

**The Lancet Sanitary Commission for investigating the state of infirmaries of workhouses : reports of the Commissioners on Metropolitan Infirmaries.**

**Contributors**

Lancet Sanitary Commission.  
Royal College of Surgeons of England

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THE LANCET  
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SANITARY COMMISSION

FOR

INVESTIGATING THE STATE

OF THE

INFIRMARIES OF WORKHOUSES.

*Reports of the Commissioners on Metropolitan Infirmaryes.*



LONDON:

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## INTRODUCTION.

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THE Reports here published in a collected form, appeared from time to time in successive numbers of THE LANCET.

The Commission was first appointed in April, 1865, in the belief that the time had arrived when it was necessary that the interior of infirmaries in which such scandalous cases as those of Gibson and Daly could occur, needed to be thoroughly examined. In announcing the intention the following words were used:—"It is necessary that public opinion should be fully enlightened and deliberately directed. We propose to supply, as far as we can, the more immediately necessary materials for such a deliberate judgment. We shall appoint Commissioners well acquainted with the details of hospital management, and whose ability and discretion are beyond doubt, who will make it their duty to compare the present system in workhouse hospitals with that which prevails in the public hospitals of the metropolis. They will not set up too high a standard of comparison, nor will they execute their mission in a spirit of hostility to guardians or others. It is the system which is blameable. They will endeavour to secure data for suggesting ameliorations where necessary, and we may be permitted to express the earnest hope that, in fulfilling these important duties, at a juncture when they will be so obviously useful to the



interests of the nation, they will receive the help and countenance not only of the medical officers of unions, from whom they may naturally look for such support, but from the union and Poor-law authorities generally."

The reports of such a Commission would be necessarily criticised with great minuteness and severity, and the serious responsibility involved in such an undertaking was fully held in view by the proprietors.

THE LANCET Commissioners were Mr. Ernest Hart of St. Mary's Hospital, who suggested and laid down the scheme of the Inquiry, Dr. Anstie of Westminster Hospital, and Dr. Carr of Blackheath. It is unnecessary for the proprietors of the Journal to say more of labours which have been so ably executed, and have led to results so important, than that they personally owe their warmest thanks to those gentlemen for their unremitting earnestness and the extreme care with which they have performed a duty of the most difficult and delicate nature, and involving an unusual responsibility. They had reason to believe that they could repose the fullest confidence in the ability, earnestness, and discretion of those gentlemen, and the fact that they are now able to publish these reports in a collected form, unaltered and unshaken, is the best evidence that that confidence was well placed.

Since the appearance of these Reports and consequent upon the proceedings of the Association, the President of the Poor-law Board has directed an official investigation.

It is not for us to anticipate what may be the recommendations of Dr. Edward Smith and Mr. Farnall, who are now following officially in the footsteps of our Commissioners in the investigation of the condition of the infirmaries of the



metropolitan workhouses. But we are bound to observe that had the appointment preceded the labours of THE LANCET Commissioners, instead of following upon them, they would have discovered in most of the houses a state of things much worse than they will now find. Much of the patchwork improvement, and many of the minor although substantial reforms which could be effected off-hand and under the existing management, have been already carried out, as the immediate result of the strictures which have been published in THE LANCET and the suggestions contained in the reports of our Commissioners. Thus at Bermondsey and at Shore-ditch the resolution has been taken to employ a staff of paid nurses ; at Lewisham, considerable structural improvements have been made ; at St. Giles, a more liberal dietary has been introduced ; at the Strand Union, measures have been taken to construct a new infirmary in the suburbs ; at St. Pancras, further nurses have been employed and other improvements made ; at St. Marylebone, two night-nurses have been engaged, and baths, towels, and hair-brushes have been multiplied. Our suggestions have also been adopted in many important particulars, we believe, at Lambeth and at St. George-the-Martyr ; and no doubt other alterations have been made elsewhere which have not come under our notice as these chance to have done. So far our labours have already been rewarded by such considerable and important ameliorations in the condition of the sick poor as are in themselves a splendid compensation.

In presenting as a whole that view of the interiors which has hitherto been afforded separately and in broken succession, we believe that we afford the strongest grounds for that scheme of complete remodelling which the Association



for Improving the Metropolitan Infirmaries, founded upon these reports, has adopted, and which Mr. Ernest Hart has set forward in detail in the number of the *Fortnightly Review* of April 1st. That scheme is, in its main features, identical with the project which has already been detailed in THE LANCET. It is based upon the declaration that the sick poor in the metropolitan workhouse infirmaries have a right to the same advantages of pure air, good baths, efficient ward arrangements, skilled nursing, sufficient and unfettered medical attendance which are supplied to the inmates of the voluntary hospitals. The document which we have published at the end of this volume, and to which are attached the signatures of Dr. Watson, Dr. Burrows, Sir James Clark, Dr. Jenner, Dr. Sieveking, Sir W. Fergusson, and Mr. Paget, lays down a succession of very obvious propositions defining the *minimum* which could be considered satisfactory under each of these headings. They claim, as we do, for the sick pauper 1000 cubic feet of space; properly constructed wards—*i.e.*, wards properly lighted and ventilated, with baths, lavatories, and waterclosets adjacent, and well placed so as not to infect the wards; a paid staff of nurses, considerably below the hospital standard in point of number, but properly trained, and including night-nurses; medical officers, duly remunerated, and not bound to furnish drugs, or charged with the duty of dispensing them; classification of the sick; day-rooms for the infirm and incurable. In what infirmary in this metropolis do we find these things? Not in one. In very few houses are there any of them; in none are there all, nor is it possible to find them all.

Patch up the present system as we may, and it will still continue to be a scandal and reproach. Foreigners coming



over here are not slow to discover that the public hospitals of London, of which we boast so much, accommodate but a small portion of the sick. The State hospitals are in workhouse wards. They are closed against observation ; they pay no heed to public opinion ; they pay no toll to science. They contravene the rules of hygiene ; they are under the government of men profoundly ignorant of hospital rules. They are separate from the world of medical observation, and from the sphere of benevolent and voluntary visitation and aid. The doctor and patient are alike the objects of a pinching parsimony. There is neither uniformity, nor liberality, nor intelligence in the management. If all were present, they must still be badly conducted. For there can be no worse type of hospital steward than the workhouse master ; no worse influences under which sick wards can exist than side by side with the wards for able-bodied paupers. To perpetuate thirty-nine bad hospitals where half-a-dozen good ones will suffice would be an act of grave and dangerous misgovernment.





# THE LANCET SANITARY COMMISSION

FOR

## INVESTIGATING THE STATE

OF THE

### INFIRMARIES OF WORKHOUSES.

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*From THE LANCET of July 1, 1865.*

IN introducing to our readers our first report as Commissioners on Workhouse Infirmarys, we desire to say a few words in explanation of the general grounds on which it has appeared to us advisable that this subject should be investigated.

Society in England has undergone many important changes of late years, but in no respect is it more remarkably modified than in regard to the exchange of sympathy and kindly feeling between the higher and middle classes and the poor. In this changed state of public feeling the medical profession has borne an active part; and in manifesting at the present time a special interest in the care of those poor persons who are thrown upon the State for their maintenance in the helpless condition which sickness, added to destitution, produces, we are but following out the traditions which have always belonged to our profession. The weighty questions involved in our Poor-law administration have for some years past, and more especially in the last few months, excited a deep and lively interest in all classes of society; and the medical profession possesses peculiar opportunities (as it assuredly has a special duty) to guide this sympathy into right and useful channels. The claims



of the poor upon medical men, and of medical men upon the poor, are reciprocal ; on the one hand it is our duty and privilege to extend the blessings of skilled professional assistance to the bodily sufferings of the destitute, and on the other hand we may claim the right to make the study of those very sufferings really valuable as a means for furthering the progress of medical science. It is upon the wide field—far wider than that afforded even by our noble voluntary hospitals—which is presented by the great infirmaries of our workhouses, that many a problem of deep and vital importance to the health and happiness of society, must be worked out : with what incalculable benefit to all the interests, including even the mere pecuniary well-doing of society, only those can tell who have that intimate knowledge of the diseases of the poor, and that practical acquaintance with hospital management and economy, which enable them to forecast, in some measure, the course which reforms, to be successful, must ultimately take. It is an old saying, and a true one, “that work badly done, though ever so cheaply, can never in the end be economical :” and we shall have served a useful purpose if we succeed in convincing our readers that the great problem involved in the management of the thousands of sick inmates of workhouses has been far too little understood for it to be possible as yet to secure a satisfactory return for the national expenditure. Our knowledge has been too limited, our processes too rough. And we must ask our readers to believe that in setting forth, as we must necessarily do, the shortcomings of those official bodies to whose hands the administration of the Poor-law is practically entrusted, we aim at a far higher object than that of detecting faults. It is organization, not destruction, at which we would aim : we desire that the feelings of justice and sincere benevolence, which in these days really animate all classes of the nation, should have fair play, and not be hampered by the want of sound knowledge on the part of well-meaning administrators. There are, of course, some



bad and selfish persons among the guardians of the poor, as in every other class of society; but it is not against these exceptional *individuals* that our efforts will be directed, but against a *system* which is confessedly incomplete, and the practical working of which is rapidly coming to a dead-lock.

It has been our earnest wish that the pictures of work-house infirmary organization which we shall present may be studied by *all* who have at heart the welfare of the poor. To this end we have in the first instance reported upon the *general* features observed in their comprehensive survey, in order that the attention of the reader may not be distracted by a mass of minute details before he has gained a knowledge of the broader facts.



## REPORTS OF THE COMMISSIONERS.

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### METROPOLITAN INFIRMARIES.

AFTER due reflection on the problems which we desire to solve by an investigation of the state of the Workhouse Infirmarys, we have commenced our task by the inspection of the infirmaries in the metropolis. It is needless to remark that peculiar circumstances invest the metropolitan workhouses with a character of their own, both as regards the class of inmates and the kind of accommodation which can be provided for them. These peculiar features have been strongly impressed on our minds by what we have seen,—on the one hand, in such places as the City of London Union, Bow-road, Mile-end, a house of architectural pretensions, with almost every sanitary requirement, to an extreme example of another kind, St. George the Martyr, Southwark, where almost all these desiderata are wanting. Indeed, the metropolitan workhouses illustrate in a most striking way the two distinctive features of London life—comfort, if not luxury, in close companionship with filth and misery. The former we may discover in the East London, Homerton, and the latter in the basement or cellar wards of St. Olave's, Southwark.

Now, when it is known that houses replete with conditions favourable to health cost less to the ratepayer, all things duly considered, surely as an act of self-respect the guardians of the poor will cease to waste the wealth of the nation in misguided parsimony or mean extravagance; and we are so impressed with the gravity of the questions which are raised by a careful examination of the London workhouses, that we feel bound to bring the subject under the



notice of the profession and of the public. It is, however, the barest justice to those who have striven for years, against great obstacles, to improve the condition of these very establishments, to say that on many points of importance our observations have been partly forestalled by the zeal of individual inquirers, and particularly by the ladies of the excellent Workhouse Visiting Society, with their indefatigable secretary, Miss Louisa Twining. What we may claim for the present Report is the merit of regarding the whole question of the In-door Relief of Sick Paupers from the point of view which is necessarily familiar to medical men who are officially connected, or in other ways practically acquainted, with the management of hospitals in the ordinary sense of the word.

The task has been an arduous one; and if we have incompletely fulfilled it we must ask our readers to believe that the inherent difficulties of the subject are so great as to render it impossible to do more than break ground in a most important field. We desire to acknowledge at the outset the goodwill with which we have been met by the officials of the Poor-law Board, and especially by H. B. Farnall, Esq., the inspector of the metropolitan houses; by the majority of the boards of guardians; the medical officers, who in most instances have given us the benefit of their personal attendance during our visits, and have permitted us to inspect their books and reports; and finally by the masters of the respective houses, who have not only not opposed our inquiries, but have permitted the fullest and most complete investigation. Of the thirty-nine unions which we have intended to visit, thirty-six have been readily open to our inspection. With regard to two we have experienced delay, though not refusal, from the authorities. One parish only enjoys the bad pre-eminence of being represented by a Board of Guardians who, for reasons of their own, refused to admit us to their wards. The name of this eccentric body ought to be publicly known. The guardians of St. Margaret and St. John, Westminster, are a remark-



ably independent and spirited set of officials : they are protected from interference by the Poor-law Board to a considerable extent, in virtue of one of those admirable contrivances for favouring mismanagement, called "Local Acts." Of course their refusal to admit THE LANCET Commissioners will fail, and indeed it has failed, to prevent our acquiring the information which we wished for ; and, on a future occasion, we shall probably honour the St. Margaret and St. John's workhouses with a special report.

In order to compress the results of our observations into as brief a space as possible, it will be necessary for us to follow a strict plan. We shall, therefore, divide our remarks into eight sections, corresponding with the groups of questions which we have already addressed to Poor-law officials generally.

These sections are as follows :—

I. The general character of the infirmary buildings (including particulars as to situation, elevation, and form ; aspect ; drainage and water-supply ; number of inmates, and proportion of these to the accommodation provided ; classification) ; with a critical appreciation of their fitness for hospital purposes, and particularly for the hospital wants of their districts.

II. The wards (including particulars as to their ventilation, light, warmth, aspect, the beds and their furniture, the provisions for personal cleanliness, the water-closets, &c.), with a general estimate of their management with a view to the comfort and health of the inmates.

III. The system of nursing.

IV. The quality of the provisions and the manner of cooking.

V. The dietaries.

VI. The medical officer : his duties, responsibilities, remuneration, and liberty of action.

VII. The history of any epidemic diseases which may have visited the workhouses.

VIII. The mortality, with an estimate of its general proportion, and of the special causes which affect its rate.



Before proceeding, however, to examine the efficiency of the infirmaries, we must ask ourselves, first—What are the main requirements of hospitals in general? and secondly—What are the special features of the class of patients by whom the workhouse infirmaries are occupied?

As regards hospitals in general, it may be affirmed that the following are some of the most important desiderata: convenience and salubrity of the site and the surroundings; efficient arrangements for drainage and water-supply; isolation of the sick, especially those with contagious diseases, from the comparatively healthy: a construction which admits of free ventilation without chilliness, and of the constant supervision by the superior officers and superintendent nurses; a nursing staff fully competent to take advantage of these conveniences; medical officers in sufficient numbers proportionally to the sick; proper classification; and an intelligent liberality of management.

Such are the ordinary maxims which govern the administration of hospitals: but there are certain peculiar features in the class of applicants for workhouse infirmary relief which must be examined critically. The present workhouse system is a thing of shreds and patches, which has slowly grown up to its present form with all manner of miscellaneous additions and alterations from time to time; and the buildings in which the in-door paupers are housed, together with all the arrangements for their care, partake of this patchwork character. Originally, no doubt, the workhouses were designed principally for the custody of sturdy ne'er-do-well vagrants whose pauper tendencies required to be discouraged; and the necessity of providing for the genuinely sick and feeble was an afterthought, an appendage to the main scheme (ignoring the leading feature of providing for the sick and infirm poor). But, whatever may be the case in some country districts, it is undoubtedly the fact that in metropolitan workhouses at present the really able-bodied are enormously inferior in numbers to the sick. For the inmates of the "sick wards" proper form but a small pro-



portion of the diseased persons in every London workhouse. Multitude of sufferers from chronic diseases, chiefly those of premature old age, crowd the so-called "infirm" wards of the houses, and swell the mortality, which is a melancholy characteristic of these establishments. Examples are not uncommon in which the really able-bodied form but a fourth, a sixth, or even an eighth of the total number of inmates. The fate of the "infirm" inmates of crowded workhouses is lamentable in the extreme; they lead a life which would be like that of a vegetable, were it not that it preserves the doubtful privilege of sensibility to pain and mental misery. They are regarded by the officials connected with the establishment as an anomalous but unavoidable nuisance. Their position is ill-defined, and they are constantly experiencing the force of the old proverb, "Between two stools," &c. They get neither the blessings of health nor the immunities and the careful tending which ought to belong to the sick.

The sooner that we frankly acknowledge that these "infirm" persons are in the great majority of instances *patients*, demanding a strict attendance, and not a mere perfunctory medical supervision, the better will it be for society; yes, and even for the ratepayer's pocket. No good ever came, in this world, of mean and cowardly attempts to ignore plain facts, and it would be easy to show that in many ways the inefficiency of the present system recoils with added force upon its maintainers, and inflicts severe penalties for their short-sighted blunders. A very simple illustration of this may be given: A small tradesman contracts a cold, which may pass by neglect into chronic cough and feeble health. A hard winter puts on the finishing stroke; business and health go together. From bad to worse he passes until he finds there is nothing for him but the "house," into which he is admitted, and, not being very acutely ill, the place assigned to him is the "infirm ward." Here he is not necessarily seen daily by the medical officer; and at any rate, such is the constitution of the law and its details that there are hundreds of such cases, and still more numerous



cases of chronic rheumatism, which could not be placed under daily medical supervision. Now, in this condition of infirm health the broken-down tradesman may go on for years, and, as such, is a consumer of the rates, a burden on the State, at a cost per week we leave to be cast up by an official.

If, as we assert ought to be the case, all the infirm were medically treated, there would be a very large per-centage of recovery, and consequently, as before stated, an important saving of the rates.

But there is another view of this case. Supposing the poor fellow above referred to had been taken into one of the London hospitals, he would be far better off, and would be subjected to a course of treatment which would in all probability result in his perfect restoration to health, and consequently to duty. Assuming a family, be it large or small, depending on the issues of this case, the cost per week would be a weighty item, and not unworthy the consideration of the boards, who perhaps too seldom look at results.

It must be well understood, however, that the existing medical officers are not responsible for the insufficient care bestowed upon the less acute cases under their charge. It will suffice to point to the numbers of patients nominally assigned to each workhouse doctor to make it evident that the evils we complain of are unavoidable in the present state of the arrangements. The contrast between the working of the hospitals supported by voluntary contributions and that of the workhouse infirmaries suggests the idea that a *diable boiteux* who could unroof those chambers of the British heart in which the charitable sympathies are lodged would see strange things. How comes it that the public (and for that matter the profession too) have nearly ignored these *real hospitals of the land*, while lavishing princely munificence on the splendid institutions which ostensibly supply the national hospital requirements? There may be all kinds of difficulties in the way of reformers who would remove this scandalous inequality in our treatment of two classes



of the sick poor ; but they clearly belong to the difficulties which *must* be overcome. We have allowed a number of establishments to grow up in the external semblance of hospitals for paupers ; but, in truth, the whole business is a sham, a mere *simulacrum* of real hospital accommodation. Our voluntary hospitals can but lightly touch the surface of the wide field of London misery : the eighteen in London provide 3738 beds ; but the metropolitan workhouses provide beds for 7463 “sick,” and nominally for about 7000 “infirm,” but in reality for a much larger number of the latter.\* This circumstance is deeply interesting in more than one aspect. Not merely are the public (as rate-payers) falsely pretending to supply proper medical treatment and nursing to a number of persons whom in fact they neglect and mismanage, but they allow a mass of the most valuable materials for the clinical instruction of medical students to lie unused. With proper management, what magnificent clinical hospitals might our workhouse infirmaries become. And how greatly would the patients benefit from the attendance of students, with sharp prying eyes. Let us add, that there is one special way in which the clinical materials of the workhouse infirmaries might be utilized with the greatest possible advantage to science and to the public—namely, by affording opportunities for the practical study of the chronic forms of insanity ; for, as we shall presently see, these establishments contain an immense number of such cases, which at present are completely lost to the service of medical science.

We must now enter upon the description of the metropolitan workhouse infirmaries as they really exist.

#### I. As to the general character of the buildings.

We shall, in the first place, give a list of the various workhouses inspected, together with area and population of the districts which they severally represent.

\* For this and many other valuable facts we are indebted to an elaborate return procured at the instance of Mr. H. B. Farnall.



			Area in Acres.		Population. (1861.)
Bethnal-green	...	...	760	...	105,101
Chelsea	...	...	865	...	63,439
Clerkenwell	...	...	380	...	65,681
Fulham	...	...	4155	...	40,058
St. George, Hanover-square	}	(two houses) ...	1161	...	87,771
St. George-in-the-East					
St. Giles and St. George	...	...	245	...	54,076
Hackney	...	...	3929	...	83,295
Hampstead	...	...	2252	...	19,106
Holborn	...	...	173	...	44,299
Islington	...	...	3127	...	155,341
St. James, Westminster	...	...	164	...	35,326
London, East	...	...	153	...	40,687
„ City	...	...	434	...	45,555
„ West	...	...	122	...	26,997
St. Luke, Middlesex	...	...	220	...	57,073
Kensington	...	...	1942	...	70,108
St. Margaret and St. John,	}	Westminster ...	917	...	68,213
St. Martin-in-the-Fields					
St. Marylebone	...	...	1509	...	161,680
Mile-end Old-town	...	...	681	...	73,064
Paddington	...	...	1245	...	75,784
St. Pancras	...	...	2716	...	198,788
Poplar	...	...	2918	...	79,196
Shoreditch	...	...	646	...	129,364
Stepney	...	...	576	...	56,572
Strand	...	...	167	...	42,898
Bermondsey	...	...	688	...	58,355
Camberwell	...	...	4342	...	71,488
St. George-the-Martyr	...	...	282	...	55,510
Lambeth	...	...	4015	...	162,044
Newington	...	...	624	...	82,220
St. Olave's	...	...	169	...	19,056



			Area in Acres.		Population. (1861.)
Richmond ...	...	...	4339	...	18,892
Rotherhithe	...	...	886	...	21,502
St. Saviour's	...	...	250	...	36,170
Wandsworth	...	...	11,695	...	70,403

The above table is not without interest, as showing *the crowded districts*—a matter of importance in regard to the class of cases likely to be admitted into the respective infirmaries. The following districts had populations to the extent of from 200 to 250 per acre :—St. George-in-the-East ; St. Giles ; St. James, Westminster ; St. Luke, Middlesex ; Strand ; Holborn. The following had more than 180 inhabitants per acre :—St. George-the-Martyr ; Shoreditch ; Clerkenwell. It is scarcely necessary to add the caution that many districts, less thickly populated on the whole, contain particular streets and courts where excessive crowding prevails. This is pre-eminently the case with regard to Lambeth, Chelsea, Bermondsey, and Westminster (St. Margaret and St. John). In all these quarters typhus fever has been very prevalent during the recent epidemics.

Looking at the infirmaries as vast district hospitals, we remark, in the first place, that their distribution is in several instances unnatural and inconvenient ; as, *e.g.*, in the case of St. Luke, Middlesex, which is in close proximity with the Shoreditch house, and Hackney with East London. But the defects in this respect are as nothing compared with the serious evils attendant upon the site and construction of many of them. These evils are often so great (especially in the older houses, which have, as it were, slowly grown up to their present state) that we are obliged to make a preliminary separation into three classes, according to the degree of these demerits. In the first class we shall place a certain number of the very worst houses, as to situation, construction, &c., which, in our opinion, are entirely improper as residences either for the sick or even for the able-bodied. In the second we shall enumerate those which might answer



the purposes of receptacles for chronic disease and infirmity after certain necessary improvements. And in the third we shall place those infirmaries which possess a really good situation, and are so far built upon the main principles of scientific hospital construction that they might be developed into first-rate hospitals, capable of serving all the needs of large districts, for the treatment of the more important and acute diseases, both surgical and medical.

In the first class we place the Strand Workhouse, Clerkenwell, St. Martin-in-the-Fields (which, we are happy to hear, is to be removed), St. Giles, St. George-the-Martyr, and London West Smithfield (which, we learn, is about to be pulled down).

In the second class we place St. James, Westminster (the *new* part might be retained for *chronic* diseases only); Chelsea; St. Luke; Lambeth; Lewisham; Camberwell; the old part of St. Mary, Rotherhithe (here the new infirmary wards are very good, and placed apart from the main building, which is very defective, and below high-water mark); Bermondsey (also below high-water mark); Holborn; London East.

In the third class we place Fulham; Hackney; Kensington; Marylebone (on account of its excellent site, but the infirmary would have to be greatly modified or rebuilt); Paddington; St. Pancras (if the railway do not interfere); Stepney; Newington; Richmond; Wandsworth; City of London; Mile-end Old-town; Bethnal-green.

So far we have done our simple duty in speaking the truth as to the degrees of fitness of the various infirmary buildings for their purposes. We cannot be blind, however, to the fact that the names contained in our third class include very few of the houses which are situated in the most thickly peopled, and therefore most diseased, districts. But on the present occasion we feel that it is so important to give the naked facts, whether or not they fit in with any schemes for improvement which have occurred to ourselves or have been suggested to us, that we must defer the consideration of



many practical difficulties. Meanwhile we propose to describe accurately the kind of faults with which our first two classes of workhouse infirmaries are chargeable, so that our readers may not suppose us guilty of rash exaggeration.

