ..	8,032	82,334	1,048,536
9 Hospitals under Metropoli- tan Asylums Board (for Infectious Diseases } ..	4,122	16,586	
24 Poor Law Infirmaries ..	12,332	(no statistics).	
Total beds	.. <u>24,486</u>		
119 Dispensaries, viz. :—			
22 Poor Law	} (no statistics).
37 Free	
16 Part Pay	
44 Provident	

In the last edition of "Burdett's Hospital Annual" (to which I am also indebted for some of the above figures) there is a very interesting chapter on "The Proportion of In and Out Patients to Population," which is very useful for our present purpose. From the tables given in this chapter it appears that, as regards in-patients London stands eighth on the list, in respect to hospital accommodation, possessing rather less than three beds per thousand, and affording treatment to 25 per thousand of the population; while, in respect of out-patients, it stands second on the list with 417 per thousand receiving treatment. These figures are, however, somewhat misleading, for they are based upon the population comprised in the area of the County of London, viz., 4,221,452, and as I have already pointed out, any calculations in reference to medical relief ought to be based upon the number of the population of Greater London, viz., 5,877,390, and upon this latter basis the metropolis compares very favourably with Birmingham, the proportions of patients to the population being rather less than it is in the Midland town, viz., 18.9 in-patients, and 299 out-patients per thousand respectively. It should, moreover, be borne in mind that the London hospitals provide medical relief to a very considerable number of patients who are sent up for special treatment from the country districts.

Upon comparing the above summary of the numbers of

patients treated by the Voluntary Medical Charities, in the light of the information furnished by Mr. Booth, I have come to the conclusion that the accommodation provided is quite sufficient if fully utilised, but is not excessive.

If it is true that about one-third of the entire population of London are comprised in the "poverty classes," that is are subsisting on weekly earnings of less than 21s. for a family, and that often irregularly paid, out of which pittance from 4s. to 7s. must be paid for rent, it is quite evident such people must be ill-nourished and poorly clad, living from hand to mouth, sometimes suffering, sometimes helped by charitable doles; and it needs no argument to prove that they cannot make any provision against "hard times," and are not in a position to pay for medical treatment.

It is most desirable, from the public point of view, that the workers should be afforded every facility for the recovery of health as quickly as possible, and it is impossible for them to receive proper treatment and nursing in their crowded houses.

While these remarks refer mainly to the people comprised in Mr. Booth's "poverty classes," I would point out that the "working classes," who make up rather more than one-half of the entire population, also feel very keenly the pinch caused by sickness; and, indeed, it is from these classes that a very large proportion of the patients of the voluntary hospitals are drawn. Persons earning from 21s. to 50s. per week for a family, while able to pay their way under ordinary circumstances, have not much margin left for making provision against a rainy day, and are little able to bear the extra expenses necessitated by illness, especially when it is the bread winner who is thus laid aside, and the weekly wages are not forthcoming.

The wage limit of 25s. per week for a family has been generally agreed upon in all attempts which have been made to prevent abuse of our medical charities, persons in receipt of less than that sum being considered fit and proper persons for free treatment. Under this wage limit, therefore, all the 1,292,737 comprised in Mr. Booth's "poverty classes" are eligible for free medical relief, and, in addition, a considerable proportion of the 2,166,503 included in the "working classes."

I would ask your attention to another important aspect of this question, which is suggested by the foregoing summary of hospital accommodation in London. I refer to the enormous development which has taken place during the past twenty-five years of the hospitals, infirmaries, and asylums which are supported out of the public funds.

As Mr. Sydney Webb truly says in his "London Programme," "Few people realize how rapidly we are thus 'municipalizing' medical relief." The hospitals and asylums under the control of the Metropolitan Asylums Board and of the Poor Law Authorities have now a total of 16,454 beds. That is more than double the total number of beds provided by all the voluntary hospitals and convalescent institutions put together. These rate-supported institutions for the sick are not exclusively reserved for the use of the poorest classes. In 1887 it was enacted that admission to the public fever hospitals be granted to any person suffering from fever or small-pox whose removal is recommended by a duly qualified medical practitioner. Under this regulation the hospitals of the Metropolitan Asylums Board are yearly becoming more generally used by all classes of the people.