Perhaps the worst fault in workhouse arrangements for the sick is the practice of mixing up the sick wards with the body of the house ; and where, from the construction of the building, this cannot be helped, such buildings ought to be condemned as regards their use for infirmary purposes. It is this (amongst many other organic defects) which gives the finishing touch to the repulsive picture which Clerkenwell presents to those who visit its wards for the first time. A life more dreary and unhealthy than that of the so-called able-bodied inmates of this house (although they are treated with zealous kindness and care by the officials) it is difficult to imagine ; and, on the other hand, there is a total absence of that decent quiet and privacy which any one used to a well-appointed hospital feels to be a first necessary for patients. The evils of narrow, cramped staircases (so built as to admit the minimum of air to the buildings), and of a number of stories piled one above another, are common to nearly all the older houses. These evils exist in St. George-in-the-East, Charles-street, Old Gravel-lane, where, notwithstanding the fact that there are some excellent wards for old men, there are some extremely objectionable ones for sick and infirm women in the roof, the heat of which during our visit was oppressive. In addition to these evils, the sick and infirm are scattered all over the house. In speaking of "roof-wards," we cannot fail to condemn several we saw at Greenwich, which, with a little expense, might be much improved. One of the most objectionable features which can distinguish an hospital is the immediate surrounding, and especially the overlooking, of it by houses of a low class, or by premises where offensive trades are carried on. St. George-the-Martyr, one which we condemn, is surrounded by bone-boilers, grease and catgut manufactories, and, not the least evil, by a "nest" of ticket-of-leave men, whose as-



sociations prove a moral pest. Instances of this fault are also offered by Clerkenwell, St. James (Westminster), and the Strand. Clerkenwell will figure so often in our remarks that we abstain from dwelling on this one of its faults. St. James (Westminster) is a very flagrant offender in this way. A ground plan which we prepared of its premises shows them to be closely backed, and in many cases overlooked, by buildings on nearly their entire boundary ; and, worst of all, the offending structures, which totally impede any free currents of air through the area of the workhouse, are in many cases the property of the parish. But the climax is reached in this respect by the Strand Union-house. Here the premises are closely environed on three sides by workshops, a timber-yard, and a range of mews ; but inasmuch as the buildings chiefly occupied by the sick do stand somewhat separated in the central portion of the grounds, the very demon of mischief must have put it into the heads of the guardians to raise a nuisance of their own to supplement those of the neighbourhood. Accordingly they have positively established and carried on for years, a large carpet-beating business, which is transacted *in the yard immediately below the windows of the sick wards*. In vain does every sensible and humane person who hears of this circumstance remonstrate with the board. That body is deaf to all considerations, except the money value of the trade, which puts fully 600*l.* a year into the pockets of the parish ; so the patients continue to be choked with the poisonous dust, and stunned with the perpetual noise of this carpet-beating.

In London it is fortunately possible, in most cases, to obtain a good soil and a site with sufficient elevation above the river level. Nevertheless, certain examples of a contrary state of things may be cited. Part of Greenwich, the entire site of St. Mary (Rotherhithe), St. Olave, and Bermondsey are below high-water mark, and are occasionally flooded.

Some few years back, no doubt, great defects would have been noted in the drainage of London workhouses. But this is not the case now ; nearly all of them are drained



into the deep system of sewers, and the arrangement of the pipes is, on the whole, good. Occasionally one meets with defective trapping—*e. g.*, St. George-the-Martyr, Southwark, had several wards which smelt offensively from want of traps; and one water-closet, which was used by thirty men, had not received a supply of water for one entire week. There is usually a plentiful supply of water from some company, and occasionally we also find that an Artesian well has been sunk.

There are many of the London workhouses which are liable to much overcrowding, beyond the limits even of the very moderate allowance of space insisted on by the Poor-law Board; for instance, the Strand, where (although the two upper “sick wards” have an allowance of 748 cubic feet to each bed) the general run of infirm and sick wards have an average of only 450 cubic feet; and St. Pancras, where in winter time it has been a common practice to fill the already too crowded wards to overflowing, by actually putting people to sleep on the floor in the middle of the room. And practically it is no doubt the case, that all those workhouses which represent thickly-populated districts are liable to this abuse.

We turn from one evil to another, and it seems as if they got worse at each step. The classification of the sick in all the workhouse infirmaries belonging to our first and second classes is most inefficient and improper. And here it is not worth while to waste many words in proving that which a single fact will make abundantly clear and certain—the fact, namely, that the insane are not separated from the body of the house. At most there are insane wards, in and out of which, however, the patients pass and mingle freely with the general patients. At Clerkenwell, indeed, it is true that the male and female insane are guarded apart in two dismal wards, where, as far as can be seen, they have no earthly occupation except that of moping; but even here the imbeciles pass freely into the body of the house. Now it is true that the insane patients in workhouses are for the most



part chronic cases, and that dangerous lunatics are sent away as soon as possible, but as a matter of fact, we have ascertained that a considerable number of cases of acute mania are retained in the house from four to ten days owing to difficulties about the forms of removal.

This was especially noted at Chelsea, where there is no padded room, nor any provision (beyond the ordinary receiving room) for the temporary seclusion of even the most violent lunatic, and where there are also about thirty chronic insane patients, who wander in a melancholy objectless manner about the house and the yards. The condition of imbeciles in London workhouses is a deeply painful subject, when we think of the great amelioration of their wretched state which might be afforded by physicians wielding the resources of a competent establishment. It is quite an oasis in the desert, when, as at Marylebone, Newington, and some other houses, we find a garden with swings, birdcages, and rabbit-hutches for the amusement of these poor creatures, and a number of pretty pictures pasted upon the walls of their day-room. And to revert to the acute lunatics who are from time to time admitted, we must repeat that it is by no means true that they are all immediately sent away; so far from that, they are very often retained for just those three or four early days in the history of mania during which the curability or incurability of the case is so frequently decided. In the following case there was too much reason to fear that we witnessed treatment which was almost certain to put recovery out of the question. Being shown into the seclusion-room of a workhouse, which is on the whole rather well-managed, especially medically, we found an unfortunate woman wandering up and down in a state of mingled frenzy and exhaustion, and were told that she had been admitted four days previously, and had certainly had no sleep *since then*. On inquiry we found that she had all this time been *kept on the house diet*. It is needless to say that practically none of this coarse food had been consumed, or that the absence of proper and repeated



feeding at short intervals was admirably fitted to render such a case hopeless.

So far has the disdain or neglect of proper classification been carried that even contagious fevers of the most dangerous type have in some houses been freely mixed (till quite lately) with other patients in wards containing not more than 500 cubic feet to each bed. (We shall refer to this subject more particularly under the head of "epidemics.") And the greatest apathy has been shown in many about the existence of itch and other contagious skin disorders which are such a curse to establishments like workhouses. The master of Paddington Workhouse, an intelligent and active official, told us that he believed that there were very few houses in which itch was discovered and cured with the desirable promptness, and expressed the utmost confidence that it might, and should, *always* be got rid of within forty-eight hours of the patient's entering the house. We shall have something more to say of *itch wards* presently.

We can hardly better conclude our general remarks on classification than by presenting an estimate of the numbers of the different classes of workhouse infirmary inmates. On January 1st, 1863 (we find from the Poor-law returns), there were 31,354 paupers in the London workhouses. Of these, 1683 were insane; 20,622 were professed sick or infirm; and although the remaining 9049 are nominally returned as "able-bodied," we calculate from our experience that at least 6000 of these would be also diseased or infirm; making a total of 26,622 sick and infirm besides the insane. We have already alluded to the great difficulty of drawing lines between "sickness" and "infirmity," and between this, again, and "health;" and the above figures are sufficient to convince us how fallacious would be the conclusion which an inexperienced person would be likely to draw from a hasty inspection of that column in Mr. Farnall's admirable return (for the 28th January last) which gives the numbers of those old and infirm paupers who required occasional medical advice.



## II. As to the character of the wards.

The first consideration of importance is that of the form of the wards. In this respect there are great variations, but the long rectangular shape prevails, more especially in the older houses, most of the wards in which contain a considerable number of beds—from fourteen up to twenty-four or thirty, and in a few cases larger numbers than these. Two rows of opposite windows are found in the wards of nearly all the new houses; and in such wards there is plenty of light, and the opportunity for considerable ventilation. But in many of the older houses there is only one row of windows, and both light and ventilation are therefore interfered with. The basis of good ventilation in hospitals must doubtless always be the provision of sufficient cubic space for each patient; and this is greatly below the mark in almost every case. No one with any knowledge of hospital requirements as they are now understood would dream of constructing wards for the treatment of acute disease with a less allowance than 1000 or 1200 cubic feet to each patient; and for the treatment of fevers it is well known that a much higher proportion of space is requisite. What is the case with regard to our metropolitan workhouse infirmaries? We turn to Mr. Farnall's report, and we find that in five infirmaries the allowance of cubic space for the sick, both male and female, is below even the wretched standard hitherto sanctioned by the Poor-law Board—namely, 500 feet; that in several others the whole average cubic space, either on the men's or on the women's side, is below this mark; and that in all but a small minority *some* of the wards transgress to this extent the laws of hygiene. But the matter does not end here. Even when the "sick wards" (so-called) can make a comparatively presentable figure, it will often be found, on investigation, that the infirm wards are miserably cramped. Thus, in the Strand infirmary, where the knocking away of the ceilings of the sick wards has raised the cubic space to 748 feet per bed for men and for women, the other invalid wards, in which are treated a vast number of chronic and some



acute cases of disease, have an average of only 450 cubic feet per bed. As regards the provision of space, then it may be unhesitatingly said that matters are altogether wrong, and that they are as strikingly so in many of the newest houses as in the oldest. On the other hand, the excellence of that form of hospital construction which places windows opposite to each other in the wards is strikingly manifested by the good effects which this arrangement obviously has (where the ward is superintended by a nurse who is a little above the level of ordinary pauper intelligence) in mitigating the evils of overcrowding. In most of the infirmaries attempts have been made to assist ventilation by a regular series of gratings above and below, which encourage the egress of foul and the entrance of fresh air; but, with the best intentions, it is impossible to keep wards sweet which have only five or six hundred cubic feet of space per bed, unless there is the possibility of thorough ventilation, either by opposite windows, or by the aid of one row of windows, and a roomy and well-placed staircase, such as is seldom met with in a workhouse infirmary even of the better class. And in a few extremely bad houses, like the present one of St. Martin-in-the-Fields, the miserably inconvenient construction of the building, or some other cause, seems to have discouraged the authorities from testing the utility of properly arranged gratings. At Clerkenwell, however (a house equally bad in construction), it is but just to say that the master and the surgeon have done a great deal to mitigate the evils of deficient ventilation, in wards which are badly shaped, have mostly only one row of windows, and allow only 429 cubic feet per bed on the average. Where (as is the case in the sick wards at Lambeth, with one exception) the advantages of opposite windows and of a good system of ventilators are combined, and the proper use of these means is superintended with vigilance by the surgeon, fair results are attained, even with very defective space. But the mention of *superintendence* brings us to the consideration of the general ward-management, of which the ventilation is only a part; and



here we must say that we have been astonished (prepared as we were for a good many defects) at the hopeless state of the infirmaries as at present conducted. To commence with the less important matters, the practice of painting the walls half-way up with hideous drab, and finishing them off with glaring whitewash, is still, barbarous though it be, nearly universal ; and the relief to the eyes and the mind which would be afforded by a few cheap engravings or coloured prints is withheld in all but a few infirmaries. Passing to matters more directly affecting the patients, we have to report that the bedsteads on which they lie are nearly always proper iron ones, and in the great majority of instances they appear to be of sufficient length, *provided that other arrangements correspond*. In the Lewisham house, in many cases the bedsteads are double, with a wooden separation, giving barely two feet in width for each occupant, whilst as a rule the beds are but five feet long ! In St. Pancras we found that the majority of the bedsteads were only five feet eight inches long. But these were exceptional instances. It is of little use, however, having a bedstead long enough if the bed be too short ; and we have to mention that in nearly half the infirmaries this was the case. In one house the beds are nearly all of them eighteen inches shorter than the six-feet bedsteads ; and nothing surprised us more than the entire unconsciousness displayed by the officials of the great discomfort which such a state of things must cause. But the crucial test, after all, of good ward management is the amount of attention bestowed on *cleanliness*, and on this point we confess we have been fairly horrified. Some readers will be startled. There is (to the superficial observer) rather a special air of *bescrubbedness*, rather a powerful odour of soap-and-water, about the wards of workhouse infirmaries. So much for the surface ; now for the inside of the cup and platter. In several infirmaries, the nurses of one or more wards admitted, with very little compunction, that the bedridden patients habitually washed their hands and faces *in their chamber utensils* ; and in one



of the first-class houses, where such a disgusting practice was repudiated, we saw, whilst in company with the medical officer, at least a dozen women in the very act, and, on expressing our surprise, were told that they preferred it! In the case of the Chelsea infirmary, this was the climax to the horrors of a female *itch-ward*, which was the nastiest place altogether that our eyes ever looked upon. But we regret to say that the same disgusting mode of washing prevails in the wards of more than one infirmary the general management of which is far superior to what we noticed at Chelsea. Only in one instance—that of Lambeth—did we find a separate hand-basin for each bedridden patient; and even here the lavatories for the comparatively convalescent are not what they should be. Only at the new Stepney workhouse infirmary and one or two others did we observe proper bathrooms, in anything like sufficient numbers, attached to the sick wards. The supply of towels is often most inadequate. At one infirmary, the nurse of the syphilitic women's ward distinctly stated to us (in the presence of the surgeon, who obligingly accompanied us in our inspection) that there was but one round-towel a week for the use of the eight inmates. It is fair to state that in this instance the matron was shocked at the statement, and earnestly represented that a great number of towels are weekly issued. We do not doubt her intention to do right; but the fact is that, issued or not issued, no more towels than above stated were *used* by these eight women, unless the whole ward of patients and the nurse were telling gratuitous falsehoods. The circumstance merely illustrates the happy-go-lucky principle of ward-management which is too general in workhouse infirmaries, and which is almost inseparable from pauper-nursing; for if the towels had been issued, neither nurse nor patients knew anything about them, and this we fear is the sort of carelessness which constantly occurs in all but a few special houses. We are glad to be able to speak with praise of the attention to these matters which is shown at some of the new infirmaries, especially at Newington.



The flock-beds on which the patients lie in the great majority of infirmaries, are very unsatisfactory and comfortless. Flock is a nasty material in itself ; and we are informed by the master of the Paddington Workhouse that horsehair (which he has introduced at his establishment) is not only more comfortable, but, in the end, more economical. When a flock-bed is carelessly made up, with too little material, it soon works into a series of uncomfortable knobs. We are glad to notice the liberality which at Wandsworth and Richmond supplies each patient with a bed *and mattress*. Pillows should be far more plentifully supplied than is usually the case. Easy-chairs for convalescents are particularly wanted. And there is one matter the omission of which is the source, not only of great hardship, but of a degrading moral influence : we refer to the supply of screens in the wards, by which temporary privacy might be obtained.

We beg to recommend the universal adoption of night-stools with earthenware, not with metal, pans ; the latter cannot easily be kept clean. With regard to water-closets, there is still a great deal to be done : they are in most cases by no means so numerous or so conveniently placed for the wards as they should be. In some of the old houses they are placed inside the wards ; and at St. James's, Westminster, not only are there two or three such closets, but the state of their ventilation and the defective arrangements for flushing render them a dangerous nuisance. After full consideration, we feel bound to protest against the continued use of the modified "latrine system," which requires flushing at regular intervals : except at Marylebone, where great vigilance is exercised, we have not seen it act well ; and we consider that trapped pans and self-action seats should be substituted. Finally, we protest against *public* closets : there should be screens between the seats.

The general impression left on our minds by our inspection of the wards of the metropolitan workhouse infirmaries is that they are all more or less inefficiently managed from a want of the proper hospital organization. From this state-



ment we cannot exclude even such excellent houses as Kensington, Paddington, Newington, St. Saviour's, St. Olave's, and many others, where most evidently the intentions of the guardians and the officials are good, and their efforts zealous. And we desire to record the interesting fact, as indicating the little worth of lay inspection, that the worst faults of ward-management which we have seen were noted in a workhouse the guardians of which pay regular visits to the infirmary at short intervals. We may notice, in conclusion, the important and deplorable fact that in several lying-in wards the most dangerous neglect prevails as to the removal of bed-sacking, &c., stained with fetid discharges.

### III. System of nursing.

On this subject most interesting information has been supplied by Mr. Farnall's return (already quoted), which shows the extent to which the principle of paid nursing has taken root, and the amount and kind of pauper nursing which supplements it or stands instead of it in the various infirmaries. We regret that we cannot afford space to reprint it at large, because we have so much to state by way of commentary. Suffice it to say that one by one the various boards of guardians are giving a cautious assent to at least a partial trial of the plan of paid nursing, and that the infirmaries which are at present supplied with more than one paid nurse are as follows: Marylebone (fourteen nurses, total salaries 250*l.* per annum); St. Pancras (sixteen nurses, 280*l.*); St. Margaret and St. John, Westminster (three nurses, 46*l.*); Stepney (three nurses, 85*l.*). Lambeth (four nurses, 145); Paddington (two nurses, 55*l.*); Mile-end Old Town (two nurses, 50*l.*); City of London (three nurses, 83*l.* 8*s.*); Bethnal-green (two nurses, 48*l.*); Clerkenwell (two nurses, 23*l.*); Whitechapel (two nurses, 42*l.* per annum). There are fourteen other houses which employ, each, one *bonâ fide* paid nurse, besides two or three which employ an assistant-matron in that capacity.

Upon the general question of paid as against pauper nurs-



ing we feel ourselves competent to pronounce a decided opinion. After listening attentively to the most conflicting arguments, not only from laymen, but also, we are bound to say, from workhouse surgeons, we have examined for ourselves the working of the two systems respectively, and we may state that the evidence of facts coincides, in our opinion, very positively with the feeling which is most widely prevalent among those who have had real workhouse experience, that the employment of a full staff of thoroughly trained paid nurses offers the only possibility of a thorough and genuine performance of duties which at present are most perfunctorily discharged. We have no wish to make "sensation" statements against the pauper nurses. But, in the first place, it is notorious that the majority of them are aged and feeble and past work, or have strong tendencies to drink, and in many cases have otherwise led vicious lives. Even those workhouse officials who on principle oppose the employment of paid nurses, allow that, as a rule, there is no managing pauper nurses, except by confining them strictly to the house—a *régime* which must undermine their health and unfit them for their work. Secondly, their inefficiency is borne out by the character of their ward work as to the details of cleanliness, &c., which we have mentioned, and also by the united testimony of those benevolent persons who have visited the workhouses in a philanthropic spirit, and have been taken into the confidence of the patients; which testimony asserts that, in the great majority of cases, pauper nurses can only manage their patients by inspiring fear, and that their conduct is consequently often brutal. Their antecedents are such that the patients do not respect them.

But we are fully alive to the great difficulties which lie in the way of procuring really *good* paid nurses for a workhouse infirmary at salaries which would not be exorbitant. And for this reason we cannot rest content with a bare expression of opinion in favour of paid nursing. There is a solution of the difficulty which, however distant, lies plainly before us, and to which we entertain no doubt that the authorities



must ultimately resort. In the district suburban schools, to which the workhouse children are now almost universally drafted off at an early age, there are immense numbers of girls daily growing up to a healthy womanhood under good physical and moral influences. What worthier means of completing their emancipation from the inherited curse of pauperism could be devised than the training of them to the respectable and truly dignified calling of skilled nurses? Surely, by means of the teaching of some of the nursing institutions these girls might (save for the one pecuniary difficulty of maintaining them during their probation) be readily converted into first-rate nurses upon condition of their agreeing to serve the infirmaries of the workhouses for a moderate but sufficient stipend. We may state that this idea originated with Mr. Farnall, who has already made progress—and we would add our earnest wish that he may never let it drop, but persevere, against all difficulties—in bringing it to a successful development in practice.

There is one aspect of nursing which bears so powerfully on the question of paid *versus* pauper nurses, that we must dwell on it for a moment: we refer to the duty of night-nursing. It is well known by all hospital physicians and surgeons that it is most difficult to secure the efficient performance of this work, and that nurses of a low *morale* are totally unfit to be trusted with it. At present the mode of its performance, or non-performance, in our workhouse infirmaries is one of the gravest scandals attaching to these institutions. In our investigations we have almost uniformly failed to obtain any satisfactory account of the behaviour of paupers as night-nurses, while we have received a great deal of positive evidence of their frequent gross neglect of that sort of duty. If pauper night-nurses are to be employed, nothing short of the perpetual supervision of a vigilant head night-nurse (paid and skilled) could ever keep them up to their work, and *nothing* will make them quite safe and reliable, especially if they be taken at random for the occasion from the “able-bodied” inmates of the house, since in



that case they are nearly always either decrepid or unprincipled.

#### IV. Provisions and cooking.

With regard to the quality of the provisions supplied to the sick paupers, we have little to say, and that little is generally satisfactory. The food (and drink, except the port wine in some cases) of all kinds appears to be usually of good quality when expressly ordered for sick persons ; and it is only as regards the house diet, which is supplied to the "infirm" in most cases, that we have to complain at all seriously. But in this respect there are some things to object to. For instance, in the Strand and some other houses, the beef which is supplied as part of the house diet consists of those tough and leathery morsels technically known as "clods and stickings"—an unpleasant name for a very unpleasant and indigestible thing. As regards cooking, however, we consider that a separate kitchen, situated in the infirmary (such as exists at Stepney), is highly desirable ; and that much more *variety* should be introduced.

#### V. Dietaries.

We do not propose, on the present occasion, to enter into the discussion of the dietaries of the able-bodied paupers, though we may do so on a future occasion. We shall limit ourselves here to the remark that there are extreme and unaccountable variations in the nutritive value of the allowance accorded by different Boards of Guardians, which it will be instructive to analyse.

With regard to the diet and extras of the sick, we are free to confess that we cannot perceive any just cause for serious fault-finding on the whole. It is usually the doctor's fault if he do not, by vigorous assertion of his own position, obtain any necessary concessions from the guardians ; and we have reason to believe that the notorious St. Giles's and Holborn cases are exceptional incidents. With our own eyes we have inspected the medical relief books, and we can fairly say that the practice of the great hospitals is



closely followed in the amount of nourishment and of wines given to the subjects of severe and exhausting disease.

It is rather to the subject of the diet of the infirm that we desire to specially call our readers' attention. At present by the Poor-law regulations the guardians are compelled to give those persons over sixty years of age an allowance of tea instead of gruel, and also some butter, sugar, &c. But the mischievous anomaly remains of allowing the guardians to pretend to feed aged and feeble persons upon the tough boiled beef and the indigestible pea-soup and suet pudding of the house diets. We are glad to do justice to an able and energetic workhouse surgeon, Dr. Joseph Rogers, of the Strand Union, who years ago advocated the common-sense view of this matter, and by great agitation induced the guardians of his workhouse to adopt a special dietary for all the infirm class of patients, in which pea-soup is replaced by beef-soup thickened with rice, suet pudding is banished, and the meat days are increased to five weekly instead of three, and a more suitable kind of meat is given. We recommend to the attention of our readers the sensible remarks on this point contained in Dr. Rogers's evidence before the Select Committee of the House of Commons on Poor Relief in 1861. We can fully endorse his remark—"that old persons cannot eat such a diet" as that of the common house. But we should say that there is another reason, besides the difficulties of mastication and digestion, which ought to condemn it, and that is, its miserable *monotony* (a feature which Dr. Rogers has himself taken care to amend in some degree in his improved dietary).

Having carefully observed the infirm patients of many workhouses at their dinners, we are confident that the charge against the ordinary house dinners—that, from one cause or another, a very considerable portion of the materials is rejected by infirm persons—is correct. In one workhouse we were much struck with a perfect heap of leavings which the nurse of an infirm ward was collecting at the end of dinner time; and we have heard many bitter complaints of the pea-



soup as causing pain and spasm in the stomach. Now clearly, whether the house-diet be or be not theoretically adequate to support ordinary nutrition, it will not bear any serious diminution (from the rejection of a portion) without becoming entirely insufficient; and it is certain that such diminution will happen in the case of all persons who from any cause are at all delicate. It is true that the surgeon has the power to order for all such persons a proper special diet; but the labour of carrying this out in large workhouses is very great, and the temptation is consequently strong to adopt the *laissez-faire* system, and allow these poor folk to struggle with their nutritive difficulties as they best may.

An objection has been raised, in our hearing, to the idea that the infirm are at all frequently underfed, on the score of the very great age to which many of them attain in workhouses. The fact of the frequent longevity of the infirm is undeniable, but the inference drawn therefrom is a mistaken one. True, these persons live long, but they live a life of a most low grade, with the minimum of mental and bodily activity; in fact, they subside more and more into a vegetative existence; and a part of this change is distinctly traceable to the persistent under-nutrition which they experience. An intelligent workhouse master has described to us a most interesting phenomenon, which we have ourselves subsequently recognised, and which he calls the "ward-fever." This is neither more nor less than a low febrile excitement which marks the transition from their old habits of occasional plenty and occasional starvation to the grim monotony of a diet which is, for the reasons above given, uniformly insufficient.

## VI. Medical officers of the infirmaries.

On this topic we are conscious that we tread on delicate ground; but we are convinced that our professional brethren will give us credit for dealing with the matter in the only way which is possible for honest professional observers.

In the first place, we must declare our opinion that under



the present system the medical officers are habitually placed in an entirely false position, by having twice or three times as many persons under their nominal charge as they can possibly do justice to. There can be no doubt that they strive to do their best, and they amply earn their moderate, and indeed stingy, salaries ; but there are limits to human capacity, and when we are gravely told that one surgeon, assisted by one resident junior, is expected to look after 300 acutely sick, and 600 chronic cases ; or that (in another instance) one medical officer can attend to 130 acute, and about 200 chronic cases in the house in the intervals of private practice, we know very well what these things mean. It is time that the ratepayers were accustomed to look at this matter honestly ; at present they are engaged in what would be a farce if the matter were not so deeply serious. We challenge the whole profession to say whether the experience of our hospitals does not show that the above, or any similar proportion of medical attention, is utterly and hopelessly insufficient for the adequate treatment of so many patients ; yet the instances to which we have referred are not those of comparatively ill, but of comparatively well managed infirmaries. We regret to say also, that the enormous overwork thrown upon the medical men renders it in most cases impossible for them to give their attention to many details of hospital management which every medical officer should study. In particular we have been struck with the fact that the doctors not unfrequently know less of the qualifications of their nurses than an outsider, with the requisite tact, may soon discover by a little patient cross-examination. We were particularly struck with this in one instance where a workhouse surgeon had been arguing for the continuance of pauper nursing, from the supposed excellence of the pauper nurses employed in his own infirmary.

Taken as a body, the medical officers of the metropolitan workhouse infirmaries apply themselves with a zeal and an amount of success to their disproportioned tasks which are



surprising; and it must not be forgotten that they have in most cases not only to perform most arduous professional duties and a large amount of desk work, but that they have to fight the battle of the poor, with terrible earnestness, against the prejudices and the gross material interests of the worst members of their boards of guardians. All honour to the more enlightened and disinterested guardians whose ears are open to truth and justice and humanity. But let us try to picture to ourselves a board of guardians who allowed stone-breaking to be carried on in their workhouse yards, who could with difficulty be restrained from dressing the unfortunate prostitutes in their house in a quasi-convict dress of violently contrasted colours, and from setting up beds for their young unfallen girls in close proximity to these very fallen creatures (so degraded that it seems there was no harm in insulting them); and whose wilful neglect to build a properly isolated dead-house for their parish has long exposed the poor of a crowded district to frightful sufferings and risks of disease.

With regard to the remuneration of the medical officers, we are of opinion that in the first place it is in most cases insufficient, not only for the amount of work *nominally* given them to do, but even for a smaller amount than they can actually execute. The requirement that drugs shall be found by the surgeon is so gross an abuse that we need do no more than emphatically endorse the general condemnation of it. Were this evil once removed, it seems to us that the next object which ought to be accomplished is that of raising the respectability and dignity of the surgeon's office—for instance, by appointing a proper dispenser to relieve him of the mechanical labour of compounding medicines, and by taking other measures to inspire in his mind the sense that he is occupying the gravely responsible post of an hospital medical officer. These reforms are urgently needed; but Parliament ought, further, to give the surgeons their appointments for life, and at a higher money rate, which should be paid out of the Consolidated Fund.



With regard to the powers entrusted to the surgeon we are of opinion that great need for reform exists. At present, owing to his nominal inferiority of rank to the master, an official who is nevertheless (save in exceptional instances) socially below him, an antagonism is often set up, and in many cases leads to the most vexatious and mischievous interference of the master with the purely medical orders of the surgeon. We have seen various instances of this, and one case is so flagrant that we feel bound to mention it. At one workhouse, some time since, the master, apparently from the mere spirit of wanton opposition, removed a patient from the ward in contravention of the express orders of the medical officer; the latter was compelled to appeal to the board, who censured the proceeding. Notwithstanding this, both master and matron continue a most improper and mischievous course of interference with the medical orders as to individual patients up to the present time.

VII. The history of the epidemics which have at times fastened upon the metropolitan workhouses would be most interesting could it be worked out in detail; but it is fair to say that it is now chiefly a thing of the past. The great curse of workhouse infirmaries has been the liability to the introduction of typhus fever from thickly crowded districts; but recent events have made the dangers of promiscuous mixture of these patients with the other patients so obvious that the practice of sending them to the Fever Hospital is becoming nearly universal. As a sample of the thing as it used to be, a brief record of the experience of St. Luke's infirmary may be interesting. This house stands in the City-road, and is in the immediate neighbourhood of a low part of Shoreditch, where typhus is always rife, and where there is a "refuge," which is so perennially infected that no one can live there a week without catching fever. About Christmas last the cases of typhus became very numerous; and in February of this year the disease was so evidently spreading (the matron, amongst others, having caught it and died)



that the practice of receiving typhus patients was given up, not before twenty-eight deaths from typhus alone had occurred between June 20th, 1864, and February, 20th, 1865. Other illustrations may be given from the City of London in 1862, where twenty-three cases of fever were admitted from the City (be it remembered the workhouse is in Bow-road, Mile-end) and twelve inmates contracted the disease, five with fatal results. The medical officer very wisely increased the dietary of all the aged paupers, giving them beer and meat daily, when, after some continuance, the epidemic disappeared; and St. George-the-Martyr, where in 1864, 135 cases of fever occurred, fifteen being amongst the inmates. In contrast to these histories we may give that of an epidemic visitation of *small-pox* in Marylebone, where case after case was admitted to the workhouse, but by the care of Dr. Randall, who contrived arrangements for effectual isolation, not one inmate of the house took the disease. Of epidemics generated by nuisances it is extremely difficult to get good records, but we have been able to elicit a few facts. The first is the record of the medical history of Newington Workhouse, most kindly supplied to us by Dr. Iliff, the district officer of health. Up to this year (1865) the workhouse was close to a large open tidal ditch, into which its drainage, amongst others, went. Typhoid fever never arose in the house during all the years from 1858 to 1864 inclusive; but the following extracts from the surgeon's book are suggestive:—

1858: August 19th—"Diarrhœa very troublesome amongst inmates." 1859: Jan. 13th—"A tendency to puerperal fever." March 31st—"Six cases of chicken-pox." April 7th—"Six of chicken-pox and three of scarlatina." April 21st—"Many cases of deranged liver-function." April 28th—"Several severe cases of sore throat and one fresh scarlatina." July 28th—"Nine cases of diarrhœa." August 7th—"Twenty-seven fresh cases of ditto." 1860: August 30th—"Diarrhœa severe." October—"Diarrhœa amongst children." December 13th—"Ditto still prevalent; attri-



buted to ditch." 1861: August 22nd—"Diarrhœa, five cases; choleraic, 1863: July—"Diarrhœa prevalent." 1864: "Purulent ophthalmia prevalent."

Finally, we may mention an epidemic of hospital gangrene, attacking the cases of ulcerated leg, in Fulham and St. George's-in-the-East infirmaries quite lately. In the former we inspected the ward in which the disease broke out, and have no manner of doubt that the cause resided in a stinking watercloset, opening immediately into the ward, and without any ventilation but such as would just serve, in certain directions of the wind, to fill the ward with noxious exhalations.

The subject of contagious ophthalmia will be best discussed in a separate report on Workhouse Schools.

#### VIII. Mortality, average and special.

The average mortality of the metropolitan workhouses is very high. It is well understood, however, by those who have studied vital statistics, that there are large special sources of this mortality which are wholly inevitable—namely, the number of feeble aged persons and hopelessly diseased who enter the houses, and the number of sickly infants who are born in it. The best way to give our readers an idea of the sort of mortality which prevails in all workhouses in the metropolis, is to analyse the experience of two or three houses placed in different kinds of situations. For instance, the mortality in Clerkenwell house, from June 3rd, 1863, to June 3rd, 1864, was as follows:—"Old age," 50; nervous diseases, 25; infantile cachectic condition, 27; phthisis, 20; bronchitis, 31; heart or kidney disease, 6; liver disease, 6; bladder disease, 4; pneumonia, 2; cancer, 2; injuries, 2; spine disease, 2; typhus, 2; enteritis, 1; erysipelas, 1; diarrhœa, 1; alcoholism, 1; ulcers, 1; uterine disease, 1; diphtheria, 1: total, 186. The mortality at the same house from June 3rd, 1864, to June 3rd, 1865, was as follows:—"Old age," 52; nervous diseases, 10; phthisis, 23; heart and renal disease, 8; liver disease, 8; infantile



cachectic diseases, 20 ; bronchitis, 24 ; pneumonia, 3 ; diarrhoea, 1 ; erysipelas, 1 ; cancer, 1 ; typhus, 2 ; uterine disease, 2 ; alcoholism, 2 ; struma, 3 ; injuries, 3 ; fistula, 1 : total, 166. At St. Luke's, in the year between June 20th, 1864, and June 20th, 1865, the mortality was as follows:—Phthisis, 39 ; nervous diseases, 25 ; cardiac and renal diseases, 26 ; “old age,” 27 ; infantile cachectic diseases, 27 ; bronchitis, 7 ; pleurisy, 7, pneumonia, 4 ; typhus, 33 (history of this already given) ; erysipelas, 3 ; cancer, 4 ; scarlatina, 1 ; measles, 3 ; whooping-cough, 1 ; ovarian disease, 1 ; childbirth, 1 ; cystitis, 1 ; enteritis, 1 ; unknown, 4 ; scarlatina, 1 : total, 226. At Marylebone, from Jan. 1st to Dec. 31st, 1864, mortality as follows:—“Old age,” 72 ; phthisis, 80 ; chronic bronchitis, 60 ; nervous diseases, 90 ; cardiac disease, 25 ; renal disease, 11 ; infantile marasmus, &c., 60 ; &c. &c. (all other causes of death are in small numbers). An analysis of the mortality of Kensington speaks just in the same way. During the last four years there have been 301 deaths : Nervous diseases, 49 ; “old age,” 62 ; phthisis, 56 ; bronchitis, 40 ; infantile cachexy, 51 ; diarrhoea, 8 ; pleurisy, 3 ; congestion of lungs, 8 ; pneumonia, 14 ; cardiac and renal diseases, 31 ; zymotic diseases (measles, scarlatina, typhus, typhoid, small-pox, diphtheria), 27.

We might multiply these analyses of the mortality of different houses, but at present there is no need to do so. It is obvious that the enormous majority of deaths are from causes which induce debility, such as old age and want (combined often with long-standing hopeless disease), the congenital feebleness of strumous or syphilitic infants, &c. The influence of zymotic disease upon the mortality is never very large, except from some special circumstance, like that at St. Luke's, recorded above. Indeed the only instance in which it strikes us that the mortality is to any considerable extent preventable, is with regard to the infants. It is notorious that an enormously high proportion of infants born in the workhouse soon die ; and we have come to the conclusion, that the unhealthy situations of the nurseries,



and the want of supervision of the supplementary food, has much to do with this. So great is the abuse of arrowroot and other starchy foods in some houses, that we are sure the greatest harm is done by the use of this improper nutriment for young infants. The extraordinary benefit of wine, also, in many infantile cachectic conditions is almost ignored. Cow's milk is insufficiently supplied.

We beg to sum up the general results of our observations on the Metropolitan Workhouse Infirmary in the following conclusions :—

I. With regard to the building accommodation provided for the sick, the London workhouses may be arranged in three classes, as stated in the body of the report.

1. A class in which the accommodation is irremediably bad, and in which the buildings ought to be altogether abandoned.
2. A class in which, with certain alterations, the buildings might be retained for the treatment of chronic disease and infirmity.
3. A class in which the buildings are capable of being developed into really good hospitals, for the treatment of all kinds of disease.

In *all* the infirmaries there are great defects as to classification and separation.

II. With regard to the wards, it may be stated that their ventilation is in all cases imperfect, from a deficient allowance of cubic space per bed, and that in many cases this evil is aggravated by essential faults in the construction of the buildings. In a large number of cases their lighting is imperfect. The waterclosets, bath-rooms, and lavatories are in nearly all cases insufficient, in many very decidedly so. The arrangements for washing the bedridden are nearly always insufficient. The ward-management is in most cases insufficient, in many grossly so, owing to the want of good supervision. The bedding and other arrangements for the comfort of patients are inadequate in all but a few instances.



III. The system of nursing is nowhere perfect, and where only few or no paid nurses are employed, leads to the bad ward-management already noted. Very few indeed of the pauper nurses are qualified for their work.

IV. With few exceptions, the quality of the provisions, wines, &c., is good. Greater provision ought to be made for *variety of cookery*, and separate infirmary kitchens should be established.

V. With regard to the diet of the able-bodied, we have at present only to note the fact that there are great differences between the nutritive values in different houses, and to recommend the enforcement of a uniform dietary. The diets of the sick and the extras allowed appear to us liberal. The infirm and chronic patients decidedly require a diet of their own, similar in character to that adopted at the Strand Union, and which they should receive without the necessity of detailed orders from the medical officer.

VI. The medical officers are overburdened with work in nearly all cases. They should be at once relieved of all expenses on the score of drugs and appliances, and of the labour of dispensing drugs. They should be placed on such a footing as to ensure the absence of all interference by the master or matron with their arrangements for the sick; be better paid, appointed for life, &c.

VII. With regard to the prevention of epidemic disease, it is highly desirable that (besides the strict enforcement of ordinary sanitary precautions) there should be wards isolated from the body of the infirmary for the reception of fevers, &c.

VIII. Workhouse mortality appears to call for no special remark except as regards the prevention of zymotic disease, already alluded to, and the high death-rate amongst infants.

Having regard to the important and difficult character of the problems to be solved in the improvement of metropolitan workhouse infirmaries, we consider that at least one



medical and one surgical inspector should be immediately appointed by Government, who should make it their business to inspect and report on the London infirmaries with regard for their fitness for hospital purposes. And we think that such inspectors ought to be instructed carefully to consider the best way in which—if, at some future time, the able-bodied paupers shall be altogether separated from the sick and infirm, and removed into the country—the metropolitan workhouses may be best applied to exclusively hospital purposes; carefully distinguishing the sites which are, and those which are not, fitted for the treatment of acute disease. The inspectors should also be instructed to digest a plan for the organization of proper hospital medical staffs, by which the pauper in-patients might receive, in addition to the visits of their present medical attendants, the advantage of advice from consulting and operating physicians and surgeons.

We shall proceed, in future numbers, to give such brief descriptive papers on particular houses as will establish the propriety of the above general conclusions and recommendations.\*

### ST. GEORGE-THE-MARTYR.

*From THE LANCET of July 15, 1865.*

THIS house is situated in Mint-street, Southwark, a densely crowded district on the S.E. of the Thames, with a population of 55,510, and is surrounded by every possible nuisance, physical and moral. Bone-boilers, grease and cat-gut manu-

\* The above General Report was written when we had as yet paid only one visit to each house. Further continued study of these establishments has forced upon us the conclusion that it is hopeless to expect the Government to take all the houses under care and classify the good and alter the bad, so as to carry out the scheme here suggested. We have therefore been led, in concert with the Committee of the Association for Improving the Workhouse Infirmaries, to adopt the now well-known scheme which that Association has laid before the public and the Poor-law Board.



factories represent some of them, and there is a nest of thieves, which has existed ever since the days of Edward III. The house is a brick structure of three stories, forming three-fourths of a square. The south front consists of low buildings, which are used for offices ; it dates from 1782, with additions made in 1844 and 1859. The main portion of the house has a north aspect ; the west and east wings running at right angles, leaving a paved yard between them. The main drainage is said to be perfect, and the water-supply good ; there are tanks on all the landings. The house was built for 624 inmates, but when we visited it there were only 420 in residence, and yet it appeared very full. Classification there is none, excepting the common division of male and female wards, and the separation of the "foul cases." In a house so conditioned there can be neither order nor method.

During our visit to the infirmary wards, fourteen in number, scattered over the entire house, we were accompanied by Mr. Brown, the medical officer and his very intelligent assistant. The official return states that each ward contains almost 500 cubic feet to each bed ; but we doubt this statement from our measurement. The efforts made to ventilate the wards, consisting of perforated zinc shafts, extending on a line with the ceiling, with openings in the floor, appeared to us very ineffectual ; the wards smelt very musty and suggested a mischievous state of things.

The bedsteads were partly wood, and in some wards iron, on an average six feet in length and two feet six inches in width. The beds of flock were in good canvas cases, as were also the pillows, and the sheets and blankets were moderately clean. The rule of the house is to supply a clean sheet every week, and oftener if required. Towels were in abundance ; but the custom amongst the women, not amongst the men, was to wash in the "chamber"—a habit so inveterate that no threats avail to stop it. Air-cushions and macintoshes were found in abundance in the wards, and regularly used.

Each ward had an open fireplace ; a lavatory and water-



closet in a recess or lobby; in some instances the latter served for two or three wards. In several cases the grossest possible carelessness and neglect were discovered in some of these wards. Take the following in illustration:—Thirty men had used one closet, in which there had been no water for more than a week, and which was in close proximity to their ward; and in an adjoining ward so strong was the ammoniacal smell that we had no doubt respecting the position of the cabinet, which we found dry. In No. 4 ward (female), with 17 beds, the drain-smell from a lavatory in a recess of the room was so offensive that we suspected a sewer-communication, and soon discovered that there was no trap; indeed it had been lost for some considerable time. Apart from this source of contamination of the ward, there were several cases with offensive discharges: one particularly, a case of cancer, which, no disinfectant being used, rendered the room almost unbearable to the other inmates.

The absence of the usual decencies and needful cleanliness of the infirmary will at once suggest the class of nurses in charge: for we feel assured that no properly trained nurse would have tolerated such abominations as we witnessed. The number of the sick and infirm amounts to between 200 and 300, all of whom are nursed by pauper nurses, who receive in money from 1s. to 2s. per week, meat and beer daily, and dry tea and sugar. The female nurses are dressed in brown check, and have a marked superiority over the paupers; the male nurses have no distinction. On interrogating some of the pauper female nurses on the subject of their duties, and especially on their mode of washing those who were incapable of doing it for themselves, they admitted that the “chamber” was the favourite utensil, and even defended its use. Intemperance is common amongst them; indeed, so great is the evil that the medical officer considered it prevailed to the extent of 90 per cent.

The result of our examination of the different classes of food and drinks was, as is usually the case, very satisfactory. The mode of preparing the food, too, is generally good and



moderately cheap ; in respect of prices many of the guardians have made excellent bargains for the poor in this season of scarcity : the poor, therefore, in our well-regulated houses are so far better off than the same class of poor in our rural districts ; but in many cases the amount of food supplied is really defective, and in St. George's the supply of animal food is not sufficient either for the able-bodied or the sick, unless to the latter class the medical officers specially order a larger quantity. On some future occasion we shall again allude to this subject. In order, however, that our readers may judge for themselves, we subjoin the dietary for the sick, as directed by the guardians, but not ordered by the Poor-law Board.

#### SICK DIET\* OF ST. GEORGE-THE-MARTYR, SOUTHWARK.

##### *Full Diet (Male and Female.)*

Breakfast : Bread-and-butter, 4 oz. ; tea, 1 pint.

Dinner : Bread, 4 oz. ; broth, 1 pint ; potatoes, 8 oz. ; meat, 4 oz.

Supper : Bread-and-butter,  $4\frac{1}{4}$  oz. ; tea, 1 pint.

##### *Low Diet (Male and Female.)*

Breakfast : Bread-and-butter, 4 oz. ; tea, 1 pint.

Dinner : Bread, 4 oz. ; broth, 1 pint.

Supper : Bread-and-butter,  $4\frac{1}{4}$  oz. ; tea, 1 pint.

N.B.—Sugar, arrowroot, sago, butter, milk, wine, spirit, porter and beer, are in all cases treated as extras.

The “infirm,” at the discretion of the guardians, can have tea for breakfast and supper not exceeding one pint per meal, sweetened with  $\frac{1}{2}$  oz. of sugar to each pint of tea each ; and with 7 oz. of butter weekly, in lieu of gruel, for breakfast and supper—the ordinary diet.

The salary of the medical officer is 80*l.* per annum, which, with the extras, midwifery, and lunacy, amounts to 150*l.* per

\* Medical officers can increase the quantity.



annum: he has to supply all the drugs, even quinine and cod-liver oil. The number of sick and infirm *now* under treatment is 165, but the average is 230. The medical officer visits daily, and is often summoned several times in the day.

For the last three years and a half this house appears to have suffered from various epidemics, and especially from typhus. Many cases are admitted into the house from the neighbourhood; but many are developed in the house, and apparently in this way: The tramp ward for the women is a miserable room, foul and dirty, with imperfect light and ventilation, the floor being simply bedded with straw. Into this open sty the women are passed in, often with little or no clothing; and there, in considerable numbers, they pass the night. There being no watercloset attached, a large can or tub is placed in the room. This is the sole accommodation which the apartment possesses. The master informed us that there is no matron to look after the women, and that the place was really "a den of horrors," in which from twenty to thirty persons passed the night. After a very limited term of occupancy of this place, the women were struck down with fever, the place proving a perfect "fever bed." It is due to the Poor-law Board to state that they have refused to certify this most objectionable room; and we are glad to hear that other and more suitable quarters are being provided for these poor outcasts, who had better sleep in the streets and on door-steps than be entrapped into this manufactory of fever. Nothing more striking than this has come under our cognizance; and it would be very interesting to inquire the cost of this tramp ward to the guardians of St. George-the-Martyr; apart from the amount of the sacrifice of human life, which might form another subject for examination. From what has come within our knowledge here in connexion with the creation of fever, we doubt whether a greater or more flagrant instance of recklessness about human life could be pictured. We may fairly hope it is an exceptional case.

Again, taking up the subject of fever, we learn that during



the months of April, May, and June in 1864, there were treated 145 cases of typhus, 130 having been admitted, and 15 occurring amongst the inmates ; 12 died out of this number, all adults except one.

In addition to epidemic fever, erysipelas prevailed in the house four months ago, having been brought in from the district. There were 20 cases, and 2 deaths.

This was followed by dysentery to the extent of 50 cases ; but there were no deaths.

To complete the catalogue of infectious diseases, we were told that about a month ago there were 10 cases of scarlet fever, all of which, however, made good recoveries.

The average mortality of the house is 300. Last year the number was 296.

We cannot doubt that, with such a history and so many surroundings, it is our duty to condemn this workhouse, which ought to be removed, and one built better adapted to fulfil its duties to the poor and sick of the neighbourhood.

## ST. GILES AND ST. GEORGE, BLOOMSBURY.

*From THE LANCET of July 15, 1865.*

THIS union is under a Local Act obtained in 1830, and is situated on the Bedford estate in a confined district between Drury-lane and Endell-street. The union of the two parishes has existed since 1730. St. Giles the Leper is probably one of the oldest abodes of destitution in the metropolis, as it is certainly one of the most populous. Here since the days of our Elizabeth has been the resort of the Irish ; it has not inappropriately been called " Little Dublin ;" and from time immemorial it has been famous as the residence of the gin-drinking and cellar classes. The census of 1861 gives it a population of 54,076 inhabitants. Pauperism, real or assumed, in 1830 cost 30,000*l.*, 8700 persons obtaining relief out of 50,000 inhabitants ! Now, with an addition of 4000 individuals, the expenditure does not



exceed 15,000*l.*, per annum, the cost per head of the mean number being 6*l.* 4*s.* 6*d.* The highest mean number of the metropolitan houses is 9*l.* 4*s.* 9*d.* ; the lowest, 3*l.* 13*s.* 5*d.*

The existing workhouse (with a north frontage) is a brick-built structure, consisting of various detached and connected erections, three or four stories high, in the form of a parallelogram, with the originally vacant space well covered and walled in, dating from 1727. The site is relatively high and dry, the subsoil gravel, and the drainage and water-supply good. The house was built for 850 paupers ; in times of pressure the number reaches over 900.

The infirmary (east by west) is also of brick, and was erected in 1844 for 105 patients, male and female. There are four male and three female wards—*i.e.* :

No. 1, for 18 males, with	12,400 cubic feet.
No. 2, for 14        „        „	9,700        „
No. 3, for 9        „        „	6,334        „
No. 4, for 18        „        „	7,686        „
No. 1, for 18 females, with	12,800 cubic feet.
No. 2, for 14        „        „	9,300        „
No. 3, for 14        „        „	2,610        „

The space allotted to each patient is in our opinion far too limited, and especially so in No. 4 male ward. During our visit in June last there were 64 cases in these wards ; and even with this limited number there was a condition of atmosphere far from sweet, due in part to defective ventilation and the absence of pure light, and also probably to other sources of neglect. Still, excepting the cellar ward No. 4, made notorious by the Gibson inquiry, it is possible to make this infirmary adapted to hospital purposes. So much, however, would have to be done—so many alterations and removals of surrounding buildings—the additions of new closets, baths, and lavatories—better approaches to existing stairs—special kitchens and nurses' rooms,—in a word, so much change is needed, that in our opinion it would be more economical to condemn the infirmary along with



the defective and ill-contrived house. With regard to ventilation in all these wards, we have never seen worse; practically, it is nullified by the gratings opening into the chimneys and the rafter chambers amid-rooms, instead of directly communicating with the outer air.

The furniture of the wards, including bedsteads, beds, and bedding, was found very faulty. The iron bedsteads, as a rule, were short of six feet, and were not more than two feet five inches in width. In many cases the sacking was in rags, loose, and dirty, the beds of flock, with dirty ticks, in some cases extremely dirty, and the flock escaping on the sacking; the blankets and sheets also were dirty and ragged. The sheets we were told were changed when required, and always once a fortnight—statements we could hardly credit when looking at the articles themselves. The arrangements for washing the patients indicated the same laxity; the ward towels were small, dirty, and ragged, and yet we were told that there were plenty in stock, and only required to be sent for, which indeed proved to be true on our asking to see them.

Disorder and neglect appeared to be in authority as a direct consequence of the so-called system of nursing which obtains here, directed by an aged female, 63 years old, with a salary of 20*l.* per annum. Under her supervision there are fourteen pauper assistants or helpers, with two night-nurses, selected from those who perform the day-nursing, none of whom receive remuneration for their labours. Well may the Poor-law Inspector remark—"It has always seemed to me desirable that the directors should encourage the nurses with some pecuniary allowances and rewards." Let us hope that before long the whole subject of nursing will be carefully reconsidered, and so arranged that the poor will be tended in their hour of trial, and that the medical officers will have helpers rather than obstructors in their efforts to relieve and cure the sick.

Leaving the infirmary, we next entered the infirm wards, situated on the north, and which were devoted to the sick



previously to the erection of the present hospital. Here we found about 100 aged persons occupying very defectively arranged wards, wanting both in light and ventilation. The beds and bedding were in keeping with what we have described as existing in the infirmary—many worn out, and many more dirty. Doubtless much of the dirt had arisen from the habit of conveying the coals into the basement wards, and shunting them into cellars through openings made in the floor. This habit of “coaling for the house” not merely brings a large amount of dust into these wards, but also produces a strong and disagreeable smell in them, and which, combined with other obnoxious vapours incident to the bed-ridden, unless great care is taken to keep them clean, produces an atmosphere really injurious to the occupants. The upper wards are in the roof, which we found oppressively hot and badly ventilated. Defective space in all these wards is too self-evident, and must tend to continue invalidism, which better accommodation would help to cure.

The most objectionable wards in the house are, however, devoted to child-birth; they are in the roof, with low and slanting ceilings, defective light and ventilation, and will be commented on in our special report on this subject.

It is really gratifying to turn from these subjects, of which in common honesty and truthfulness we are bound to speak in condemnation, to others of a more pleasing character. The various foods and drinks which we tasted were found, without an exception, good. The mode of preparation appeared to be all that could be desired, save in some matters of detail to which we may take exception when we come to speak on this subject, and particularly on the dietary of the infirm. Many of these poor creatures, aged, but free from acute illness, are placed on the house diet, which in some of its articles is wholly unfitted for them. Physically, many of them are as children, and require a diet adapted to early life. We shall, however, on some future occasion resume this subject.

The absence of accommodation for classifying the patients, the defective hospital arrangements, the position of the



lying-in wards in the roof of the main building, and the inadequate space for the infirm, must complicate the labours of the medical officers.