It was stated in evidence given before the Lords' Committee on Poor Law Relief in 1888 that, in consequence of the excellence of the treatment in the Poor Law infirmaries and their separation from the workhouse, the poor are so ready to resort to them in sickness that there is a tendency to regard them as a kind of State hospital, entrance to which does not imply that the patient is a pauper.

It is much to be regretted that the splendid clinical material available in these public institutions is not better utilised in the cause of medical science and education, as most favourable opportunities would thereby be afforded to students for the study of the very classes of disease with which they will so largely have to deal in their future professional work.

I am convinced that this rapid growth of free public hospitals and dispensaries must lead, in the course of the next few years, to some extensive modifications of our present arrangements, and will render it absolutely necessary for the voluntary medical charities to co-operate with each other, if not, indeed, with the rate-supported hospitals. At the present time the voluntary hospitals and convalescent institutions are compelled by their necessities to compete with each other for funds, patients, medical staff, and students.

There is another aspect of this subject, which received prominent attention by the Lords' Committee in their final report, and to which I will briefly allude, viz., the unequal distribution of the voluntary hospitals. Since the foundation of most of the large general hospitals the population of London has moved further and further away from the central districts, and it has not been found practicable for the hospitals to follow the population. The consequence is, that at the present time, the greater portion of our voluntary

hospitals are distributed over London without the slightest regard for local necessities. For instance, within a mile radius of the Middlesex Hospital there are 8 general and 26 special hospitals, with an aggregate of about 2,050 beds, besides 13 dispensaries, all these being in addition to the provision made for the sick poor under the Poor Law. All the voluntary hospitals, in fact, with but few exceptions, lie within an area of about two miles square, while the thickly-populated outlying districts, such as Camberwell and Brixton, are absolutely without any general hospital accommodation.

Mr. Burdett has kindly lent me a map which he has had prepared, and which forcibly illustrate this fact. From his statistics on the subject I have compiled the following table, which shews the distribution of the metropolitan hospitals, taking Charing Cross as a centre.

		Within one mile Radius.		Within one and two miles Radius.		Within two and four miles Radius.		Outside four miles Radius.	
		No.	Beds.	No.	Beds.	No.	Beds.	No.	Beds.
Voluntary Hospitals	{ General...	5	1,477	6	2,136	7	1,575	4	328
	{ Special ...	13	829	9	441	11	1,117	2	449
Rate Supported Hospitals	{ M. A. Board } { Poor Law }	—	—	—	—	5	1,670	4	1,661
	{ Poor Law }	1	786	4	2,153	9	4,126	12	6,138
Totals		19	3 092	19	4,730	32	8,488	22	8,576

I have refrained on this occasion from any reference to the burning question of the day in the hospital world. I allude, of course, to the recommendation made by the Lords' Committee on Metropolitan Hospitals in their final report for the establishment of a central board. This important suggestion is still under consideration by an influential committee, and we shall, I anticipate, have ample opportunities for considering it before it becomes a question of practical politics. I may, however, venture to remark that the facts I have referred to have a practical bearing on this question, and demand the careful consideration of all who desire to see our great medical charities maintaining their pre-eminence amongst the various efforts which have been put forth to alleviate the hard lot of our poorer neighbours.

There are many other subsidiary questions arising out of the very complex problem of "The London Poor and their Medical Needs," which, had time permitted, I would have touched upon this evening. I trust that the facts I have laid before you, and my remarks thereon, will prove sufficient

to provoke a thorough discussion. I am aware that many members of the Hospitals Association are better qualified than myself to express an opinion on this difficult subject, and my paper will have answered its purpose if it stimulates them to give us the benefit of their practical knowledge and experience.

DISCUSSION.