The following table, placed at our disposal by Mr. Bennett, the surgeon, illustrates the character of the prevalent diseases, their duration, and results; also the mortality for several decennial periods:—Thus, from 1833 to 1842, there died 2699; from 1843 to 1852, 2695; and from 1853 to 1862, 2692. The highest number being 445, in 1837, in the *old infirmary*. The death-rate in the new infirmary gives 199 the year after its opening (1845), and in the following year (1846) 222 deaths; but in the year 1862, 293 deaths—a marked increase for the year; and yet higher in the year 1864, there being 318 deaths.

The number of cases treated in the infirmary in the year 1863 was 1331. The number of fever cases 159, and 10 deaths.

The following tables give the causes of death in all the fatal cases for 1863 which were treated in the *new infirmary*:—

Aneurism	1
Apoplexy	10
Bronchitis	69
Bladder, disease of	3
Cancer	5
Convulsions	1
Debility from birth	1
Decay from age	14
Delirium tremens	2
Diarrhœa	2
Dying on admission	1
Epilepsy	8
Erysipelas	2
Fever, typhus	10
Found dead (no post-mortem)	1

Carried forward . . . 130



Brought forward	130
Heart, disease of	19
Hernia, strangulated	1
Hydrocephalus	1
Kidney, disease of	5
Liver, disease of	1
Marasmus	5
Mortification	2
Paralysis	7
Peritonitis	1
Pertussis	2
Phthisis	67
Pneumonia	6
Scarlatina	1
Spleen, rupture of	1
Syphilis	5
Tetanus	1
Variola	5
	<hr/>
	260

This death-rate shows a mortality of more than 20 per cent.

In the same year (1863) the following deaths took place in the workhouse and *old* infirmary:—

Asphyxia (post-mortem and inquest)	1
Bronchitis, chronic	3
Debility from birth	1
Decay from age	11
Epilepsy	1
Heart disease	1
Paralysis	2
Pneumonia	1
Premature	5
Sudden death, asphyxia (post-mortem and inquest)	1
	<hr/>
	27



The ages were from one year to eighty ; and the duration of diseases, 13 within one day to 127 above one month.

In 1864 all fever and small-pox cases were treated in the house, and were chiefly imported from the neighbourhood. As, however, several of the officers, including the matron, and some of the inmates, contracted fever—one in thirty of the cases, and four among the nurses, having died,—orders were given to send fever and small-pox cases to hospital.

The preceding statements—showing a high rate of mortality and apparently an increasing one,—and the many facts which we have mentioned in the details of our inspection, point to the unsuitableness of this house in its present condition for the purposes of the poor and the wants of the neighbourhood by which it is surrounded.

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### ST. LEONARD'S, SHOREDITCH.

*From THE LANCET of July 29, 1865.*

IN this house are combined many of the principal merits and most glaring defects of the system which we are investigating. It is paved with good intentions, of which only a few have borne perfect fruit. The population of the house at the time of our visit (fine summer weather) was about 700 ; the sick actually in the wards numbered about 240, and there were 130 in the lunatic and imbecile wards, with about as many absolutely infirm. It may give some idea, however, of the general character of what are called the “able-bodied” inmates if we state that the medical officer and the master agree that about seven-eighths may be considered as belonging to the permanent population of the place, and that as to age they might be divided into two classes, averaging from fifty to sixty and from seventy to eighty years respectively. It will be understood, therefore, at once that here is a great population, of whom considerably more than a half require constant and careful medical



supervision, while about 300 are actually and acutely suffering from definite disease of one kind or another. We shall see in what way this provision is made.

And, first, we ought to say that the authorities of this institution manifested perfect and cordial willingness to allow the inspection of their establishment; that the Board fixed the day of visit; and that the medical officer, Mr. J. Clarke, and the master, Mr. Painter, gave their personal attendance during the visits of inspection, and in the most open and obliging manner furnished information and facilitated inquiry. We feel it therefore a doubly delicate task to speak of shortcomings where there is so much good-will and openness, and we desire to make a distinct reservation in favour of the personal qualities of both the medical officer and the master. The master is an able, business-like, and judicial official. The medical officer is a man of considerable vigour, long experience, and kindly nature. If we have to show that the infirmary is a terrible failure, and the whole state of things in it disgraceful to the parish and to the country, we must ask that a great allowance be made for the superhuman difficulties of the task which would be involved in a fitting administration by this one gentleman of the duties which are properly incident to the management of so large an hospital as this.

There are many grievous faults in the present state of things which are incidental to the temporary conduct of building operations in the house. The workhouse and infirmary are being entirely rebuilt, and at a cost, we believe, of about 60,000*l*. Meanwhile the patients are rather pushed about. Some of the able-bodied are sleeping far too closely packed; and a number of the patients (122, including chiefly the female imbeciles and chronic cases of disease) are temporarily housed at Wapping, in the old condemned and abandoned house of the Stepney Union, which was subjected a few years since to the strictures of Mr. Charles Dickens. Of course, if the latter building, straggling, ill-built, with narrow staircases, low-raftered ceilings, stinking



ill-trapped drains, abominable closets, and almost every fault which a house can have, were meant as anything more than a mere makeshift, there would be a great deal to say about the crowding of the patients, the utter cheerlessness and misery of the rooms, and other prominent evils, which could not be tolerated. But as the guardians are pushing forward the completion of their premises at Shoreditch, we shall as far as possible separate the accidental from the essential defects of the arrangements, and treat of them as at their highest existing standard in the best wards at Shoreditch.

The aspect of the wards in the new building is east and west. The drainage of the building is very good. The wards are not built on the best plan, for they lie each side of a central passage, which is a plan long since condemned ; but the passage is lofty and well-ventilated, and so are the wards. The new infirmary is intended for 400 sick, and the imbeciles' wards accommodate 150 more. The average numbers in these two sets of wards now vary from 300 to 350. The males occupy the north end of the building, the females the south end. It is a great recommendation to these wards that they are provided with excellent closets, having separate ventilation into the open air and a dirty-water shoot ; that hot and cold water are supplied to each ward ; and that there are capital baths and lavatories attached, with self-acting water-taps and enamel basins. Thus in the construction of these wards the guardians have shown liberality and judgment, and the shell is good although the kernel is rotten.

The general aspect of the wards, however, is one of extreme cheerlessness and desolation. This is painful throughout ; but it is especially lamentable in the case of the lunatics and imbeciles. Moping about in herds, without any occupation whatever ; neither classified, nor amused, nor employed ; congregated in a miserable day-room, where they sit and stare at each other or at the bare walls, and where the monotony is only broken by the occasional excitement due to an epileptic or the gibbering and fitful laughter



of some more excitable lunatic,—they pass a life uncheered by any of the brightening influences which in well-managed asylums are employed to develop the remnants of intelligence and to preserve them from total degradation. They have here neither fresh air nor exercise, no out-door or indoor occupation of any kind. The exercise-ground is a wretched yard with bare walls, confined in space, and utterly miserable and unfit for its purposes. It is a frightful accumulation of human failures, treated with utter neglect of their human character; kept in tolerably clean rooms, and fed with sufficient food, as we would kennel dogs in decent kennels, but not otherwise recognised or treated as deserving of moral or intellectual consideration. We denounce the cruelty of keeping these imbeciles in a cheerless town workhouse. We protest against their exclusion from the natural blessings of fresh air and exercise, and labour in the open air or in proper workrooms; against the absence of classification; against the total absence of any effort to keep alive the existing gleam of intelligence.

In many respects, however, the imbeciles and lunatics are better off in this workhouse than the sick. We have stated that the duties of the medical officer include the charge of the whole of this great population of sick, imbecile, and infirm; and, besides prescribing for them, to dispense their medicines; that there is no resident surgeon, and no dispenser. It will give a startling form to the medical outline of the administration if we add that there are no prescription-cards over the beds. So that, under this system, the medical officer is supposed to recal to memory, as he passes the bed, the treatment which each patient has had, to make up his mind as to variation, and then, after completing his rounds and on descending into the dispensary, to remember *en masse* all the changes which he desires to make, and forthwith to prepare the medicines. It is needless to comment on such a hopeless system. It is simply an impossibility which is presupposed by such an arrangement; and this every one at all cognizant of hospital practice will at once admit. The



medical officer did not defend it, otherwise than by the very forcible plea that to do his duty in the way he does occupies not less than three hours in the morning, besides calls at all sorts of times, including an average of two night-calls a week, and that to undertake to write prescription-cards would add greatly to the labour. We admit the force of this plea, but it is not the less true that a system of hospital administration without prescription-cards over the bed-heads is vitally deficient. The medicine-bottles are kept in a mass in a cupboard at the end of the ward with the bread and butter ; thus yet further complicating the difficulties even of administering the medicines ordered and supplied. The time of replenishing the medicines was stated to be "on Mondays or when required ;" but the latter phrase evidently, under such a system, is to be taken *cum libro salis*. Obviously, since the doctor's visit is in the forenoon, and he has the trouble of dispensing all the medicines wanted at the close of this toilsome duty, the dispensing facilities are brought to the lowest ebb.

To make matters as bad as possible, the nurses, with one exception, are pauper nurses, having improved rations and different dress, but no pecuniary encouragements. They are mostly a very inferior set of women ; and the males, who are "nursed" by male paupers, are yet worse off. The nursing organization at this establishment is as bad as can be. The male nurses especially struck us as a peculiarly rough, ignorant, and uncouth set. There are no night-nurses. Desirous to ascertain what was the condition of the patients under such an administration, we became a little curious as to details. If we said all that would be justified by humanity in commenting upon the results, we should probably say things more severe than acceptable ; for it is inconceivable that a body of humane and well-intentioned guardians, that a respectable master, and an intelligent medical officer, should have become so deadened by long routine as to pass over the scandals which exist here under the surface. The outer surface of the beds was clean, and



the linen generally, through the able-bodied wards, tolerably so ; but as to the lying-in wards, they were frequently filthy with crusted blood and discharges, and in the sick wards also they were far from being well kept.

The next part of inquiry was as to the regularity of the administration of food and medicines. Medicines are administered in this house with shameful irregularity. The result of our inquiries showed that of nine consecutive patients, only four were receiving their medicines regularly. A poor fellow lying very dangerously ill with gangrene of the leg had had no medicine for three days, because, as the male "nurse" said, his mouth had been sore. The doctor had not been made acquainted either with the fact that the man's mouth was sore or that he had not had the medicines ordered for him. A female, also very ill, had not had her medicine for two days, because the very infirm old lady in the next bed, who it seemed was appointed by the nurse to fulfil this duty, had been too completely bedridden for the last few days to rise and give it to her. Other patients had not had their medicines because they had diarrhoea : but the suspension had not been made known to the doctor, nor had medicine been given to them for their diarrhoea. The nurses generally had the most imperfect idea of their duties in this respect. One nurse plainly avowed that she gave medicines three times a day to those who were very ill, and twice or once a day as they improved. The medicines were given all down a ward in a cup ; elsewhere in a gallipot. The nurse said she "poured out the medicine, and judged according." In other respects the nursing was equally deficient. The dressings were roughly and badly applied. Lotions and water-dressings were applied in rags, which were allowed to dry and stick. We saw sloughing ulcers and cancers so treated. In fact, this was the rule. Bandages seemed to be unknown. But the general character of the nursing will be appreciated by the detail of the one fact, that we found in one ward two paralytic patients with frightful sloughs of the back : they were both dirty, *and*



*lying on hard straw mattresses*; the one dressed only with a rag steeped in chloride of lime solution, the other with a rag thickly covered with ointment. This latter was a fearful and very extensive sore, in a state of absolute putridity; the buttocks of the patient were covered with filth and excoriated, and the stench was masked by strewing dry chloride of lime *on the floor under the bed*. A spectacle more saddening or more discreditable cannot be imagined. Both these patient have since died: no inquest has been held on either.

With such general and extensive defects in the sick wards of this establishment, it is perhaps undesirable to enter into minor details. We must, however, note the total absence of any attempt to give an air of comfort to the sick wards, or to supply the reality; the entire absence of colour on the walls; the scanty supply of books; the absence of any cheap coloured prints or devices or mottoes on the walls, a pot of flowers in the windows, or of anything that could give a cheerful idea to the mind of the invalid. These are little comforts which cost really next to nothing, but have a considerable and useful influence. Other defects are more openly and decidedly reprehensible. The want of ward furniture especially; the wretched little tables and scanty forms are so insufficient for the number of patients, that they have to eat their dinners on the beds—a habit which is slovenly and improper for patients who are up and can move about. There is a marked absence of chairs, and especially of plain wooden arm-chairs, which are an almost essential comfort for infirm and semi-paralytic patients not absolutely confined to bed. The deficiency of bed-pulls, by which the sick can raise and shift themselves, and the want of so much as a shelf at each bed, on which the wine or brandy, the medicines, or the necessaries of frequent use, may be kept at hand, were pointed out by us; and we were told that such things near the bed “bred vermin.” An extensive hospital experience enables us to say, however, that with ordinary care they do not afford lodgment for any-



thing of the sort ; and the absence of this species of dumb waiter is much felt by the helpless sick.

The total expenditure here for drugs, including quinine, cod-liver oil, &c., was stated to be about 50*l.* per annum. At the much smaller infirmary which we have presently to describe, it is more than that *per quarter*.

The dietaries, on the whole, were up to the average, with the exception that the patients get a great deal too much of boiled meat and too little roast ; that the dietary is extremely monotonous, and that owing to the unusual number of sick to be looked after, and the consequent trouble of frequent special changes, the acutely sick get far too little variety of diet, and are kept too long upon the same thing.

A severe commentary on the nursing staff is supplied by the information given to us by the master, that the average age of the nurses is sixty, and their average duration in office from six to nine months. Remember that these are pauper inmates, commonly without special training ; that the men are nursed by males, and how overworked and underpaid the doctor is, and the key will be readily found to many of the abuses which we have described. Where there are so many glaring defects it were unwise to refer to smaller matters, or there are many minor points to which we should further advert, such as the want of bed-rests for patients who could sit up in bed for an hour or two occasionally, of foot-rests or stools, of stomach and feet warmers, and so on. But we have said enough, as we believe, to show that there exists a necessity for broad and sweeping reforms.

We will briefly summarize the changes which are, in our opinion, needed.

The medical staff should include, besides the present medical officer, a resident medical officer and a dispenser.

The whole system of nursing should be radically re-organized ; the male nurses discontinued, and paid female nurses introduced.



Each bed should have its prescription-card, which should be duly revised, and at each revision dated.

The ward furniture requires renewal. Better tables, more chairs and arm-chairs, bed-rests, a more ample supply of towels for washing, stomach and feet warmers to each ward. All the wooden beds at Wapping should be substituted by iron ones.

The diets of the sick should be more varied, and roast meat given more frequently. The excellent custom at the outworkhouse of St. George's, under the superintendence of Mr. Godrich, is to order for the very sick what is called the "*ad libitum*" diet, which allows the patient a choice from day to day of one or another out of several kinds of extras permitted, such as mutton-chops, fish, beef-tea, eggs.

The supervision of the wards evidently needs to be far more searching and general.

The imbeciles ought not to be detained in this close neighbourhood, where ground and air are not to be had. So long as they are detained there, more ample provision should be made for their occupation and employment, their classification and care.

*The following protest against our report appeared in the "Times" of August 3rd:—*

*To the Editor of the "Times."*

Sir,—In your publication of to-day there is a leading article partly referring to the above workhouse, and based upon a report contained in THE LANCET on the 29th ult., of the commission appointed by that journal to investigate the state of infirmaries of workhouses.

The guardians of this parish trust that you will give publicity to the following observations in relation thereto, as the report of the commission and your leader upon it are calculated to create, if unchallenged, an impression on the public mind which might lead to a belief that the statements contained in the report were strictly correct. This is not so.



The report of THE LANCET commissioner is, when dealing with particular cases and subjects, a gross exaggeration of the real facts, and when, by inference, condemning the management, altogether unfair and unwarranted.

The publication of the commissioner's report in THE LANCET was not allowed by the guardians to remain unquestioned. A special meeting of the Board was held yesterday, at which Mr. Farnall, the Metropolitan Poor Law Inspector, was present.

Mr. Farnall (who, fortunately has inspected the sick wards of our new workhouse on several occasions) yesterday said:—

“With respect to the article in THE LANCET the writer had stated that the workhouse was being reconstructed at a cost of 60,000*l.*, but it appears to him (Mr. Farnall) that he (the writer) had not made sufficient allowance for the fact that the existing arrangements were therefore necessarily incomplete. The fact of the reconstruction at such an expense was the best answer the guardians could make, as showing their desire that the inmates should be more comfortably housed and attended to than formerly. He believed that when the sick wards were completed they would be the most commodious, well-aired, and comfortable to be found anywhere. He did not know any sick wards where the air was sweeter or where the arrangements for the patients were nicer, or more considerate in every respect. . . . He had been many years an inspector of the Poor Law Board, and in that capacity he had seen a greater part, if not the whole, of the workhouses in England, and he had no hesitation in saying that when the sick wards were finished the parish of St. Leonard, Shoreditch, might challenge the United Kingdom for the completeness and perfection of their arrangements.”

Now, Sir, the unfinished state of the buildings, the incomplete supply of furniture, and, in fact, the general temporary condition of the establishment, were fully explained to THE LANCET commissioner at the times of his visits



by the medical officer and master. He, however, to a great extent ignoring the information, treats the present state of the house as if it was the normal condition of the establishment, and paints Shoreditch in the deepest colours his fancy can devise, in order to gain a background for showing up the sick wards of the adjoining parish of Islington: The guardians and the officers are as anxious as the commissioner of THE LANCET can be that the poor, and especially the sick poor, should have all the attention and care which their case demands; and they are and have been fully resolved that it shall be so. Hence the large expense which this, a comparatively poor east-end parish, has gone to for the purpose of providing a "shell" which, when completed, they trust and believe will contain a kernel as sound as that contained in any shell which the commissioner may visit or be connected with. A word with respect to the imbeciles in the workhouse. THE LANCET commissioner paints their condition in colours of the deepest dye. He omits to inform his readers of the fact with which he was made acquainted,—that this unfortunate class have been taken out in vans (weather permitting) for an excursion to the Green Lanes or the Forest almost weekly since the commencement of the new building. With regard to the two poor paralysed patients, the commissioner does not state that these men were aged, the one suffering from the paralysis of insanity and the other from general paralysis; that they had been under the care of the workhouse medical officer for months before his (the commissioner's) visit; that it was only when nature was breaking down and death approaching that bed sores appeared, and that they were constantly visited by their friends, who remained with them night and day until their decease. No! he appears to desire the public to infer, as you, Sir, infer, that they were similar cases to Timothy Daly and Richard Gibson, both men of sound mind.

Their friends are perfectly satisfied with their treatment in this workhouse, and the guardians are desirous to state that no complaint of inattention to the sick by the medical



and other officers of the house has ever been made to them. Mr. Farnall also said to the guardians yesterday, that although he receives letters in abundance from inmates of different unions in his charge, yet hitherto he has not received one from Shoreditch.

I trust, Sir, you will pardon the length of this communication; but the guardians are anxious, as you may imagine, that neither they nor their medical officers should be under such a cloud of ignominy as the report of *THE LANCET* and your article are likely to place them.

The object of *THE LANCET* is stated to be the assimilation of workhouse infirmaries to hospitals in management, &c. This object may be well in itself; but, like various other movements, may and is likely to be retarded if advocated in the manner in which *THE LANCET* commission is doing that work. I am, Sir, your obedient servant,

Aug. 3.

WM. NIGHTINGALE, *Clerk.*

*It was replied to by Mr. Hart, the author of the report, as follows:—*

*To the Editor of the "Times."*

Sir,—The clerk of the guardians of Shoreditch does not wish it to be believed that the statements contained in *THE LANCET* report on the infirmary of the Shoreditch workhouse are strictly true, but, on the contrary, that they are grossly exaggerated, and the inferences therefrom, when reflecting on the management, altogether unfair and unwarrantable. As in other parishes whose infirmary mismanagement has been described by this commission, the guardians have held meeting, have obtained exculpatory reports from their official employers, and their clerk now addresses the public in their behalf through your columns.

Having no *animus* in this matter, and being favourably predisposed towards the managers and officials of this institution by their courteous reception, and expressed good-



will, I examined the infirmary with the fullest wish to find all that could be expected of good management and care. I found an admirable building in process of construction, a good shell, but with a rotten kernel. The guardians owe me thanks for the candid information which I have given them. Notwithstanding the clerk's abuse, I am quite satisfied that they mean to profit by it.

With your permission, and in as few words as possible, I will in answer to his official letter, briefly recapitulate the principal facts in my report on which you have commented. They have not been, and cannot be, impugned.

I found here a population of 700 souls, including 240 in the sick wards, 130 imbeciles and lunatics, with about as many absolutely infirm; seven-eighths of the residue also practically infirm and senile, so that, in fact, as the officials pointed out, the term "able-bodied" was of exceedingly limited application. The medical charge of this great population of sick, infirm, insane, and imbecile is imposed upon one medical officer. He is actively engaged in private practice. He resides not in the house, but in the neighbourhood; he has no assistant; he has to dispense all the medicines. This is done at the close of his visit in the morning, and afterwards he is only to be fetched in case of "urgency." This is a state of things so outrageous that I imagine no one will seriously attempt to justify it. I don't know of any parallel to it. It must be borne in mind, therefore, that the medical disorganization of this infirmary cannot fairly be charged as a fault against that medical officer, for, had he the power of a Hercules, he could not satisfactorily perform thus single-handed the labours incident to the proper administration of what is, in fact, a great hospital.

I found here a staff of pauper female nurses, whose average duration in office was stated to be from six to nine months. They come to their work without knowledge; they remain without training; they leave for other occupations, and to better themselves, for they are unpaid. The



male patients are left to the care of men chosen from among the paupers, and to appreciate the unfitness of these wardsmen for the office of nurses they need to be seen. As a rule they are dirty, uncouth, ignorant, and certainly, in one instance, not only ignorant and neglectful, but lying.

I found the medicine given with shameful, and, so to speak, systematic irregularity; one nurse, on her own avowal, gave it irrespective of directions, three times, twice, or once a day, according to her own opinion of the cases, and without taking the doctor into her councils.

I found the dressings applied with a total neglect of ordinary skill and precaution. As an illustration, not one of the very numerous wet and water dressings was covered with oil-silk, or any similar tissue, but the rags were allowed to stick to the wounds. I saw no bandage throughout all the wards, but the dressings were tied on with a piece of string or a strip of rags. Several of the nurses to whom I spoke told me that they had never used a surgical bandage, and did not understand their application.

There are no night nurses throughout the whole establishment.

A few words concerning the particular cases, as to which the clerk wishes it to be believed that in dealing with them I grossly exaggerated the real facts. I adopt those which in your remarks you have selected as of leading value:—

“A poor fellow lying very dangerously ill with gangrene of the leg had no medicine for three days, because, as the male nurse said, his mouth had been sore. The doctor had not been made acquainted either with the fact that the man’s mouth was sore, or that he had not had the medicines ordered for him, and, of course, under such a system as we have described, he had not found it out for himself. A woman, also very ill, had not had her medicine for two days, because the very infirm old lady in the next bed, who, it seemed, was appointed by the nurse to fulfil this duty, had been too completely bedridden to rise and give it to her.”



Now, Sir, I saw that man and that woman a second time, and this time I was not alone, but in company with a gentleman, like myself, attached to a public hospital, and associated with me in the commission. On this second visit, more than a week after my first, as we entered the ward where the woman in question lay, we were saluted by the incoherent and noisy address of a rather troublesome lunatic, who started up from the couch of the bedridden old lady on the left of the door, and was ordered by her, with the most amusing assumption of authority, to sit down again on the couch.

Here, then, was our bedridden and aged dame in discharge now of two of the nurse's functions. She was supposed, while lying in bed, to be keeping in order this active and troublesome imbecile, and she was still more or less regularly rising to administer the medicines to her yet more completely disabled companion in sickness on the other side of the door. Far from exaggerating the facts, I omitted in my report these accidental details, which yet help to finish the history, and supply a bitter condemnation of the system of nursing. Then, again, the man above mentioned was still neglected, as above described, on the occasion of my second visit, as he had been for the three days prior to my first, although I had specially called attention then to the fact. I might mention other cases as striking. I saw in another ward the whole incubation of insanity in process, and the patient cruelly neglected. He had met with serious reverses of fortune, and was in that stage when mental disorder is curable. He had a sore on the leg, which was uncovered and without dressing, because, as the nurse said, he would keep nothing on him. His bed was filthily foul, yet the nurse vainly protested that the sheets had been changed on the previous day—a very obvious and egregious falsehood, as he ultimately acknowledged. This man alone was in a state which would condemn the infirmary in which so wretched a spectacle was possible.

As to the unhappy men with sloughing backs, the clerk will



vainly attempt to show that to put on a rag wet with lotion, and to place such a patient without air or water cushion, without appliances to take off pressure or to keep the dressings moist, on a hard straw bed, is any other than a cruel and disgraceful proceeding. I repeat that these men were in that miserable condition; that the wound of one especially, which was both broad and deep, was foul and putrid, and the rag sticking to it; and that only this rag separated it from the hard bed. To cover the stench, a dry deodorizer was strewn on the floor beneath the bedstead. It is to me a new view of the case that this treatment was justifiable because the poor relatives, who know really very little about such matters, made no complaint.

That the imbeciles have been several times taken for a ride is not a justification for the neglect of the proper means of instructing, occupying, and exercising them at home.

In conclusion, Sir, I will only say that we have been most anxious in all these reports to do ample justice to the good intentions of the guardians, bad as is often their fruit. We have received remonstrances from those who are cognizant of the facts on the ground that we have been unduly indulgent.

In writing of Shoreditch, I have spoken highly of the construction of the new part of the building, and I have made every allowance for its non-completion. It were folly to say that any of the abuses to which I have above adverted are connected with building operations. I have spoken plainly in my report, as it was my duty to do, but I have not the slightest ill will towards the guardians of Shoreditch, of whom I have never before heard. I think sufficiently well of them to feel assured that, although their first impression is that of anger, and their clerk's language is neither moderate nor respectful, they will ultimately adopt the enlargement of the medical and dispensing staff, the alterations in the system of nursing, the supervision of the infirmary, and the general changes which I have declared to be necessary. I have given only a mild version of what I



saw. Had I been desirous of making any sensational statements I could have added striking details which I have omitted. Every word of your able leader is fully justified by the facts. This inquiry and your weighty comments upon its results will assuredly effect a revolution, long and much needed, in the treatment of the sick poor in many of our workhouse infirmaries.

I have the honour to be, Sir, your obedient servant,

THE AUTHOR OF "THE LANCET" REPORT ON  
THE SHOREDITCH INFIRMARY.

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### THE ISLINGTON WORKHOUSE.

*From THE LANCET of July 29, 1865.*

THE infirmary of this house contrasts very strongly with that of St. Leonard's, Shoreditch. It is an example of a thoroughly bad edifice, with wards ill built, too small, too low, badly lighted and badly ventilated, rambling in plan, and closets opening into the wards; in short, combining *all* the faults which an hospital building could well have, but in which, nevertheless, the wise liberality of the guardians and the activity and intelligence of the medical officer—a man of superior order of mind, not overworked, and well supported by guardians, master and matron—have combated, as successfully as may be, these overwhelming defects, and have established within very unpromising premises an excellent infirmary system. It would be a waste of time to describe in detail the construction of the wards, and to point out their inapplicability to their present purpose; for this is, we believe, admitted by the guardians, who have purchased a site at Upper Holloway, including seven acres and a half of ground, on which they purpose to build what will, we hope, be a model establishment. We trust that they will pay proper attention to the construction of their hospital buildings; and we may be excused for dwelling



upon this hope, because many of the recent buildings erected as new workhouses are false to the best principles of hospital construction. We would venture especially to call their attention to the Reports of the Barrack and Hospital (Army) Commission, as laying down, concisely and intelligibly, excellent rules which the guardians cannot do wrong in requiring their architect to follow; otherwise architects are apt to do a great many things in the way of hospital designing which surgeons and patients afterwards vainly deplore.

Earnestly calling upon the guardians of the parish to press on their project of new building, which is advancing somewhat slowly, we fear, at present, we omit to pass that detailed censure upon the present wards which, in point of construction, they amply deserve. And having omitted that judgment, we are happy in being enabled to leave out with it the necessity of saying anything which will be unpleasant to any person concerned in the management, or which will give anything but pleasure to those who care for the sick poor.

The infirmary accommodates 150 patients. Mr. Ede, the medical officer, visits daily; there is a resident dispenser, and the guardians find the drugs. Thus there are the best elements of successful medical care. Within the wards we found prescription and diet cards, properly written, over each bed. The wards, low, small and ill-lighted as they were, have yet an aspect of cheerfulness and comfort. The walls were coloured cheerfully; there were prints hanging on the walls, and a few ornaments about the fire-places. In every window were a few flower-pots or flower-boxes. The linen was very clean, for here two clean sheets are allowed per week. Every ward had a full supply of bed-rests for bedridden patients, who could thus be propped up in bed. At the end of each ward was its clean and shining array of stomach and feet warmers for three or four aged and sick persons. Each ward had its proportion of shawls for the use of the sick in cold weather. The patients were very cheerful, very grateful, and much better kept as to their



faces and hair, and their personal linen, than is often seen. In every case they had had their medicines regularly. The dressings were well applied. Sore backs were unknown as arising in the house, and we examined paralysed and speechless patients, who had been bedridden for years, and found them clean, comfortable, and with unspotted skin. We cannot speak well of the ward furniture: the tables are too small, and the chairs old and broken; so are the bed commodes, but still clean and well kept. We observed two little details which speak volumes for the good order and cleanliness of the house, and the proper spirit which animates its managers. Every ward has a supply of small dinner-cloths for use when the patients are bedridden. These little cloths being spread, save the bed from grease, and give an air of comfort to the dinner arrangements. Besides these, each ward is provided with a number of squares of light muslin, which being thrown over the faces of bedridden patients, protect them in hot weather from flies, &c.

The nurses are chosen from amongst the paupers; they are, however, paid from 1s. to 1s. 6d. a week, and are well dressed. One sees here certainly the best side of parish nursing. Most of them have been in office for long terms of years; and they seem on the whole well-conducted, zealous, and well managed, conscious that they are thoroughly looked after, and anxious to deserve good opinion. It may serve to explain some of the general spirit which pervades the house that the surgeon has habitually encouraged the visits of various hospital surgeons, and that he takes pride in treating serious surgical cases successfully, and invites professional publicity. He has successfully tied here the external iliac artery, and has many times performed other capital operations—such as herniotomy, &c. There are very few imbeciles, about half a dozen, who are mixed up with the other patients. There is an ample supply of books, which are lent to the patients to read.

There is a want of day-rooms and convalescent wards; also an absence of bath-rooms. But all this must be set



down, probably, to the inherent defects of the fabric, which is only fit to be destroyed. In the body of the house we noticed many double beds, which are objectionable.

The midwifery ward is the only ward which calls for animadversion. It is wretchedly cheerless; there is a want of chairs and arm-chairs; the walls are bare; the women were very unkempt; the bed-linen was unclean, and their personal linen in some instances filthy. There was a deficiency of the means of cleanliness, small baths, &c. The defects were partly accounted for by the circumstance that the nurse in charge had the day previous been dismissed, and the new nurse had not fully entered on her functions. But this only partly explained the general air of neglect and discomfort which made this ward a contrast to the other sick wards. It is managed by a midwife and nurse, and the doctor has a general supervision; but we cannot help feeling that this ward is not so well looked after as it should be. There is obviously an impression that for the many profligate women who are admitted something like penal discomfort is wholesome. With this feeling we do not sympathize; and we feel bound to tell the guardians of this union that, while the rest of their infirmary does them credit, this ward is something of a reproach.

We would call attention also to the bad arrangements for tramps. To bathe them is exceptional: it should be the rule. The washing arrangements for these wards are bad.

It is not, however, with that word that we wish to close this report. We would rather conclude by awarding the general meed of praise deserved. And we desire to point to this house in contrast to that of Shoreditch, inasmuch as the one shows how by a good management the defects of a bad house may be partly neutralized, and the other how by bad management the merits of a well-built house may be effectually counterbalanced. And since it is our aim by this investigation to render practical service to the State, we can but hope that the lesson resulting from the contrast may not be lost upon either board of guardians.



## THE STRAND INFIRMARY.

*From THE LANCET of August 12, 1865.*

THE Strand Union Workhouse is remarkable, even among the London houses, as an illustration of the ideas according to which the accommodations for in-door paupers were originally planned. In the centre of a large rectangular space, which is inclosed by walls, stands a massive four-storied brick building, consisting of a centre and two projecting wings, and accommodating about 288 inmates, besides the official staff. At the western extremity of the grounds stands a small two-storied building, capable of accommodating (according to the regulations) about 64 persons. The *ground-floor* only of the latter was the original "infirmary," and was supposed to be sufficient for the accommodation of all the sick population of the house. At present there is a very altered state of things: the enlarged "infirmary," the whole of the great central building (except two dormitories containing 50 beds), and four or five wards contained in two outlying blocks, are entirely occupied by "sick," "infirm," or "insane" persons. The extent of this hospital-accommodation (or rather hospital-*occupation*) may be estimated, on the most moderate reckoning, to amount to seven-eighths of the sleeping accommodation afforded by the entire establishment. Probably, it would be more correct to say that the "able-bodied" are, on an average, less than an eighth of the total number of inmates.

The problems which are presented by the statement of these primary facts are most grave. Deeply saddening is the conviction that the great mass of in-door pauperism in the Strand Union is weighted with the additional burden of sickness—too often hopeless as to prospects of cure. But, apart from compassionate sentiment, our instinctive feelings of duty force on us the reflection that the resources of one of our great voluntary hospitals, of the first, or at any rate of the second rank, would not be too large or



powerful to deal competently with the needs of the sick in this workhouse. Let us inquire how far these needs are met by the present arrangements.

In this great workhouse hospital we find that there are, for all purposes of superintendence, a master and matron, who do indeed happen to be unusually intelligent, active, and humane, but who are seconded by *no paid nurses whatever!* There are twenty-two pauper nurses, and twenty-two pauper helpers. Of the former, very few can be considered fitted for their work as far as regards knowledge, and many are plainly incompetent from age or physical feebleness. The helpers are, of course, mere ignorant drudges. And yet this nursing staff has to minister to the wants of a sick population, which (as we learn from the officials and from Mr. Farnall's report) on the 28th of January last amounted to nearly 200 sick, besides 260 infirm or insane. A greater disproportion between requirements and resources it would be difficult to imagine; yet we hasten to admit that, in consequence (as we believe) of the moral tone given to the establishment by the master and matron, and by the benevolent lady visitors, and of the vigilance of the surgeon, there appear to be few or none of the grosser negligences about personal cleanliness of patients, and other vital points in ward management, which we have noticed in some other houses. But beneath the surface there must be grave defects. For, instance, there is no organized system of night-nursing—nothing but occasional paupers appointed for the moment, and supervised by the matron, who, we believe, really exercises extraordinary activity to perform the work of a night-superintendent, which never ought to have been thrust upon her, and which it is quite impossible that she can adequately carry out. The nursing arrangements, then, may be said to be thoroughly inefficient and improper. The wards are low-pitched and gloomy. In the two "sick wards" it is true there is an average of 748 cubic feet space to each bed, and the appearance of these wards is tolerably cheerful, but being in the roof, with no ceilings, they must



be dreadfully hot in summer weather; and as for the remainder of the wards, they do not average an allowance of more than 450 cubic feet per bed. Nor is this radically defective ventilation improved by well-constructed staircases, capable of admitting currents of air to circulate through the buildings; on the contrary, the staircases are narrow, and they wind in acute angles, so that the atmosphere which they contain is stagnant, and there is a general frowsiness perceptible throughout the house. The beds on which the patient's lie are of flock, thin, lumpy, and wretched; and there are no lavatories or bath-rooms attached to the wards, nor is it easy to see how they could be added, owing to the faulty construction of the buildings. The water-closets are tolerably numerous and good, but they are awkwardly placed with regard to the wards.

In an establishment like the Strand Workhouse the cases of insanity are always a painful feature. There is no proper provision for the lodgment of any acute case that may enter the house during the short but important period which must elapse before removal to the asylum. As for the chronic cases, all that can be said is, that the patients are kindly treated, but they are placed in wards which offer the reverse of the conditions (as to ventilation, &c.) which ought to distinguish rooms used for such a purpose, and their life appears to be gloomy and objectless. We are glad to say that the managers of the Strand Union have avoided the worst fault of workhouse insane wards; they have not mixed the merely epileptic patients with the idiots and imbeciles. (This last practice, which we accidentally omitted to notice in our general report, is so often the means of inflicting frightful cruelty upon a class of sufferers who deserve the tenderest treatment, that we shall specially direct attention to it hereafter in describing particular houses.) But there is the usual want of any provision for the frequent enjoyment of fresh air by the unfortunate imbeciles. The female imbeciles, for instance, are placed in a ward on the third story, and should they even overcome



the difficulty of getting safely downstairs, there is no place but the common women's yard for them to air themselves in ; nor are the proper means adopted to amuse these poor creatures in their wards.

The arrangements for separating infectious diseases strike us as very unsatisfactory. For instance, there is for the children a *single* ward for such cases, which is very defective as to the amount of cubic space allowed ; and we fear that if there were a larger number of children in the house very serious consequences would be apt to ensue from the spread of contagious and infectious maladies. Continuing our inquiries into the classification of patients, we observe that the lying-in department consists of a single room, which, if at any time the whole of its beds are filled, must be extremely ill-ventilated, and in which the want of privacy is shocking. There are no arrangements by which a woman in labour can be secluded ; and in the occasional event of a labour demanding instrumental interference, the unfortunate patient is of necessity exposed to the gaze of the whole ward. The influence of such a state of things must be highly distressing to the sufferer, and must sensibly brutalise and demoralise the rest of the inmates of the ward. Moreover, it involves great cruelty to such of the inmates as are expecting their time of suffering ; for nothing can be more alarming than the cries and groans of a parturient woman, especially when she who hears them is a novice in these matters, and is already agitated by fears for her own safety in the coming time of peril.

There is no separation of medical from surgical cases.

On the other hand, it is our duty to speak in terms of hearty praise of the improvements which have been introduced in the furniture, &c., of the wards at the instance of the master and the surgeon. The walls of the sick wards, and of some others, are smoothly plastered and painted a pale green, relieved with white for the windows. There are numerous coloured sets of the largest scriptural prints published by the Society for Promoting Christian Know-



ledge, and many other pictures and decorations, which greatly add to the cheerfulness of the wards. Plants and flower-boxes decorate nearly every window in the house. A circulating library of from 150 to 200 volumes (not exclusively religious), and three copies weekly of no less than ten amusing or instructive periodicals, besides several bound volumes of the *Illustrated News*, are at the disposal of the patients. There is a really ample supply of bed-linen, and frequent changes of it. A clean towel is allowed once a week to every sick patient; and there are small tablecloths for those who take their dinners in bed. Moreover, the patients have small muslin veils to keep the flies from their faces when they are very ill, and fans with which to keep themselves cool; they are also supplied with flannel or cotton dressing-gowns (according to the temperature), and with woollen shawls for sitting up in bed. There are plenty of bed-rests, screens (though these do not seem to be used in the lying-in ward), washbasins, foot and stomach warmers, air and water cushions, foot-baths, and a gas vapour bath (very ingeniously adapted by the surgeon). Prescription and diet cards, properly filled up, are kept at the head of each bed. The chaplain visits three times a week to administer spiritual consolation to the sick and aged, and there is a quarterly administration of the Holy Communion, at which the inmates attend in large numbers—a very unusual feature in workhouses, and one which is, doubtless, due to the excellent influence of the matron and the visiting ladies whom the guardians, to their credit be it said, have admitted to the house. The friends of the inmates are allowed to visit them with a very liberal frequency. All the above particulars were corroborated by the patients, whom we were allowed every opportunity of questioning.

The food is, with certain minor exceptions noted in our general report, good; but the “house-diet” is not sufficiently liberal. There is an urgent need of a separate infirmary kitchen, with proper appliances for warming and keeping warm the food of the sick.



The medical attendance upon the sick in the Strand Workhouse is a subject at once interesting and painful. It has never in the whole course of our inquiries fallen to our lot to observe a more pointed instance of hard and bitter service by a faithful officer, requited by scanty pay, and persistent opposition on the part of the higher authorities to his conscientious recommendations and exhortations to improvement in the construction, management, and arrangements of the house. Dr. Rogers receives the munificent salary of 105*l.* per annum, the guardians finding cod-liver oil and lemon-juice, and 30*l.* a year towards the remaining expenses on the score of drugs—a very scant allowance for the latter purpose. The work which has to be done is greatly in excess of what any one man could perform who has to look to private practice for the means of supporting himself, towards which, of course, the above-mentioned salary is a ridiculous bagatelle. Besides the large number of patients whom he has to attend to, the medical officer has to dispense the medicines, and he must utterly break down in his duties were it not that he employs his own paid assistant to help him for some hours daily in the performance of the guardians' work. The result of this self-sacrificing conduct is, that although there are necessarily some defects in the medical management of this huge hospital, a nearer approach is made to theoretical perfection in this respect than could possibly have been expected; and in particular we have to mention that the surgical dressings (a tedious and laborious item of medical attention) are well and sufficiently applied, and that there are none of those painful deficiencies in this respect which we have had to record in our report on Shoreditch. We have already noticed in our general report the useful innovation which Dr. Rogers has induced the guardians to carry out, in the shape of a special dietary for the infirm, itself an enormous boon to a large class of sufferers.

So far it may seem, on the whole, that we have had to speak with equally-balanced praise and blame of the Strand Union infirmary and its management. But the side which



we have now to approach—the conduct of the guardians in the administration of the house—affords a very gloomy picture. Step by step the internal reforms which we have mentioned have been wrung from them, with infinite difficulty and annoyance to the reformers. But to show how utterly unconscious (or else how wilfully neglectful) of their duties as administrators of a great pauper hospital the guardians are, it is sufficient to enumerate the following particulars. In the first place, their retention of the present buildings, which are so shamefully inadequate, is perfectly unnecessary, since they have long possessed an estate at Edmonton on which a proper workhouse and infirmary might have been built; and they are well aware that their present buildings are entirely unsuited, both as to site and construction, for the functions which they pretend to perform. Secondly, they have been consenting parties to an amount of overcrowding of their house which has been at all times dangerous, and has occasionally, as we shall presently see, borne disastrous fruit. And thirdly, they have been guilty of one special crime against acknowledged sanitary laws which it is impossible to reprobate too strongly: we refer to the maintenance of a carpet-beating business within their walls, already mentioned in our general report. Owing to the extensive additions which have been successively made to the original buildings, the grounds are cut up into a series of narrow enclosed yards, already sufficiently unhealthy; and in one of these, right under the windows of the sick wards, this abominable nuisance of carpet-beating is carried on, filling the air from morning to night with clouds of poisonous dust, which rise to the windows of the wards, and compel them to be closed even when ventilation is most needed, and causing an uproar of noise, which must inflict torments on those who are severely ill, and to whom repose is so necessary. Against the iniquity of this proceeding various persons have from time to time ineffectually protested; and it is a characteristic fact, that one of the earliest advocates of a reform in this particular was the



late Mr. Wakley, whose duties as coroner calling him, many years since, to an inquest at the Strand Workhouse, made him acquainted with this abomination, against which he protested with honest indignation in the presence of a guardian, who vainly attempted to induce the board to remedy the evil. The medical officer, although he has not judged it expedient, in the press of even more urgent reforms which he has had to force upon the attention of the board, to make an official report upon this nuisance, has over and over again denounced it to individual members of the board, and that body is well aware of his opinion on this question. But meanwhile the business brings in 600*l.* a year. This last consideration has proved altogether too much for the guardians of the Strand Union.

And now we have to inquire, What are the effects on the mortality and on the severity of disease in the Strand Workhouse of that condition of things, as regards the house, its inmates, and its management, which we have portrayed? Every one who has the least acquaintance with vital statistics will at once recognise the difficulty of the problem, since he will be well aware of the special fallacies which lie in wait for those who would inquire into the cause and issues of disease in establishments so peculiarly situated as are our metropolitan workhouses; and we shall endeavour as far as possible to steer clear of these sources of error. Reviewing first the actual mortality (of which the kind assistance of the master enables us to present a clear view for the last seven years), we get the following results:—From July, 1858, to July, 1865, the deaths are distributed thus: Chronic bronchitis, 156; phthisis, 178; “decay of nature,” 114; syphilis, convulsions, diarrhoea, congenital debility, and marasmus of infants, 116; paralysis, apoplexy, softening, &c., 98; heart-disease (chronic), 58; cancer, 22; measles, 21; scarlatina, 3; typhoid fever, 5; puerperal fever, 3; “gastric” fever, 1; erysipelas, 3; pneumonia, 7; pericarditis, 1; diphtheria, 2; supra-renal disease, 4; ovarian dropsy, 4; gangrene, 2; melancholia, 1; unknown causes,



67. Total, 864, or 123·42 per annum on the seven years. Of these, 634, which come under the respective heads of chronic bronchitis, phthisis, "decay of nature," chronic heart-disease, paralysis, &c., cancer, supra-renal disease, and ovarian dropsy, may be excluded from our consideration, as being probably altogether *unpreventable*. Of the remaining 230 deaths, no less than 116 come under the head of the various infantile diseases which are chiefly fatal through a deficiency of proper special feeding and special nursing; and though it is impossible to speak positively, we must say that grave suspicions are raised in our minds by the manner in which the young children at this workhouse are lodged and nursed, that many of these deaths were needless; as it is notorious that a large part of all infant deaths in workhouses *are* needless. Of the 38 deaths from zymotic diseases it is also probable that many were preventable, the fault in such cases being that the disease was permitted to make its appearance by overcrowding or some other defective sanitary arrangement. Of the remaining 76, no less than 67 are ascribed to unknown complaints (unknown, probably, because the patients were brought into the house in a dead or dying condition); and of the other nine it is unlikely that any were preventable deaths. Doubtless the above are but rough calculations; but they probably lead us to a true result if they cause us to concentrate our attention on the mortality from those infantile diseases which are favoured by mal-nutrition, and from zymotic diseases, as the important topics in connexion with the death-rate at the Strand Union Workhouse.

With regard to the infant mortality, it is impossible to hope for retrospective information sufficiently exact to enable us to pronounce a final opinion. In connexion with the subject of zymotic disease, however, we are enabled, by the kind exertions of Dr. Rogers, to present some very interesting information. Of typhus and typhoid fever the surgeon reports 104 cases (during the nine years and a half for which he has held his office), which were removed from the Strand



Union to the London Fever Hospital. Of these it is now impossible to say accurately how many were instances of typhus and how many of typhoid; but circumstances point to a strong probability that the severer epidemics were *typhus*.

*Typhus and typhoid fever at the Strand Union from 1856 to 1865.*—The detailed information which has been afforded to us on this subject, and which might at first sight seem dry, becomes most interesting when illustrated by the comments of the medical officer. Dr. Rogers plainly shows, by a comparative analysis of the dates of the fever cases and the numbers of inmates in the house at successive periods, that the *severe outbursts* of fever, when it has really assumed formidable proportions, have been directly chargeable on sanitary defects in the house which ought never to have been allowed to exist. In 1856, for instance, when so many as nineteen cases had to be sent within two months to the Fever Hospital, there can be no doubt that the mischief was caused by great overcrowding and a scandalous neglect of the commonest rules of cleanliness, ventilation, &c., both in the body of the house and more particularly in the casual and relief wards. The enlargement of the buildings, and the other sanitary reforms which were thereupon carried out at the instance of the surgeon, together with the fact that the fever patients were always sent off as rapidly as possible to the Fever Hospital, sufficed to cut short the epidemic; and thenceforward only scattered cases of fever, most of them probably typhoid, made their appearance till 1862, when a great overcrowding of the house having been most improperly permitted, typhus fever again raged with great violence, and twenty-five were sent to the Fever Hospital. The surgeon again interfered, an exodus of many inmates was ordered, and the fever ceased. During 1863 only two cases, probably typhoid (at long intervals from each other) occurred; but, during 1864, the old vicious overcrowding system having been again adopted to a very dangerous extent, typhus fever again appeared with virulence, at least seven inmates contracting it from about twenty



cases which had been admitted, although prompt removal to the Fever Hospital was adopted. The same improper system of overcrowding has been followed in the present year, and six inmates have contracted fever from four patients who had been admitted in a state of infection.

It is obvious that, in their eagerness to conduct parochial relief as much as possible within the walls of the workhouse, the guardians have refused to act upon considerations which they must be well aware of. They have acknowledged the dangerously contagious character of typhus fever by ordering the removal of declared cases of it to the Fever Hospital; and yet, knowing as they do the impossibility of preventing the admission of many cases in the undeclared stage, they have allowed an amount of overcrowding and a deficiency of ventilation to exist in the wards which might have caused a spread of typhus (among the patients exposed for a day or two to the contagion) which would have decimated the inmates, and which really has produced very lamentable effects.

Apart from the typhus cases, it must be remarked that the records show a considerable amount of typhoid fever spread over the whole nine years; but that of *late* years there seem to have been few or no cases which originated in the building. This speaks, so far, in favour of the present sanitary state of the house; but, on the other hand, we are informed that erysipelas has been frequent (though fortunately not often fatal), and that measles and scarlatina have been extremely common. Measles has caused three deaths per annum on the average of seven years. Of childbed fever there have been six cases in nine years, three of them fatal; after the occurrence of a case the lying-in ward has always been closed for a time and thoroughly purified. But for great vigilance on the part of the surgeon, there can be little doubt that in times when it is full the lying-in ward would become the scene of alarming outbreaks of puerperal fever.

And now let us sum up the results of our observation. The Strand Union infirmary has but one redeeming feature—



the care and skill of the surgeon and of the master and matron, and the improvements in ward management which the zeal of these officers and the benevolence of the lady visitors have effected, The buildings are atrociously bad as a residence for sick persons, and they are incapable of real improvement by any cobbling process. The nursing is utterly insufficient; nor will the introduction of *one* paid nurse, which we understand is about to take place, effect any considerable improvement, any more than it has done at Shoreditch. Such a limited measure of reform is a mere farce. Proper classification is impossible. The insane are miserably ill-provided with lodgement, and not at all provided with the occupations proper to their condition. And, finally, there is a board of guardians composed of men who are doubtless excellent in their private capacity, but who, as a board, have neglected some of the most ordinary sanitary precautions, who exact a fabulous and impossible task from their miserably underpaid surgeon, and who, with one or two exceptions, have unfortunately placed themselves on the side of resistance to the reforms suggested by medical science, and indeed by common humanity. It is impossible to account for such resistance by any other supposition than this, that they have altogether failed to appreciate the position of special responsibility in which they are placed as guardians of one of the most miserably diseased collections of humanity which even the London workhouses could show. They partly cannot, and partly will not, see that they are directors of a great hospital, and that it rests with themselves to occupy a prominent position, either in public estimation or public condemnation, according to the way in which they administer this great trust.

The practical conclusions to which we are finally conducted are these; that the Strand infirmary ought to be rebuilt on modern principles, on a healthy site; and that the present governing body ought to be greatly modified, if it is to continue to administer the affairs of a great pauper hospital.



## GREENWICH INFIRMARY.

*From THE LANCET of August 26, 1865.*

THE Greenwich Union must be considered as an offshoot of the metropolitan district ; it includes the borough of Greenwich, Deptford, and Woolwich, and has a population of 127,670 souls.

The workhouse, erected in 1840, in the extreme east of the town of Greenwich, and on the river level, is a brick structure, consisting of several blocks arranged in the form of a square, with enclosed yards, which are reserved as exercise grounds for the inmates. The front of the house is on a line with the lower Greenwich-road, and has a north aspect. The site is on a northern slope ; the buildings in the rear are on a higher level than those in the front. Except on the south (where there are excellent kitchen gardens, and an open space extending all the way to Blackheath), the whole house is closely surrounded with cottages and other erections. The entire site being below water-mark, the foundations are liable to be flooded ; and it can scarcely be doubted that the house must be damp, and that the drainage has great difficulties to contend with. A private sewer has been constructed, and carried into the Thames. The water-supply, which is obtained partly from an artesian well and partly from the Kent water-works, is decidedly defective. This is evident on inspection of the wards, many of which have no adequate supply from their own taps, while several (*e. g.*, the lying-in-wards) have never been furnished with a water-service at all.