Mr. P. MICHELLI referring to the voluminous character of the paper said that one wanted to give it some study before attempting to discuss its contents, and before he entered that room he had not seen it. There was nothing absolutely new in the paper, but Mr. Thies had put the facts of a well-known condition of things in a most able and concise form. The question of course for them—the caterers of the sick poor—was what should be done under the circumstances put before them in Mr. Thies' paper, more especially in regard to the question of the more suitable location of the hospitals. There could be no doubt that one of the principal reasons why the Poor Law authorities had taken up the matter of medical relief and so much extended their system was that the voluntary hospitals had not spread themselves out more. He did not notice that Mr. Thies' paper touched in any way on the excellence of the Poor Law infirmaries, and yet some of the leading voluntary hospitals are many years behind them. But then the latter were in this predicament, they were chronically short of the necessary funds to satisfactorily hold their own against rate-supported institutions. But why did not the voluntary hospitals endeavour to follow the poor. He had the honour of being connected with a society (the "Dreadnought" Seamen's Hospital) that did move with its patients. The society's institutions followed the sea-faring classes. As shipping moved lower and lower down the river, so their various stations moved; and if they could do this why could not other charities do the same. As an example he would point to Camberwell with its enormous population—it had no hospital of importance in the whole district. Why should not Charing Cross Hospital, say, be removed there.

Mr. JESSE ARGYLE said he had had the honour of being associated with Mr. Charles Booth's enquiries, and he very cordially congratulated Mr. Thies on the excellent grasp he

had of Mr. Booth's work. In explaining one or two points in connection with the diagrams and maps lent by Mr. Booth for the meeting, Mr. Argyle dwelt on the extreme difficulty of making any very clearly defined distinction between the varied classes in London. There was so much "overlapping." Referring to the Poor Law infirmaries, he thought that the seeming increase in the number of patients they relieved was due in a great measure to the abolition of out-door relief, the result of which was to greatly swell the proportion of people who got medical relief.

Mr. H. HOWGRAVE-GRAHAM, referring to the question of localisation, said Mr. Michelli had expressed some surprise at the way in which some of the hospitals were located. His attention was drawn to the point some years ago, and he was at some pains to investigate the matter. If his memory served him, when he drew a straight line from north to south on the map of London through Broad Street station, he found four hospitals on the east of that line, and all the rest on the west side. From this and other sources it became apparent to him that the object was to plant the hospitals among the rich, where they could attract attention and get money, and also where they would be in easy reach for the chief medical men of London. He believed that the greatest mistake was made in transplanting St. Thomas's—or rather, perhaps, in the selection of the new site. He also found, in the course of investigation, that the provident dispensaries were similarly in the richest part of London, because where they were established there was more chance of their getting help. As to the poor law infirmaries, he found that the poor preferred going to the voluntary institution rather than to the official: there appeared to be a feeling that in going to a voluntary hospital the best advice was ensured.

The CHAIRMAN, in summing up, congratulated Mr. Thies on his paper, which he (the Chairman) thought particularly interesting at the present time when so much discussion on hospitals—especially as to the out-patient departments—was going on. One was always hearing that the voluntary hospitals were abused, but he thought Mr. Thies' paper very fully dispelled such illusory condemnation. At St. Bartholomew's the vast majority of patients were well acquainted with real poverty, and in the Institution they were then assembled in this was even more marked, for relief was seldom applied for there except by those in the very depths of poverty. Mr. Thies, in his paper, referred to the great waste of clinical material that went on in the workhouse infirmaries. For his part he would like to see some scheme by which this waste could be prevented, and the institutions thrown open

to students. This in a few cases he was aware had been done, but there was still an enormous waste going on. In conclusion, he desired to thank Mr. Thies on behalf of the meeting for his very valuable and interesting paper, and he also wished to express the regret of those present at the unavoidable absence of Mr. John Hutton.

Mr. THIES briefly replied.

Votes of thanks to the Governors of the Royal Free Hospital for allowing the use of the Lecture-room for the meeting, and to the Chairman for presiding, closed the proceedings.