The infirmary is a detached block in the rear of the general house. It is three stories high, and has a north and south aspect. It shares of course in the defects as to site, construction, drainage, and water-supply, which have been mentioned as belonging to the workhouse generally. But its most crying fault is the state of its ventilation ; this is something notable. There are eight wards for men, containing



eighty-one beds; the average amount of cubic space in these wards, taken together, is but 477 feet per bed, and three of them actually afford less than 450. There are ten female wards, which contain 107 beds; the allowance of cubic space in these, taken together, is but 453 feet per bed, and three wards allow less than 450 feet (one of these actually providing only 393). In short, there is very serious overcrowding. Nor does the construction of the wards in any way tend to remedy this, for there are windows only on one side in some of the wards, and there is no possibility of good through-currents of air; consequently the atmosphere of the wards generally is foul, notwithstanding some attempts at ventilation through the ceilings. The roof-wards are especially objectionable in this respect. Moreover, there is a great deficiency in the number and convenient situation of the water-closets, lavatories, and bath-rooms; and, in fact, it may be said generally that the external features of the infirmary are decidedly bad. With regard to ward fittings and management, things are better: painting and whitewashing seem to be well looked after, the floors are clean, and the walls adorned with pictures and Scripture texts; the beds are comfortable, and the changes of linen sufficient; and there are water-beds, macintoshes, and other appliances for cases which need them. The provision for wet and dirty cases is objectionable: the excreta which soak through the straw beds on which such patients are placed collect in a pan underneath; this system must contaminate the air of the ward, and be detrimental both to the subjects of it and to those around them. A blanket, with sponge and charcoal placed in contact with the patient, would absorb the offensive matters and destroy their effluvium.

The nursing arrangements are very improper, there being no paid nurse, except for the insane, throughout the whole establishment, although there are 198 beds in the infirmary, and over 200 other cases under medical treatment. There are twenty-six pauper nurses, of ages varying from thirty to seventy-six; they are distinguished by a special dress, and



have allowances of tea, sugar, meat, and beer daily, and occasionally gin, but get no money payment. Sixteen of these do the whole duty of the infirmary *by day and night*, sleeping in the wards to which they are attached. Thus there is no night-nursing properly so called. It is right to say that as much care as is possible seems to be taken in selecting the fittest of the pauper inmates for the duties of nursing.

The whole medical care of this large establishment devolves on a single medical officer, Mr. Sturton, who receives for the regular charge of 400 (patients) and practically of many more), besides attendance on 60 midwifery cases yearly in the house, a salary of 200*l.*, out of which he has to find all drugs, except cod-liver oil and quinine. As a necessary consequence of his great overburdenment with work, it is impossible for him to carry out an adequate classification of patients. He visits the workhouse twice daily, except on Sundays, when he visits once.

Under the head of classification, the most important matter is the arrangement of the insane cases. Of these there are ninety-one females and about thirty males; the former under the care of two special female nurses, with salaries of 20*l.* and 15*l.* respectively; the latter under the charge of one paid male nurse, with a salary of 30*l.* There are a padded room and a dark chamber for purposes of seclusion. The wards are in many respects good, and there are many humanizing appliances (such as pictures, books, birds, and a bagatelle-board) to soften as far as may be the hardship to the poor patients of detention in such an establishment; but these arrangements must after all be considered very inferior to the advantages of a country residence, where pure air and an open prospect, together with proper out-door employment, would bring solace and health to many who are denied them under present circumstances. A very objectionable arrangement is made for the idiots, who are lodged in the lower wards of the infirmary; these are totally inadequate, we do not hesitate to say, to their



wants, if the guardians, as we doubt not they do, desire them to recover. Of all cases which demand our sympathy and care, surely none are more worthy our best efforts to ameliorate their condition than those of the poor creatures whom Providence has thus sadly afflicted. The day has gone by for regarding any such as hopeless, and it is the duty both of guardians and ratepayers to confer on these unfortunate beings every appliance which promises to effect amendment.

The fever and small-pox cases are sent, in compliance with the now almost universal custom, to the respective hospitals in carriages belonging to the house; and so far as this plan is an acknowledgment of the necessity of isolation of contagious cases its principle is good. But the removal to a distance, especially such a distance as London, is a most objectionable practice, as tending seriously to impair the patients' already feeble powers; and there can be no doubt that the guardians are bound to erect a fever house of their own.

Itch cases are treated in a summary, effective, and economical manner. The experience of Mr. Kilby, the master, has taught him that one-half the tramps have this disease; and he suggests that if the masters of workhouses were allowed to treat these cases, the present universal prevalence of itch would cease. He gives his patients a bath as hot and as long continued as can be borne, dries the skin, and then paints it with the following lotion: Sulphur, eight ounces; quicklime, four ounces. Boil in a quart of water for two hours, stirring constantly with a piece of wood; make it up to a quart again; keep the bottle corked.

Syphilis is treated in a special ward; in addition to which the Government provide twenty beds in the Lock, London, in recognition doubtlessly of the claims of Woolwich as a naval depôt.

On the subject of dietaries we speak at present with reservation, except as regards those of the sick. In this respect every liberality is exercised, the medical officer having full control. The house diet for adults includes 18 oz. of meat,



89 oz. of bread, 14 pints of gruel, 2 pints of peaseoup, 3 lb. of potatoes, 28 oz. of pudding, and  $3\frac{1}{2}$  oz. of butter, *per week*. The No. 2, or "full" diet for the sick, includes 6 oz. of cooked meat (without bone), 1 lb. of potatoes, 12 oz. of bread, 1 oz. of butter, and 2 pints of tea, *daily*; but no beer without a medical order. Adults over sixty have tea and cocoa instead of gruel, and extra butter; no beer unless ordered. Children from two up to twelve years have one pint of milk daily, and quantities of meat, bread, and potatoes proportionate to the adult standard; but no butter (a great defect). Infants appear to be liberally treated, as far as we can judge from their nominal allowance.

The diseases chiefly treated in Greenwich Infirmary are those of old age, rheumatism, ulcerated legs, and phthisis, two-thirds of the cases being the last-mentioned disease. Many years ago dysentery was epidemic in the house, and it was said to have depended on the dampness caused by unnecessarily frequent washings of the floors; but it is more likely that the natural dampness of the situation (joined, perhaps, with other sanitary defects) was the true cause. The mortality is about 250 per annum.

Finally, we may mention one special point, because we can give the guardians deserved praise for it—viz., the existence of twelve separate bed-rooms and two common sitting-rooms, in a detached building devoted to aged married couples—an arrangement which reflects great credit on the establishment.

In concluding this report, we have to tender our special thanks to the medical officer and to the master for the kindness with which they supplied us with the most valuable information. And now we will carefully define the points in which we take objection to the Greenwich Workhouse and its infirmary:—

1st. The site and construction of the house are irremediably bad, and it ought not to be used as a residence by any but healthy persons. But if the present site is to be retained—



2nd. The children (about fifty in number) require enlarged accommodation, and should have the insane wards given up to them, the lunatics and idiots being removed to the country.

3rd. In this and in other ways the overcrowding ought to be immediately remedied. At the time of our visit the workhouse contained 906 inmates, an excess of more than 100 over even the original very proper estimate of accommodation.

4th. The water-supply is so defective that either an unlimited contract should be entered into with the company, or steam-power should be employed for raising the water to the upper floors, and hot-water taps laid on everywhere.

5th. The roof-wards should be raised to the height of at least ten feet, and additional windows placed in them.

6th. The medical attendance is quite inadequate. Nominally about 400, but practically nine-tenths of the inmates (who number about 1000 souls), are under medical care; as a proof of which, rarely more than 100 in the entire house dine in hall, claiming that exemption on the ground of illness. At least three persons, one of whom should be a resident dispenser and house-surgeon, are now necessary to do the work which is thrust upon one officer. All payments for drugs ought to be made by the guardians.

7th. A staff of paid and trained nurses is absolutely necessary.

8th. The want of a parish fever-house is a gross abuse that ought to be instantly remedied.

9th. Lastly, the infirmary, if it is to continue in this neighbourhood, and to supply the wants of the Union, ought to be immediately rebuilt on modern principles, and on a much larger scale.

We trust that the guardians may listen to our suggestions. Should they decline to recognise the very serious responsibilities which rest upon them, they will fail to carry out what was doubtless the true intention of the framers of the



Poor-law—viz., the promotion of true economy by means of a high-minded and liberal policy. We are glad to observe an absence of some of the coarser defects of the worst workhouses. But after all, nothing can be much more unsatisfactory or discreditable than a workhouse in which 400 patients are treated by one underpaid medical officer and no paid nurses, while the ventilation and the water-supply are altogether defective and bad, and the most dangerous overcrowding is allowed to exist.

### LEWISHAM INFIRMARY.

*From THE LANCET of August 26, 1865.*

THIS workhouse is situated in the centre of the picturesque village of Lewisham, five miles south-east of London. It is a three-storied brick building of three blocks, and was erected in 1817. The centre has a south aspect, while the front of the house looks east; the parallel wing being in the rear, with a west face. The entire house represents three-fourths of a square, leaving a considerable space towards the south for airing ground, and which, being paved, forms two good yards for males and females respectively. The original plan has been, however, marred by the erection of several low buildings on the south, and which more or less obstruct the free circulation of air through the entire structure. In the rear are well-cultivated kitchen-gardens, yards for work, laundry, and other purposes, including separate erections for infectious cases, and a dead-house. Still further west is the Ravensbourne,\* in whose valley lies the entire village. Until recently, when the metropolitan sewers were completed, there was an eastern branch of this river running the whole length of the village on the west of the main road, and which favoured an excess of moisture; its removal has

\* Associated with our immortal bard.



proved signally beneficial to the locality. Springs abound in the neighbourhood ; and one, Lady Well, has long had a considerable reputation as a chalybeate. Clay forms the mass of the sub-soil, and as such extends up to Sydenham, a chapelry of the parish ; in the north, however, extending to Blackheath, chalk and gravel, with peat, abound.

The union consists of seven parishes, with a population of 65,757 persons. The house, which is the property of the parish, is rented by the union at an annual charge of 350*l.*, and was built for 300 inmates. The drainage is good ; the water-supply (from a well in the yard) defective. On the occasion of our visit there were 180 in residence ; and we were most obligingly shown over the house by Mr Want, the master, who appeared to us fully alive to his duties and responsibilities.

With the exception of the infection wards, four in number, in a detached building in the yard, there is no proper classification. Sick, infirm, and able-bodied—so-called at least, but we saw none in the entire house—were placed in close approximation. The sandwich fashion obtained, showing at least a complete want of organization and method.

The sick wards are seven in number : three for males, containing thirty-three beds, and allowing an average of 494 cubic feet per bed ; and four for females, containing thirty-nine beds, and allowing an average of 489 cubic feet ; besides four infection wards, containing twenty-two beds, with an average cubic space of 539 feet. There can be no doubt that, were these wards filled, the accommodation would be very deficient (though not seriously below the Poor-law Board's standard), and that the infectious cases in particular would be very badly off with only 539 cubic feet per bed. Practically this need not be of much consequence, as the house, which was built for 300, is never filled, and, at the time of our visit, contained, as we have stated, only 180 inmates ; but in several wards the neglect of the most ordinary precautions made the atmosphere very foul. In many respects the wards are commendable. There is great atten-



tion paid to cleanliness of floors, walls, windows, &c.; there are pictures, texts, and suitable books in plenty; and the bed furniture is sufficient and good. But there is one cruel piece of neglect—viz., the excessive shortness of the iron bedsteads, which are only 5 ft. long by 2 ft. 5 in. wide! Towels, and the other appliances for washing the sick, are well arranged and well supplied.

In the presence of much that was deserving of praise in the style of management, we were surprised to find in several wards a total absence of waterclosets, and to be told that the inmates had to pass along an entire range of buildings to obtain the accommodation.\* There was the same absence of lavatories and baths; indeed, no individual ward had its own exclusive closet, lavatory, or bath. There is but one, and that a movable, bath in the house, and no hot-water apparatus; so that a bath being wanted, water must be specially heated and carried to the ward in which it is required, and this to the annoyance and discomfort of the rest of the ward-patients.

The condition of the patients—chiefly persons advanced in life, and suffering from the diseases of old age—appeared very satisfactory; and when spoken to, many of them, in language as emphatic as truthful, expressed gratitude and thankfulness for what was done for them. We saw a good supply of macintoshes, and other appliances indicating more than usual regard for the comfort and well-being of the poor. Cards over the beds, giving name, age, disease, and treatment, have not yet reached this suburb; we trust, however, that the medical officer will accept our suggestion, and resort to them as a valuable help in hospital management.

The care—domestic, at least—of the sick (and we saw few in the house who could very properly be removed from this

\* We are glad to say that the guardians have, since our visit, removed this objection to a great extent, and made other valuable improvements at considerable cost, especially with regard to the baths, &c. Our labour has not been in vain!



dependent category) is committed to the matron (the wife of the master), one paid nurse, and thirteen pauper helps. The whole of the latter appeared to us admirable objects of one's sympathy, but without exception disqualified, physically and morally, for the responsible duties of nursing the sick—fit rather to be nursed themselves; the paid nurse, after many years' faithful service, justly entitled to a pension; consequently, in our judgment, the only reliable aid left to carry out the directions of the medical officer is the matron, whose other duties as mistress of the house must consume her time and exhaust her energies. Hence it must follow that the sick and infirm are wanting in proper care and hospital appliances. We would therefore suggest the appointment of properly qualified and well-trained nurses to meet the wants of the different classes of sick and infirm; all of whom might act under the direction of the matron, herself guided by the medical officer.

The various kinds of food and the methods of cooking are in most instances good and commendable. We tasted both the beef and mutton, which were well dressed and wholesome; also the potatoes, bread, ale, and porter, all of which were really good; and the quantity served out to each individual was abundant. For the really sick, however, we would suggest *roast* meat occasionally, instead of boiled. To boil meat is to abstract a large amount of its nutritive qualities, and, unless the broth is drunk with the meat, the recipient is thus deprived of what really belongs to him. At very little additional cost roast meat might be given in turn with boiled. Beef-tea (and really good we found it), arrowroot, milk, and extra tea are given out when asked for, without need of a medical order: a practice which we commend very strongly, and which we should be glad to see introduced as a common practice into all our workhouse infirmaries.

The medical officer, Mr. Hugh Stott, who is also surgeon to the district of Lewisham, is expected to visit the house at least four times a week, and daily when summoned. He supplies all the drugs except cod-liver oil and quinine, and



compounds for both in-and-out-patients, receiving for the whole of these duties about 105*l.* per annum. On the books we found about ninety patients in March, and sixty-seven in May. One case of scarlet fever was being treated in the infection wards, which are in many of their relations good. The number of midwifery cases in the house averages about eight in the year, which are attended by the paid nurse—nominally, however, by the medical officer, and for which he is paid at the rate of 10*s.* 6*d.* per case.

The inferences we arrived at respecting the medical officer are that he has almost, if not practically altogether, unlimited control over all the arrangements for the sick; that the guardians are really most liberal, and, if well managed, may be induced to do whatever is for the good of the inmates, guided by the medical officer. The latter gentleman can order a liberal diet, and any and every appliance that may be needed for the sick; and he can also ask for any change in the arrangements which his experience suggests as desirable, with a good prospect of obtaining his request. Consequently, if the most enlightened principles of hospital treatment which are now accepted in the profession are not carried out, we must suppose that the blame rests chiefly with the medical officer. It is true that his salary is utterly inadequate, and his whole position a false one; but this has nothing to do with the obligation to urge on the guardians improvements which are of vital importance to the sick.

As already stated, the type of diseases which prevail at Lewisham Union is chiefly characteristic of old age and declining powers: chronic cough, paralysis, and sore legs, with some few cases of phthisis, include nearly all. We carefully examined the medical records, and could find no trace of any epidemic. Formerly skin diseases prevailed in the house, when it was crowded with children; it was then remarked that all children who came into the house contracted a form of scabies, that treatment did little good, but that on sending the children away into the country the disease almost immediately disappeared. At present there are no children kept here, and the disease has never appeared in the adults.



The mortality of 1863 was 35 ; that of 1864 was 45—a high death-rate, which, however, depends chiefly on the accidental circumstance that many inmates enter the house in a dying condition.

The details we have given justify, we believe, the position which we gave to Lewisham in our General Report\*—as capable, with certain important modifications, of developing into a really good and well-conducted hospital. The grounds for this hope are the facts of its desirable situation and the composition of its board of guardians ; for the latter, we are convinced, are truly liberal in disposition, and where they err, do so in ignorance. We trust that they will accept the following suggestions for *indispensable* reforms :—

1. The wards require additional light and ventilation in several instances.
2. Closets, lavatories, and baths, with a copious water-supply, are needed for every individual ward.
3. Rigorous classification of cases ought to be adopted.
4. A proper staff of paid and trained nurses is required.
5. Finally—and this is the most important thing of all,—the guardians must break through the degrading traditions according to which they arrange the status and pay of the medical officer. When that official shall be relieved of the improper burden of supplying and of dispensing drugs—shall be decently paid, and encouraged to assume the grave and honourable responsibilities of a regular hospital officer, as he should be, there is little fear but that he will speak his mind freely to the guardians, and by his scientific advice save them from the scandal of ruling over a workhouse infirmary which, though good in some respects, has some deficiencies which must appear little less than barbarous at the present day, when everything connected with the knowledge of hygienic laws is assuming so great an importance and so extensive a development.

\* See THE LANCET of July 1st, p. 17.



## ST-MARTIN-IN-THE-FIELDS INFIRMARY.

*From THE LANCET of Sept. 9, 1865.*

THE feature which first strikes the observer who inspects this infirmary is the remarkable character of the ground on which it stands. The whole workhouse, a gloomy prison-like structure, forms an irregularly foursided enclosure, of which the infirmary proper occupies the south-side (immediately behind the National Gallery, from which it is separated only by a narrow court); or rather, the "sick wards" occupy two of the three stories which compose the buildings on this side of the workhouse area. The ground *within* the buildings is raised so much above the level of the surrounding streets that the ground-floor is converted into a basement on that aspect; and this elevation of the ground is due to the circumstance that the site is, in fact, an ancient and well-stocked *churchyard*. This being the case, it would hardly be believed, but is nevertheless true, that the basement floor, with this offensive abutment of churchyard earth blocking up its windows on one side, has been converted into surgical wards, the first floor not being used for infirmary purposes! After such an instance of carelessness in the location of the sick, one is not disposed to expect any great things of the accommodation in the wards themselves, and inspection fully confirms the anticipation. Not one of them is more than 8 ft. 6 in. in height, and the surgical wards are scarcely over 8 ft.; the allowance of cubic space per bed, on the average of the four sick wards, is only 428 ft. (little more than one-third of that prescribed in the regulations for the construction of the military hospitals); and the gloomy darkness of the wards, especially those in the basement, is most objectionable. Nothing but the presence of windows on each side of the sick wards prevents them from being intolerably oppressive, for there is no proper system of subsidiary ventilation; and, of course, at those times when, from cold



weather or other causes, the windows are obliged to be shut, the atmosphere becomes very offensive. Of the bedsteads and bedding the most that can be said is that they are not conspicuously below the average workhouse standard; but the beds are lumpy and comfortless, the means of washing are extremely deficient, and the waterclosets are decidedly bad.

The faults which are evident in the arrangement of the sick wards are repeated throughout the house. Like most of the metropolitan workhouses, St. Martin has a population which, without reckoning the nominal "sick," who are housed in the infirmary, really consists almost entirely of diseased or infirm persons who require more or less of medical attendance. Thus in June last, on the occasion of our first visit, out of a total population of 368, 114 were entered as "sick;" but there was a total of 256 names on the medical relief books as requiring extra diets, and besides these there were numerous other patients. In short, the condition of the inmates generally is such as demands particular attention to ventilation, and this is precisely the subject which is treated with the most reckless neglect. This fault is universal, ward after ward, which we carefully measured, being greatly below even the Poor-law standard as to the allowance of cubic space; and the attempts at subsidiary ventilation which have from time to time been made are ridiculous. The lying-in-ward, the nursery, and the casual wards, may be selected as examples—the badness of the arrangements following a *crescendo* scale. The lying-in department is contained in a single ward on the third story of the main block of the workhouse. The room is awkwardly shaped, a large piece being taken out of its width, at the lower end, by a projection of the wall; but as there are seldom more than six inmates, it happens that there is a much more liberal allowance of cubic space than in most of the other wards. This advantage, however, is utterly neutralized by the fact that there are but two windows and one ventilator: the windows are blocked up by massive wooden screens, which the sapience of the



guardians has devised in order to protect the modesty of the gentleman-paupers in the court-yard from possible demonstrations on the part of the unfortunate creatures who are expecting or recovering from their confinement: the one ventilator is a large square hole in the wall, leading into a shaft which goes out through the roof, and the only conceivable use of it is to pour a down-draught of cold air upon the luckless occupant of the labour bed, which is conveniently placed below it. At night, of course, the windows are snugly closed and the flap of the ventilator turned up, if it be anything like cold weather; and we observed that the nurse had, with careful forethought, *papered over* some meagre ventilating slits in the window panes which might still have permitted some trifling ventilation to go on. With the atmosphere thus produced, and with the additional infliction of being forced to hear the groans of any patient who may be actually in labour, the inmates of the St. Martin's lying-in ward endure a state of things which we suppose no man of the commonest sense or feeling could bear to inflict, unless he were a "guardian of the poor." After all, there is a certain feeling of the ludicrous inspired by the stupidity of these arrangements; for it does not appear that they have yet provoked any such tragical Nemesis as the outbreak of a puerperal fever. It is a very different matter, however, when we come to consider the results of the neglect of ventilation in the nursery. The allowance of cubic space in this apartment is much less ample than in the lying-in ward, and the subsidiary arrangements for ventilation are of the same kind; the atmosphere is extremely foul. Into this room, a few months since, there accidentally came a woman bearing with her the infection of measles, and the result of this, in such a vitiated atmosphere, was a most disastrous outbreak of the disease, in which eight children died: the malady assumed a very virulent type, which must doubtless be referred to the sanitary deficiencies of the apartment. As for the tramp-wards, the only epithet which can be applied to them



is—"abominable." The male tramp-ward, in particular, struck us with horrified disgust. We scarcely had a fair glance at it on the occasion of our first visit, being accompanied by the visiting committee (for whose edification, by the way, we strongly suspect it had been furbished up in an unusual manner); but a few days since we revisited it, and the impression produced on our minds is that we have seldom seen such a villanous hole. It is situated completely underground, and is approached by an almost perpendicular flight of stone steps, leading to a grated iron door, through which one passes into an ill-smelling watercloset, which forms the antechamber of *messieurs* the tramps. The apartment at the moment of our entrance (about mid-day) was being ventilated and cleaned by a very nasty-looking warder. The ventilation-business seemed difficult, for there is but *one window, closely grated*, to this apartment, in which some sixteen or twenty people sleep, and that is quite close up to the watercloset end. From the other part of the room, in which the beds (or shelves) for the tramps are situated, and in which the nasty-looking man was making feeble movements with a brush, there arose a concentrated vagrant-stink which fairly drove us out, not without threatenings of sickness. The bath-room, in which the "casuals" are facetiously supposed to wash before retiring to rest, is a still-more dungeon-like place; or rather (to use a less dignified and more appropriate phrase) it is like a *very* bad beer-cellar, through the obscurity of which one may dimly perceive a tin bath, while one's nose is assaulted by a new and more dreadful stench. Both bath-room and sleeping-room were extremely dirty; and considering that the allowance of cubic space for each sleeper is but 294 feet under the most favourable circumstances, it is really a marvel that typhus does not spontaneously arise among the temporary inhabitants of this disreputable ward. If any of the tramps fall sick, they are taken up into a miserable ward in a one-storied building at the east end of the premises, and *closely adjoining the dead-house*, in which they are greatly over-



crowded when the place happens to be full, and the bed-furniture of which is squalid and mean.

As might be expected in an establishment the managers of which are so neglectful of such important matters as ventilation and the supply of proper water-closets, the nursing arrangements are very insufficient. There is but one paid nurse, a very intelligent and active woman, who confesses that it is impossible for her, even with the most fatiguing exertions, to keep up a really efficient supervision of the house. Her apartment is placed next to the lying-in ward, and far away from the infirmary proper. There is a pauper day-nurse to each ward, and extra nurses are supplied for night duty. The master, who is a very active and conscientious officer, does his best to superintend the ward management generally; and he reports that, in his opinion, the pauper nurses, on the whole, do their duty fairly. But we saw great reason to doubt whether this is the case with regard to the administration of medicines, nor could this be expected, by those who know hospital requirements, from the character and appearance of these females. A good instance of their inefficiency is supplied by the way in which they manage, or rather neglect, the few imbecile patients in the house (who, by the way, are scattered through several different wards); these poor creatures have no suitable employment at all, and it is clear that the attendants of the wards in which they may happen to be have no notion of any such management as might tend to improve their mental state. It must be confessed, however, that the guardians are primarily to blame in this matter, since they have organized no arrangements calculated to be useful to their insane inmates, and seem to consider them as of no consequence.

The medical attendance on the sick appears to be performed in an exemplary manner by Mr. Skegg, the medical officer; far better, indeed, than the guardians have any right to expect, seeing that they give him only the miserable salary of 120*l.* a year, and out of this sum require him to



find drugs of all kinds, and to dispense them. He visits daily, and records all the prescriptions in the ward-books, of which there is one to each ward. We cannot but think that prescription-cards at the bed-heads would be far preferable, as facilitating an easy and accurate reference to the treatment of each case while it is actually under interrogation. There can be no doubt, however, of the medical officer's intelligence and activity; and we are glad to mention, as a somewhat unusual feature in workhouse practice, that he has successfully performed a good number of surgical operations. His treatment of several surgical cases which we saw in the wards was evidently good, as judged by the visible results.

The dietaries of the able-bodied present a rather uninteresting resemblance to other workhouse dietaries, being monotonous, as they usually are, and neither above nor below the workhouse average as to quantity. The sick diets seem to be *bonâ fide* at the discretion of the medical officer; and from actual specimens which we inspected in the Medical Relief-book, he seems to take proper advantage of this in ordering wine and spirits, and other comforts.

The mortality of the year, extending from July, 1864, to July, 1865, was 84; this number closely approaches the average for the last five years, and was made up as follows: "Old age," 14; phthisis, 19; nervous diseases, 11; cachectic diseases of infancy, 4; heart and liver diseases, 7; renal disease, 4; pneumonia, 6; chronic bronchitis, 2; pleurisy, 1; croup, 1; disease of bladder, 1; cancer, 1; injury, 1; secondary hæmorrhage after amputation, 1; zymotic diseases, 11 (including measles, 8; typhoid fever, 1; typhus, 1; erysipelas, 1).

In short, the faults of this infirmary are such as rest entirely with the governing body; but these defects are so serious as to make the establishment one of the very worst of the kind. The building, as regards its site and construction, is hopelessly bad, and its natural defects have not been modified by the adoption of proper precautions: for very



great overcrowding of the sick and infirm wards has been allowed to take place, and nothing like an effective system of subsidiary ventilation has been carried out. It might be said in extenuation of this supineness on the part of the guardians that the radical defects of the buildings were such as to render piecemeal improvement useless; but this plea is particularly unfortunate, for in fact the site of the workhouse, which is the freehold property of the parish, might have been sold years ago for a sum of money which would have handsomely repaid the cost of rebuilding in proper style upon a suitable site. It is well known that Nash, the architect of Regent-street, in his day offered 30,000*l.* for the site, besides engaging to rebuild the workhouse, at his own cost, in any situation which the parish might select; and since that time, with the increasing value of land in central portions of the metropolis, it would have been possible, on many occasions, to have secured a far larger price than this. It may be questioned if the property is not worth 60,000*l.* at the present moment. That the guardians, with the full knowledge of these facts, should have committed the gross injustice of retaining a workhouse which is no better than a prison in its structure, and far inferior to a prison in internal comfort and salubrity, is astonishing, since they have always been selected from a higher class of tradesmen, who might be expected to act like men of sense and education, and to be superior to the petty local interests and jealousies which are natural enough in some parishes. At present the opinions of the more enlightened members seem to have prevailed, and there is a general desire to move *somewhere*, which has occasioned the negotiations with Government in the interest of the extension of the National Gallery. But it may well be doubted, much as one might desire that assistance should be given to the Government in acquiring a site which may render the extension or re-erection of the National Gallery possible, whether the guardians are justified in accepting an offer which will bind them to a course, involving, probably,



very considerable delay before the removal can actually take place. So bad are the present premises, in a sanitary point of view, that there is nothing, humanly speaking, to prevent a severe outbreak of typhus, or some other infectious disease, the seeds of which are liable at any time to be introduced amongst the inmates (more especially from the tramp-wards), and would probably multiply with the most disastrous effects. Meanwhile there is no doubt that the parish could obtain an instant purchaser at a price which would set them free to commence building immediately, under the best auspices, in some healthy suburb where they might secure ample space for a proper separate infirmary, constructed on true hospital principles, and a suitable isolated fever-house; and we are of opinion that this course ought to be taken, whether the Government become the purchaser or not. No board of guardians in the world has the right to retain sick paupers a day longer than is absolutely necessary in such a building as the present workhouse of St. Martin-in-the-Fields.

Our opinion is so decidedly in favour of immediate removal as the only efficient remedy for the existing evils of this infirmary that we deem it useless to recapitulate all the defects which demand immediate attention, if it were right to speculate on a stay of more than a very few months. But even in the event of so short a remaining occupancy there are three points which ought to be instantly remedied. Additional means of ventilation should be supplied to *all* the wards. The water-closets ought to be entirely rebuilt, and their ventilation and cleansing provided for in a more effective manner. And the present tramp-wards should be instantly abolished. It would probably be better to remove the casual department to some independent building; but at any rate the present wards ought to be immediately closed, after plentiful purification with chloride of lime; for they constitute a depository of foul air, and a possible source of infectious disease, which is a great and threatening danger to the whole establishment. As for the other



most needful reforms—in the character of the nursing department, the position and remuneration of the medical officer, and the supply of medicines, they are so obvious, and we have so often insisted upon these topics in speaking of other workhouses that we need only refer the guardians to our published opinions, and to the dictates of their own common sense. It may fairly be hoped, that when these officials have purged themselves of their greatest offence, by removal to a proper site and a suitable building, their returning self-respect will ensure their behaving with common honesty to the sick poor and to their hard-worked medical attendant.

P.S.—Since writing the above, we learn that the guardians have recently increased the medical officer's salary from 120*l.* to 150*l.*—a measure which does credit to their sense of justice.

### CLERKENWELL INFIRMARY.

*From THE LANCET of September 9, 1865.*

IF the infirmary of St. Martin-in-the-Fields be very bad, there can be no question that the infirmary of Clerkenwell is worse; in fact, we here touch the lowest point in the scale of metropolitan workhouse hospitals.

The parish of Clerkenwell elect its guardians and manages its workhouse under a special local Act of Parliament, and it has certainly abused to the uttermost the opportunities for evading necessary reforms which are created by this position of affairs. The workhouse, in which there exists no trace of a proper separate infirmary, is a tall, gloomy brick building, consisting of two long parallel blocks separated from each other by a flagged court-yard not more than fifteen or twenty feet wide. The front and principal block does enjoy one fair outlook towards a wide street; but in other respects the whole house is closely environed with buildings only less gloomy and unwholesome.



looking than itself. The hinder block, especially, wears an aspect of squalid poverty and meanness; and it is very old, dating from 1729. Both blocks are four stories in height. Entering either part of the house, we are at once struck with the frowsiness of the atmosphere which meets us; and we find the cramped winding staircases, interrupted by all manner of inconvenient landings and doors, which in these old buildings render the stairs a special nuisance, instead of an effective source of ventilation for the building, as they should be. Detailed examination of the sick ward implies detailed inspection of the whole house; for the sick, infirm, insane, and "able-bodied" wards are jumbled side by side, and the whole place presents the dismal appearance of a prison hospital—not such as one meets with in civil life, but the sort of makeshift which might perhaps be seen in a garrison town in war-time, except that in the latter situation one would not be annoyed by the shrieks and laughter of noisy lunatics—one of the special features of the Clerkenwell establishment.

As we shall have to dwell almost exclusively, for the sake of economizing our space, on those features of the Clerkenwell House which are by themselves of such importance as to completely decide the impartial observer against the propriety of retaining the buildings for hospital purposes, we shall, in the first place, dismiss with a few words the subject of the superior officers—namely, the master and matron, and the surgeon. The master is an excellent officer, accustomed all his life to the management of sick people, and with the valuable experience of a model prison (in which he formerly officiated) on matters of sanitary precaution; and his efforts are well seconded by his wife, the matron. These officers work well with the surgeon, Dr. J. Brown; and the most zealous endeavours are made by them to remedy defects which are really irremediable. They have one paid nurse under them, who is an experienced and valuable woman; and with her assistance, as much supervision as possible is given to the incapable paupers who do the real bulk of the



nursing. As far as the strictly medical service goes, the sharp supervision of the superior officers seems to prevent the possibility of any such scandalous inattention to the wants of the sick as was noticed at Shoreditch; but the discovery which we made, that the disgusting practice of washing in the "chambers" was carried on in several of the infirm wards, sufficiently showed the character of the pauper attendants, and prepared us for the *very* qualified encomium of the master, who informed us that they were, on the whole, a sober, well-conducted set so long as they were never allowed outside the workhouse doors for a moment.

But it is the character of the wards, and their degree of fitness for hospital purposes, that we must chiefly pay attention to. It is necessary first to mention the elements of which the population is made up: in a total number of 560, which represents a crowded state of the house, there would be about 250 sick, and 280 infirm (including about 80 insane). This amount of population, be it noticed, exceeds the Poor-law Board's estimate by 60, and the consequence is a reduction of the cubic space per bed, on the average of all the sick wards, to 429 feet, which of itself implies a dangerous state of things. But this imperfect allowance of entire space is aggravated greatly by the low pitch of the wards, the very insufficient number of windows (which are only on one side, except in a few wards), and the absence of any free currents of air circulating through the house. Subsidiary ventilation has been attempted with much perseverance by the surgeon and the master, and a great mitigation is, doubtless, effected of what would be otherwise an intolerable and very fatal nuisance; but still the atmosphere of the wards is very impure, and if the vigilance of the nurses, as is certain to be the case, at times relaxes, so as to allow the closing of ventilating orifices, a very dangerous foulness of air must ensue. And besides the deficiency of the wards generally in ventilation, there are some which are almost unique, we should fancy, for their badness in this respect. The four tramp wards (two male and two female)



afford the following allowances respectively of cubic space—120 ft., 240 ft., 198 ft., and 184 ft.—to each sleeper: and two of these apartments may dispute the palm successfully, for gloom and stifling closeness, even with the St. Martin's tramp wards. In one there is actually no window at all, but only a bit of perforated zinc over the door, and a solitary ventilator of very doubtful utility. In these nasty places the "casuals" lie upon straw beds, spread upon a sort of wooden gridiron framework, and they must needs huddle so close as to be almost in contact with each other. (N.B. At Clerkenwell the tramps are *not* washed before being allowed to lie down.) The master is well aware how improper a lodgment these wards afford; but, with the existing work-house, it is impossible for him to find better accommodation for so many vagrants as (after all possible sifting) he is obliged to admit.

Not to linger too long over the sanitary abominations of this house, which would fill many pages, we may mention one which seems to us most scandalous and disgraceful, but which the guardians, one can hardly help thinking, must have been led to establish by a sort of sentimental feeling. It must surely have been in the intention of inculcating on their sick inmates the doctrine of *nihil humanum a me alienum puto*, that they placed the parish dead-house in a snug corner of the yard before-mentioned, and with a ventilation capable of wafting reminiscences of departed parishioners to the inmates of the wards whose windows overlook the mournful edifice. Still, we really think the dead-house was enough of a good thing without the close accompaniment of a dust-bin, which the vestry *ought* to empty twice a week, but which they occasionally neglect.

Perhaps the most painful consequence of the inefficient lodgment which the house affords to its motley population is the impossibility of classification, even where this is most urgently needed. The arrangements for the insane afford a shocking example of this. Such a spectacle as is presented by the two wards in which the more serious male and female



insane cases are treated is not often to be seen in these days of enlightened alienist management. The women's ward, in particular, offers an instance of thoughtless cruelty which nothing can excuse the guardians for permitting. Twenty-one patients live entirely in this ward, which affords them an allowance of only 459 cubic feet each; and the mixture of heterogenous cases which ought never to be mingled is really frightful. There is no seclusion ward for acute maniacs, and accordingly we saw a poor wretch who for five days had been confined to her bed by means of a strait-waistcoat, during the whole of which time she had been raving and talking nonsense, *having only had two hours' sleep*; and there was the prospect of her remaining several days longer in the same condition. There were several epileptics in the ward, and one of them had a fit while we were present, and there were imbeciles and demented watching all this with curious, half-frightened looks, which said very plainly how injurious the whole scene must be to them. We are willing to suppose that the guardians of Clerkenwell are unconscious of the great cruelty of allowing this wardful of women, who never ought to be associated, to sit gazing helplessly at each other, with no amusement but needlework, which they probably hate; or of leaving a melancholic patient whom we saw in the male ward (and whose condition was assuredly improvable) to mope, with his head in his hands, the livelong day. For our own part, we have never seen a sight which more thoroughly shocked us by its suggestions of the unlimited power of stupidity to harass and torment the weak and sensitive. But assuredly the stupidity and the ignorance are in this case a fresh crime, for no one who undertakes to manage the insane has any right to plead ignorance of the conditions necessary to their welfare.

The defects of the Clerkenwell Workhouse are so manifest, the house is so clearly unfitted for the purpose to which it is applied, that it might be supposed that nothing but intentional cruelty could lead the guardians to the policy of retaining it. They have had many opportunities in past years



of selling their property for a sum which would readily have purchased a site in their own parish, and paid the expenses of a proper new building. But they have constantly refused to take advantage of this, and have continued their present residence till it is now almost certain that when they are forced to a removal they will have to take their workhouse out of the parish. All this looks, at first sight, like deliberate selfish cruelty on the part of the board; but we are happy to say that we know enough of their private efforts to ameliorate the condition of paupers to feel sure that this is not the true version of the matter. The truth is that the unfortunate influence of the early traditions of the Poor-law Commissioners lingers with fatal tenacity in the minds of those boards of guardians who yielded at first with the greatest reluctance to it. The "workhouse test," which was in the mouth of every enthusiastic *doctrinaire* in the early days of the Poor-law—the penal conception of workhouse management which was then invented,—has remained most deeply impressed on the official bodies who were originally most loath to receive it. To the ordinary Clerkenwell tradesmen, visiting the poor of his district from benevolent motives, even Clerkenwell Workhouse appears a haven of rest which no honest indigent person would refuse to resort to in order to escape from the squalor of a home in which there was not bread enough to eat. It is time that these miserable mistaken notions were put an end to; and if the type of citizens which is so plentifully represented on the Clerkenwell board, is unable to see the larger truth which is implied in the *duty of the State to do nothing dishonourable*, then the sooner they and their kind vacate their posts of trust the better for the poor, and the better for the whole community.

We sum up our observations, therefore, in the same tone as that in which we concluded our report on St. Martin's. There is no remedy for the evils of Clerkenwell Workhouse but *immediate removal*, and the sooner the guardians put their house in order with a view to that course the better. It is only the zeal and intelligence of their master, matron,



and surgeon which save their present house from becoming the scene of some great calamity; and nothing can really secure them against the invasions of epidemic disease, which they have luckily so far escaped. Perhaps, when they shall have once done their duty in this respect, it may occur to them to remunerate their medical officer with a salary which shall repay him for the private assistant he is obliged to keep to enable him to get through *their* work; and to remember that dealing in drugs with a board of guardians is not exactly a congenial occupation for a man of education, who would like to be doing his duty to the patients.

### CAMBERWELL INFIRMARY.

*From THE LANCET of September 23, 1865.*

THE union of Camberwell is situated to the south-west of London, and includes Dulwich, Peckham, and part of Norwood, in addition to the parish of Camberwell. It has an area of seven square miles, and a population of 77,488 persons. Since the formation of the union, the cost of Poor-law administration has doubled; it is now about 30,000*l.* per annum.

The workhouse is a long, narrow building of brick, two stories high, besides the basement. It was erected in 1818; but some additions were made in 1847. It is situated on a northern slope, with an east and west aspect. The offices are on the south. A free circulation of air is rendered impossible by the masses of buildings which surround its three sides; this makes the situation a bad one, although the gravelly nature of the soil would otherwise recommend it as being favourable to the escape of surface-water. The drainage appears to be good; and the house and yard pipes well trapped with bell or syphon. The water-supply is from a well in the premises, and is raised by steam-power to the respective floors.



The house was built for 550 inmates. On the occasion of our visit (in May), however, it contained only 382, and yet appeared full. What its condition would be supposing that the nominal standard of population were reached it is difficult to say, and it may be devoutly hoped that such an event never takes place. Efforts at classification have been made, necessarily with only partial success: still there are "fever," "small-pox," and "bad leg" wards, for isolating these diseases; there are wards for separating lunatics; and there is a separate building for the imbeciles.

The "sick wards" proper are three in number (two male and one female), having twenty beds for men and seventeen for women. Although the height of these wards is fourteen feet, the superficial area is insufficient, and the beds are therefore placed too close to each other—namely, less than two feet, and in some cases only seventeen inches, apart. In all the sick wards there is practically a want of space, and both light and ventilation are deficient; for there is very little direct sunlight on these rooms, and they enjoy no free currents of air. The lying-in ward is a specially bad example: it possesses no means of ventilation except when the windows are open. It is needless to say, after the above description, that the sick wards have a musty smell, and are unfit for the purposes to which they are applied. Happily for the inmates, the floors are kept scrupulously clean and well purified with disinfectants, and the walls are frequently whitewashed; precautions which have probably saved the wards from epidemic infection. The bed-furniture is in all respects creditable to the house and to the care of the officials. Most of the beds are of horsehair, and many of those for the aged patients are of feathers. *No flock beds are found in the house*: an example which, as we have remarked in our General Report, might well be followed in all workhouses; horsehair being more economical, as well as more comfortable and more conducive to health. All matters of personal cleanliness are duly and decently observed; and the ward-management generally reflects



credit on the master and matron, who have satisfactorily filled their responsible offices for the last fifteen years. Water-beds, air-cushions, and macintoshes are abundantly supplied and frequently used.

In the important matter of waterclosets the wards are, on the whole, well supplied; the water-service is copious, and the condition of the closets good; they are also for the most part conveniently placed. They should, however, be somewhat more numerous; a desideratum which will doubtless be remembered when the inevitable rebuilding of the house takes place.

Passing from the "sick wards" we come next to that part of the infirmary which contains a large majority of the entire population of the house—the wards, namely, for the aged and infirm, who numbered in January last, 346, and ought, all of them, to be considered as under medical care, since their declining health demands skilful supervision and nursing. The infirm wards, like those for the sick, are very deficient in superficial space, light, and ventilation, and we believe this to be a great misfortune. Many of these infirm persons, by receiving proper medical attendance and suitable comforts, might be rescued from their life-long invalidism, and placed in circumstances of improved health, which would benefit not merely themselves, but even the interests of the ratepayers, while the guardians would doubtless derive pleasure from the execution of an important duty.

One portion of the house really does deserve to be retained, and, indeed, is worthy of great praise: we refer to the new building for imbeciles, which has evidently been a favourite scheme of the guardians. This building stands entirely apart, has a north and south aspect, and is well lighted and ventilated. The wards are carpeted down the middle; the walls are tinted and adorned with pictures and scripture texts. Besides this there are various out-door and in-door amusements, including skittles, backgammon, &c.—arrangements which are as commendable as they are unusual.



These wards are surely a proof that the Camberwell guardians understand their duty. We fancy, too, that they have practically realized the fact that this kind of liberality in the treatment of insane patients *pays*. Believing this to be the case, we would earnestly desire that the same enlightened principles of treatment may be applied to the aged and infirm, with whom we believe it would be equally productive of good results. Especially also we would urge the carrying out of the principle of intelligent liberality in regard to the nursing department. At present there is but one paid nurse, who looks after the sick wards with the assistance of four pauper nurses. This arrangement must be condemned as altogether insufficient. Again, in the matter of diets, there is need for the further exercise of liberality, though we believe the error to be unintentional; thus, although the extras are completely under the medical officer's control, the fixed full diet for the sick is decidedly deficient in animal food, twenty-seven ounces of meat per week being, in our opinion, a very insufficient allowance.

Still more necessary is it that the guardians should revise the pay and position of the medical officer. Mr. King receives a salary of 105*l.*, to which are added extras (for midwifery and insane cases), amounting to another 50*l.*, or thereabouts. For this remuneration he has to visit daily, to find all the drugs, and to attend some fifty-four midwifery cases, besides the special attendance required by the insane. The number of patients on the sick-list was about 200; but this did not include numerous cases under occasional medical inspection, and which should be duly classed in the medical books, and receive systematic attendance. We may state that from numerous patients we received expressions of their deep gratitude for the kindness of the medical officer, and we may conclude our reference to this gentleman by remarking that he appears to possess every freedom of action in the discharge of his duties.

From the very carefully kept medical books we learned that chronic bronchitis is the most frequent complaint



amongst the inmates (and also the most fatal, causing two-thirds of the whole mortality); next in frequency are the cases of varicose ulcer of the leg. Rheumatism is also very common.

The following are our final conclusions as to this work-house:—

1st. The entire infirmary, excepting the new wards for imbeciles, ought immediately to be either rebuilt or greatly modified, being at present unfit to meet the claims of the union.

2nd. The old and infirm ought to be classed and treated as sick.

3rd. The lying-in ward is entirely unfit for its purposes, and requires complete revision in the respects above indicated.

4th. Properly trained and paid nurses ought to be appointed to the charge of the sick.

5th. The status and pay of the medical officer ought to be reconsidered, and a qualified medical assistant should be appointed, to act under the direction of the present officer. The drugs ought to be supplied and dispensed at the guardians' cost.

6th. The dietaries should be revised, and more animal food allowed.

## ROTERHITHE INFIRMARY.

*From THE LANCET of September 23, 1865.*

THE ancient parish of Rotherhithe\* occupies a remarkable natural situation. It is placed on the south side of the Thames between Bermondsey and Deptford, and its level is so low that only the embankment on the river side prevents its being flooded; and there is an alluvial deposit of some

\* Mentioned in Domesday Book as part of the royal manor of Bermondsey.



depth which is admirably adapted for the purpose of the market gardener, though by no means conducive to the health of human residents. This humid stratum (the old river-bed in fact) forms the soil of the whole parish, and upon it the workhouse is built.

The workhouse consists of three distinct blocks of building. The main block, which fronts the east, is 300 years old, and is now used for the "able-bodied" and for offices. The block which lies on the west was built in 1837, and is now occupied by the "old and infirm," and by the midwifery and nursery wards. Lastly, the new infirmary, erected last year, stands in the garden, at some distance from the house.

The entire site, as already stated, is necessarily very damp; indeed the master told us that he had seen some portions of the workhouse actually under water. The drainage, however, is said to be good; and the water-supply (from the Southwark Company) is very satisfactory. There is professedly accommodation for 340 in the house; at the time of our visit the number of inmates was below 200. Beyond the separation of the sick and some unimportant arrangements, there is no classification properly so called. The fever and small-pox cases are sent away to London.

The one great virtue of Rotherhithe Workhouse is the new infirmary building. This contains two wards for males and two for females, which possess almost every requisite for the treatment of disease, and which we have much pleasure in commending. But even here we are annoyed at perceiving that the guardians, having acted so rightly in one important respect, have nevertheless paralysed their undertaking by neglecting to appoint proper nurses. There is only one paid nurse (with a salary of 20*l.*), and four pauper assistants, whose ages vary from sixty to seventy-five, and who wear the common house-dress. Not one of these last was either physically or mentally qualified for the duties of nursing.

But if the arrangements for the professedly sick are still very incomplete, those for the aged and infirm and the lying-in women cannot be said to deserve the name of



arrangements at all. In the first place, these poor creatures are, practically, left without any nurses; a fact which deserves strong reprobation. As for the sanitary accommodations for this part of the population, they are disgraceful, and such as cannot with decency be fully commented on. We may mention that there are no bath-rooms and *no water-closets* attached to the infirm or to the midwifery wards; and the aged custodian (nurse she cannot be called) of one of these wards confessed that she obliged the women in this ward, *whatever their condition*, to go to the dry-closets in the yard, because she could not be at the pains to empty slops for them; and, in short, the whole state of things in these wards, as discovered by the questions addressed by the medical officer and ourselves to the inmates, must be denounced as entirely opposed to the directions of the Poor-law Board, and still more so to the dictates of enlightened medical science. The whole department demands entire reconstruction.

The different descriptions of food, which we examined with considerable care, appeared good, and the cooking satisfactory; but the dietaries themselves required a liberal extension, especially as regards the allowance of animal food. We saw some dietary tables which would shock the feelings of the public, and which, compared with our prison dietaries, reflect most painfully on the moral judgment of the guardians of Rotherhithe. One of these tables, we were glad to hear from the medical officer, has become practically obsolete. The great set-off to the evils which would otherwise be inflicted by the poorness of the dietaries, is the discretionary power entrusted to the medical officer, which he seems to use unchecked, of placing invalids upon extra diet.

The position and pay of the medical officer is a deplorable subject. He visits the house daily, and has about forty sick, besides the aged and infirm, under treatment; and attends about twelve midwifery cases yearly. For the whole of this duty, and for supplying and dispensing all the drugs, Mr.



Firth receives 35*l.* per annum ! Any comment on these facts would be quite superfluous.

The mortality of the year 1864 was eighty-eight, and presents nothing remarkable ; and there is no evidence of the outbreak of epidemic disease as far back as the records extend. This last circumstance is one for which the guardians are certainly not to be thanked.

In conclusion, we must notice the following striking points in the Rotherhithe infirmary :—

1st. The extraordinary contrast between the condition of the sick in the infirmary proper, and that of the aged and infirm ; many of the latter being entitled, from their condition, to exactly the same treatment as the former.

2nd. The absolute necessity either of enlarging the infirmary, or of so altering the present infirm wards as to bring them up to the level of modern requirements for treating the sick.

3rd. The necessity of placing all the sick, acute and chronic, under the care of properly educated and paid nurses, both for day and night.

4th. The need for a revision of all the diet-tables, and especially those for the sick and infirm.

5th. The necessity of revising the position and pay of the medical officer (which at present is disgraceful), and of placing under his care the sick, aged and infirm.

6th. The importance of providing that all drugs should be supplied by the guardians, and dispensed by some respectable chemist and druggist.



## BERMONDSEY INFIRMARY.

*From THE LANCET of Nov. 4, 1865.*

THE large parish of Bermondsey, containing 100,000 inhabitants, adjoins the borough of Southwark, and is the seat of many of the principal manufactories of the metropolis. Many of the trades carried on here are of the class which cause nuisances; as, for instance, tanneries, skin and hide dressing establishments, and offensive chemical works, besides a skin market. There are also many most noxious tidal ditches within the district, which are calculated to favour epidemic diseases, although in this respect there has been some improvement of late years, which may be chiefly attributed to the fears excited by the cholera epidemics of 1832 and 1848, the mortality in the latter year having been altogether unprecedented according to the experience of other districts.

The workhouse, a four-storied brick building with a basement, forms an almost square block, intersected by several airing yards, the south side being partially open, and the east and north sides somewhat irregular. The building dates from 1791, but additions were made in 1844; it is surrounded by various erections, except on the south side. The western portion is devoted to the infirmary proper; the infirm wards are in the east. The soil is clay, with peat beneath. The whole site is below high-water mark, and formerly was part of the bed of the Thames. The consequence of this is, that the house is often flooded, the water standing two feet deep in the basement! This accident can only be prevented by closing the mouth of the house-drain or sewer, in which case there is of course no escape for rainfall or sewage at such times. It is unnecessary to say a word more to condemn the site as utterly unfitted for a residence for the sick. The water-supply is derived from Thames Ditton, and seems to be pure and abundant; it is stored in brick tanks, which are periodically cleansed.

The house was built for 900 inmates, and at the time of



our visit contained only 470. The classification is by no means complete; amongst other particulars we noted that there is no ward for the separation of "foul" cases. The children are all sent, when they reach the age of five years, to the Sutton Schools.

As regards the sick wards (seven in number, three for males, and four for females), we are able to speak generally in terms of commendation. There is a decided deficiency in the allowance of cubic space, as is the case in nearly all workhouse infirmaries; but a great deal of attention is paid to subsidiary ventilation, and a tolerably free circulation of air seems to be secured. Moreover, the wards are well lighted, and the arrangements for warming are good. The bedsteads and bedding, with the single exception of the employment of flock-beds, to which we have objected on several previous occasions, are thoroughly good, and in particular there is excellent provision made for "wet" cases; the bed-linen is good and clean, and the personal cleanliness of the patients is thoroughly well cared for; in fact, it is evident that the master, Mr. Hodgkins, carries out good discipline among his subordinates. The waterclosets, lavatories, and water-supply to each ward also appeared well ordered and well kept.

The lying-in ward, in which from thirty to forty births take place annually, is strikingly free from odour, and the beds are clean; moreover, the labour-bed is well contrived for the purpose of preventing stains on the floor, as it stands on lead sheeting, with an elevated rim around its margin. There is some danger, however, that without close watching the boards beneath might rot and become offensive. We were assured by the medical officer, Dr. Cuolahan, who obligingly accompanied us, and gave us free access to his records and books, that he has not lost one case from puerperal fever or any other cause connected with parturition.

The wards for the infirm present a marked contrast with those for the sick; in fact, they are excessively bad. Two of them especially, which are called "Lazarus" and "Aaron"



respectively, are very dirty, and deficient in both light and air. The occupants were the most thoroughly "pauperized" set we have seen in any of our visitations, herding together in a miserable manner in the midst of conditions which must render any medical treatment of their chronic diseases of little avail. Their watercloset and urinal (abutting on the dead-house) stink so offensively as to poison the whole atmosphere of their airing-court, and must, doubtless, have had a share in aggravating the epidemics from which the establishment has formerly suffered.

The arrangements which are made for the accommodation of the wayfaring class, or "tramps" in Bermondsey, have already attracted the indignant notice of the Poor-law Board and the public press, and may be shortly and justly described as altogether brutal. The peculiar conditions of the parish render it inevitable that this class of paupers should exist in great numbers, the fluctuations of commercial and manufacturing operations frequently throwing many working people at once out of employment; and as these poor folk are not distinguished by provident habits, their application for casual relief follows as a necessary consequence. Of this the guardians must be well aware. Yet the fact is that, although as many as forty or fifty persons have been known to apply for shelter in a single night, the authorities have only provided accommodation for twenty-four persons, and even such shelter as they give is *not fit for a dog*. We use these words advisedly, and we are sure our readers will endorse them when they learn that the beds provided consist simply of bunks, or long orange-boxes, with a wooden log for a pillow, a blanket and rug to cover the sleeper, *and not even a bit of straw for him to lie on!* We believe that the guardians of Bermondsey are entitled to the distinction of being entirely singular in their mode of lodging the houseless poor.

The peep which these facts give us into the psychology of the Bermondsey authorities quite prepares us for the discovery that the nursing department, including night-



nursing, in defiance of common sense and the recommendation of the Poor-law Board, is committed exclusively to twenty-two pauper inmates, who are remunerated merely by improved diet, and, in some cases, a special dress. But we were not a little astonished and pained to find both the master and the surgeon arguing in favour of this state of things, which the general voice of the medical profession, equally with the Poor-law Board, has loudly condemned; and we know of no better argument to convince all reasonable persons that the central board should, without delay, be armed with powers sufficient to enable it to compel this disgraceful state of things to cease.

With regard to the quality of food supplied and the cooking, we are able to speak on the whole with satisfaction. But when we examine the *amounts* of nourishment allowed (except to the sick, with respect to whom the medical officer is allowed all proper freedom of action), our satisfaction ceases. 15 oz. of meat, 24 oz. of potatoes, three pints of soup, 84 oz. of bread (besides gruel for the able-bodied, and tea, sugar, and butter for the aged and infirm) per week, is an altogether insufficient allowance, and, to the infirm class especially, must be considered as hard treatment.

The medical officer of Bermondsey Workhouse has arduous duties; for in addition to 100 sick and infirm in the house, he has medical charge of a parish district. For all the labour involved in these two offices, and for all drugs and extras, he receives 150*l.* per annum! He attends the house daily, recording his visits, and also the whole of his orders and directions, in a book, which is well and regularly kept.

The diseases admitted into the infirmary are chiefly chronic affections of the heart and lungs, diseases of the brain and nervous system, scrofulous affections, and ulcers of the leg—disorders attributable, to a large extent, to privation and distress. The cholera outbreaks of 1832 and 1848 told severely on the Bermondsey poor, and in all probability a new epidemic would have similar effects; meantime the workhouse, in its present condition, could not



with safety receive cases of this terrible malady, and indeed is in a state to foster epidemic diseases generally. In 1863 a wardsman contracted "typhus" (or more probably typhoid) fever, in consequence, it was believed, of sleeping near the deadhouse and the offensive closet already denounced; and subsequently a nurse was attacked, and died in the Fever Hospital. There can be no doubt that the infirm department constitutes a potential "fever-nest" of a very dangerous kind. An analysis of the mortality for seven years has been kindly made for us by the officials, and shows the following causes of death. The total mortality was 855; of these, 95 came under the zymotic class (including 34 cases of Asiatic cholera\* in the last epidemic), 167 under tubercular diseases, 139 under diseases of the brain and nervous system, 174 under diseases of the respiratory organs, 156 under "decay of nature," 35 under heart diseases, 23 under diseases of the digestive organs, 10 under kidney diseases, 9 under uterine disorders, 8 under cancer, 6 under dropsy, 5 under abscess, 6 under premature birth, 6 from deficient supply of breast-milk, 4 from diseases of the joints, &c., besides 10 sudden deaths, of which the causes are not specified. There is nothing on the face of this table of deaths which seems to challenge particular observation; yet we cannot but think that an exact analysis, if such were possible, of the causes of the various deaths from "diarrhœa," "tabes," "convulsions," &c., might reveal serious mischief resulting from an improper dietary. We are strongly tempted to entertain this idea by one feature of the diet-tables as yet unmentioned—viz., the reckless disregard which they evidence of the necessity of supplying *milk* in good quantity to young children; in this point of view the dietary of Bermondsey is extremely reprehensible, *only half a pint of milk-and-water per diem* (with an additional allowance, twice a week, of half a pint of rice-milk) being allowed to children between two and five years.

\* During the months of July, August, and September, 1849, there were 61 deaths in the infirmary, 28 being inmates.



This is a very grave defect, and one which can scarcely fail to be very mischievous.

To conclude :—

1. The infirmary of Bermondsey occupies an entirely improper site, and ought to be rebuilt in an elevated situation.

2. In view of the needs of the parish, a separate fever-house should be built adjoining such new infirmary.

3. Properly trained and paid nurses are required.

4. The medical officer ought to receive the amount of his present salary for the workhouse duty alone, the guardians also finding all drugs, &c.

5. The sanitary arrangements of the infirm department are scandalously bad, and require immediate and thorough revisal.

6. Altogether new arrangements are needed for the casual poor, who are at present treated with great cruelty and neglect.

*The following Letter appeared in the "Times" of Nov. 9 :—*

*To the Editor of the "Times."*

Sir,—As the attention of the public is now concentrated on the condition and management of the metropolitan workhouse infirmaries, I shall be much obliged by your allowing me to correct some errors which are reproduced in a leading article in the *Times* of Tuesday from the report of THE LANCET commission on Bermondsey Workhouse.

Dealing with the data which you had before you, your comments on that report were undoubtedly just, and although, so far as I am personally concerned, I have, as the report shows, scarcely any ground for dissatisfaction with the result of the commissioner's inquiry, yet I feel bound, in the cause of truth and justice, to lay before you a plain statement of facts.

Two of the infirm wards, called "Lazarus" and "Aaron," are described as being very dirty. This is really not the



case, for the ceilings and upper half of the walls are perfectly white, and the lower half of the walls is painted a stone colour. The bedsteads and bedding are precisely the same as those in the infirmary, and the floor is as clean as the frequent application of brush and soap can make it.

The occupants of these wards are not "herded together"—each has a separate bed, and, although they are stigmatized as a "pauperized set," extra diet with porter or wine is allowed to most of them. Their ailments, as a general rule, do not easily admit of curative treatment, as they are accompaniments of effete life. The water-closet and urinal give out, of course, characteristic effluvia within their precincts, but it is too much to say that they "stink so offensively as to poison the atmosphere of the airing-court, and constitute a fever nest of a dangerous character." During the last nine years no case of fever had occurred in these wards, nor has there been an epidemic of any kind, except measles and scarlatina, in the workhouse.

I have now before me reports on the workhouse by Dr. Sutherland, who was sent down specially by the Board of Health with the view of ascertaining its condition as regards cleanliness and ventilation, by Mr. Farnall, and by the Lunacy Commissioners, the following extracts from which show the result of their inspection. The house is described as being "remarkably clean and well kept." The wards "perfectly sweet and healthy, and in all respects in good order." "The rooms and yards perfectly clean, as also the beds and bedding." "The inmates are contented and clean in their persons."

The chaplain, the rector of the parish, the Roman Catholic clergyman, and the city missionaries have from time to time borne testimony to the cleanliness of every ward in the house.

I will merely allude to the question of nursing in order to dismiss it with the remark that a paid nurse has for several years past exercised an intelligent surveillance over this department.

The general diet would be "insufficient," and that of the



infirm be considered "hard treatment" indeed, if the quantities specified by THE LANCET Commissioner were correct. In the return of weekly amounts I find that about  $2\frac{1}{2}$  lb. of pudding, cheese, and bread, as well as soup, are entirely omitted. This dietary table was framed by the late Mr. Grainger, and sanctioned by the Poor-law Board. The dietary table of the children can scarcely be thought insufficient when it will be found to consist of half a pint of tea and 4 oz. of bread and butter for breakfast; 4 oz. of roast mutton, with potatoes, on three days; 8 oz. of suet pudding on two days, and half a pint of rice milk on two days, for dinner; and milk, with bread and butter, for the evening meal. Their healthy appearance and general exemption from those diseases which are caused by innutritious diet show that in this respect they are not neglected.

To the great credit of the local authorities there have been no "tidal ditches" within the district of the workhouse for a great many years, and I believe I may with confidence state that there is not one now in the parish. The basement floor of the house is sometimes flooded at spring-tide, but I am informed that when the main drainage is completed this will be prevented.

With the sleeping arrangements for the vagrants I have nothing to do, but I can say, without fear of refutation, that THE LANCET Commissioner is mistaken as to the source from which this class arises. Every person acquainted with Bermondsey must know that there are no "peculiar conditions of the parish rendering inevitable the existence of this class of paupers," as the persons who may chance to be thrown out of employment by the "fluctuations of commercial and manufacturing operations" are invariably those who either enter the house or receive out-door relief; consequently the inference in the commissioner's report that the guardians should have provided against such a contingency is incorrect. Probably the guardians may understand their obligations under the provisions of the Act, but they are now making ample arrangements for the accommodation of the wayfaring



class, and I have no doubt that the management of that department will be carried out with kindness and consideration.

The Board of Guardians of this parish have been rather roughly handled by the public press, and if all that has been said against them were true they might reasonably be classed among the worst types of humanity. But I submit that such is not the case. They are men who are known to be actuated by benevolent and philanthropic sentiments, and who, with laudable anxiety, seek to efficiently discharge the duties of their important position for the comfort of the poor and to the satisfaction of the public.

Apologizing for thus occupying so much of your valuable space,

I have the honour to be, Sir, your obedient servant,

HUGH CUOLAHAN, M.D.,

Nov. 8. *Medical Officer of the Bermondsey Workhouse.*

*It was answered by Dr. Carr, as follows:—*

*To the Editor of the "Times."*

Sir,—I much regret that the medical officer of the Bermondsey Workhouse should think it consistent with his duty to appear as the apologist for the abuses which it has been my unpleasant task to disclose in reporting on that house on behalf of THE LANCET. Any one who has read or will take the trouble to read the report of the Commission as a whole will easily see that I have been not only willing but anxious to afford the fullest credit to the guardians and their officers for everything which could be fairly commended, and I am very sure that in every particular my statement will be found not only just and accurate, but leaning throughout to a favourable view of the condition of things in the Bermondsey Infirmary.

The medical officer complains that I have described the infirm wards "Lazarus" and "Aaron" in too unfavourable



terms. I have, however, to repeat that I find them bad and deficient in light and air, the ceilings being low and the wards defective in cubic space. The light is admitted only on one side, and the wards are strikingly dark and desolate. The chronically infirm inmates, whom the medical officer truly describes as suffering from the affections of "effete life," were herding miserably together in the neighbourhood of the little daylight admitted into the room, and were without occupation or amusement. The wards were without any kind of engravings, and I saw no books, papers, or other indication of intelligent care. These wards presented a marked contrast to others which I inspected in this house, and of which I have spoken in terms of commendation. But these wards, let me add, have been represented to the guardians by the master and by the medical officer himself as "being indifferently ventilated, the backs having a building abutting on them,"—an euphemistic and formal way of stating the defects of which I have described the results in plain English.

THE LANCET report states—"Their water-closet and urinal (abutting on the dead-house) stink so offensively as to poison the whole atmosphere of their airing-court, and must doubtless have had a share in aggravating the epidemics from which the establishment has formerly suffered." The medical officer admits that they give out "characteristic effluvia within their precincts." To this admission let me add that it is within my knowledge that the wardsman, whose room is in close contact with these acknowledged sources of zymotic disease, contracted fever at a date prior to my visit, and was sent to his friends. Subsequently a nurse also was taken with fever, and about the time of my visit in May last a nurse was sent to the Fever Hospital and died there. These facts may serve to indicate the propriety of designating the nuisances described as "potential sources of fever." Again, I have stated that "the nursing department, including night nursing," in defiance of common sense and the recommendation of the Poor-law Board, is committed ex-



clusively to 22 pauper inmates, who are remunerated merely by improved diet, and, in some cases, a special dress. The medical officer "merely alludes to the question of nursing in order to dismiss it with the remark that a paid nurse has for several years past exercised an intelligent *surveillance* over this department."

I don't think, Sir, that those who are acquainted with the evils of pauper nursing, and a deficiency of night-nursing, will be disposed to dismiss the matter quite so easily. And as to the alleged efficiency of the one paid officer for the purpose in question, let me quote the following extract from a return to an order of the House of Commons, dated May 25th of the present year, corresponding with the period of my visit:—"Mary Jane Scott" is there described officially as "more of an assistant to the matron than a nurse. She superintends the work of the female able-bodied inmates, attends to the duties required to be performed on their admission, &c." Your readers will probably be able to judge from these comparative statements of the validity of the grounds on which the medical officer comes forward to defend the *status quo* at the Bermondsey Infirmary. Perhaps I should add that it is within my knowledge that the medical officer and the master have expressed a formal opposition to the introduction of paid nurses—a reform which I and my colleagues concur with the Poor-law Board in considering as one of primary necessity.

As to diet, the especial defects which I pointed out in the tables (of which I enclose a printed copy) are especially the smallness of the quantity of meat for adults—only 15 oz. per week for people chronically feeble and infirm—and the deficiency of milk for children from two to five years—only half a pint of "milk and water" daily, with half a pint of rice-milk twice a week. I have no hesitation in repeating the statement that milk ought to enter much more largely into the diet of the children. The dietary for the use of the infirm requires total revision in this as in most of the other houses.



On the subject of the badness and wetness of the site, it is, perhaps, only necessary for me here to quote the very words of the medical officer—that “the basement floor of the house is sometimes flooded at spring-tides.”

I am glad to see that he does not attempt to defend the arrangements for the reception of the houseless poor, which I have felt compelled to characterize in my report as “not fit for a dog,” the “beds” consisting of bunks or long orange boxes, with a wooden log for a pillow, and not even a bit of straw for the sleepers to lie upon. It may be consistent with the opinions of the medical officer to describe his guardians as actuated by “philanthropic and benevolent sentiments,” &c., but I think it will be generally felt that the above arrangements leave still an ample verge for the exercise of those qualities.

I am, Sir, your obedient servant,

THE AUTHOR OF THE REPORT OF “THE LANCET” COMMISSION ON THE INFIRMARY OF THE BERMONDSEY WORKHOUSE.

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#### SUPPLEMENTARY REPORT.

*From THE LANCET of Nov. 18, 1865.*

The report which was published in THE LANCET of the fourth instant upon this house has been met by a counter-statement from the medical officer, Dr. Cuolahan, addressed to the *Times*, denying the general justice of the strictures to which we have given publication, and specially alleging certain inaccuracies in the report. The sole object of these reports has been to present a correct view of the management of these houses, so that those who live outside the workhouse infirmary may gain an idea of what goes on inside. Hence, in addition to supplying the grounds on which the original statements of the Commission were made, in a letter addressed to the same journal, which might have been considered a sufficient demonstration of



the justice of those remarks, and has certainly shown the extreme weakness of the case set up in reply, we have caused the house to be visited anew this week. The result is not only to confirm the general verdict in its character of condemnation, but to disclose further and stronger grounds for calling upon the guardians to consider the propriety of removing the inmates from a house which is in so many respects unfit for the purposes to which it is applied.

As to the wards "Lazarus" and "Aaron," no amount of soap and water can render them fit for habitation by the infirm. The medical officer is, indeed, so ready to admit their radical defects as infirm wards—their lowness, want of light, deficient cubic space, bad ventilation, and unsatisfactory construction,—that it is to be regretted that he should have felt justified in appearing publicly as their apologist. They are simply wretched; and if, instead of being used as they now are, both for day and night-rooms for the infirm, one was used as a day-room and the other as a night-room, and for half the number of patients, which would be an improvement, they would still be entirely unfit for such occupancy. Moreover, we found in them a great deficiency of ordinary comforts for the sick: no prints on the walls; no bed-rests to allow the bed-ridden to sit up; a want of cushions or footstools. In one of them, together with the aged and infirm, is a gibbering idiot, and a boy subject to fits: both of whom ought, in our opinion, to be removed. The idiot is "dirty," and his bed is made with cocoa-nut fibre, which is nightly wetted, and then dried in the yard. We found it, however, smelling very offensively; and the wooden bottom of the bed still more wet, dirty, and offensive. Another bed in the same ward was also wet and offensive. The patients are, indeed, very miserable-looking, and occupying as they do these bad wards day and night, cannot be said to be properly treated. These wards, poorly lighted from only one side, and abutting on the dead-house and general urinal at the end, we again emphatically condemn, while doing the master the justice to say that we



believe all that the scrubbing-brush can do for them is done.

While on the subject of the infirm wards, we may refer to two others—Jacob wards, Nos. 1 and 2—which are overcrowded and miserable. They have six beds each, and in fact lodge each six patients day and night. But “boarders” are sent to them in the day; so that in the evening when we arrived at No. 1, towards the close of our last visit, with thirteen people crowded into a small room, and fire and gas burning, the atmosphere was excessively bad. It is an aggravation of a serious defect that these infirm patients should not only have no day-room, but that their small rooms should be used as meal-rooms for “boarders.” The aspect of Jacob ward, with sick patients lying around it, one or two very ill, and others crowded around a little table set close against the beds to supper, is discreditable to the guardians.

Again, both in the infirm and sick wards there is a general air of untidiness and a practical uncleanness and discomfort arising from the absence of any locker or shelf where the patients could place their knife and fork, mug, and any little articles of necessity which are not kept in the store-rooms. Shelves are extemporized on the window-ledge and under the beds, where cups and saucers (with now and then an egg or bit of bread) are in friendly juxtaposition with much less cleanly utensils; and in numbers of the beds, on turning them down, cups and saucers, spoons, knives and forks, bread-and-butter, &c., tumbled out. The bed seems, indeed, to be a sort of cupboard-ordinary for small odds and ends, not excluding boxes of matches. It is not only that this is uncleanly and objectionable, and that it illustrates the necessity for a little shelf or locker for the convenience of the sick and infirm, such as we find in hospitals; but it is so contrary to discipline that we can but wonder whether “visiting guardians,” in going through the wards, ever turn down beds as they pass them. In most of the wards there is a cupboard at the end for stores, where we find



brushes and pails below, and ink-bottles, medicine-bottles, and remnants of food above, in slovenly juxtaposition.

Passing from ward to ward through the old part of the building, no one can fail to be struck with the extreme badness of the construction. Narrow, low, and tortuous staircases ; wards built leading one from another with a water-closet opening between them, low roofs, and inherent difficulties of ventilation met by ingenious contrivances, which ought not to be necessary, only suggest the question why the guardians did not pull down this rotten old building and remove the patients when they had the chance of selling it. We believe 4000*l.* was offered for the old building, and it would have been a great blessing to get rid of it. Some of the wards, besides those specially referred to, are extremely ill-fitted for use. On entering the lying-in ward, one passes into a slip of a room containing a labour-bed ; into this little room—forming part of it in fact—opens the closet, from which proceeded one of the foulest stench it was ever our misfortune to endure. The cubic space of the ward for lying-in women is deficient ; we were not furnished with the measurements, but it is certainly overcrowded, and we are bound to say that it was not in a satisfactory state. The nurse, an aged woman of seventy-four, is far too old and feeble for her onerous duties. There is an average of forty-two labours a year here. We found three beds out of six soak through with discharges, so that even the under surface of the flock mattress was stiff with discharges and blood which had soaked through them. We were told by the nurse that this was inevitable with lying-in women—a statement so inaccurate and improper as in itself to condemn the management.

The infirmary itself is comparatively a small one, containing about twenty-seven women and twenty-nine men. We wish we could say more in its favour than was said in our last report ; but while that report exhausted all that could be said on that side, it only hinted at defects which it is now necessary to state more plainly. There is a great



defect of nursing, on the female side especially. One pauper nurse and helper have the charge of these wards and of twenty-nine women night and day. If they were skilful and paid nurses, trained in a good school, they would still be utterly incompetent to the duty. We heartily believe that the medical officer is anxious that his patients should be well cared for ; but the fact is that they are not. We found here three dirty patients, whose beds were in a filthy state—they had no macintoshes under them : and one poor creature was in an indescribably disgusting condition. One dirty patient, an epileptic, had a macintosh. We do not doubt the statement that macintoshes might have been had if they had been asked for ; but the fact is that they were not being used, and the state of these patients was such as no hospital physician or surgeon would tolerate for a moment. We will allow the whole blame to rest upon the nurse, but this merely strengthens the statement, which we have many times had occasion to make, that pauper nurses are not to be trusted. This one was declared to be a very good specimen of her class. In the same ward we found a metal night-pan highly offensive : and others in different wards also offensive. The medical officer complained that he could not get the nurses to remove them immediately they were used, as he directed. In the first place we protest against metal soil-pans as evitably foul-smelling ; and in the second we would observe that good nurses *can* be made to perform their duty properly. A night-nurse is wanted for these wards. It is a great practical cruelty to leave twenty-nine sick people in these wards without such assistance ; and we press this upon the guardians as a step which ought to be taken immediately. The one “paid nurse” mentioned by Dr. Cuolahan we saw. She is, as described in the official return, the assistant matron. She had that day superintended the work of the women, given out the linen, looked after the washing, discharged females, given out clothing and passed through the wards. Nothing can more clearly show the weakness of the case than the at-



tempt to describe her as a paid nurse. Bed-rests, bed-pulls, shelves, &c., should also be furnished, and the walls brightened up a little. More shawls are needed for those who can sit up.

In the male infirmary wards we found no "dirty" patients and no dirty beds. And here we may take occasion to remark that whenever the patients were of cleanly habits the beds were found clean, for sheets are changed in this work-house once a week; and, again, that the walls and floors are thoroughly scrubbed. There is a night-wardsman in the male sick wards; and this should be an additional reason for furnishing a nurse for the females. Before quitting the infirmary wards we may take leave to mention one other general measure which ought, in our opinion, to be adopted. Seeing no prescription-cards over the beds, we asked the medical officer how he knew what were the medicines in use, and how he arranged the alterations. We learnt that he made mental arrangements, prescribing mentally for his patients, and making up their medicines subsequently from recollection. There is no prescription-book or record of treatment. The dispensing is done partly by himself or an assistant, and partly by a pauper helper. We do not wish to comment on these arrangements; we fear it will be sufficiently unpleasant to Dr. Cuolahan that they should be mentioned. We cannot but believe that, having been noticed, they will be altered. And we must regret that, on the whole, we cannot speak of the infirmary ward management in terms of commendation. It is not such as ought to continue. The first step will be to get satisfactory paid nurses who understand and will do their duty, and to provide a night-nurse; and the second, to revise the medical arrangements, keep a brief record of prescriptions, and supply further substantial comforts.

Another room which requires re-arrangement is that provided as a day-room for imbeciles, aged women, &c. It is extremely bare and wretched. The poor creatures who are doomed to spend here the remnant of their lives were sitting



on a range of benches against the wall, listless and miserable ; in front of them only a bare deal floor and an empty space, with not even a table in the room, nor any object of interest. When we entered it, the monotony was varied by the excitement of a troublesome and noisy lunatic ; but we believe this is only an occasional break. Something more certainly ought to be done to occupy and amuse these poor creatures, and the room ought to be furnished with tables and chairs, and some semblance of comfort given to it. At present, such a scene perpetually endured is enough to make an idiot of a sane person.

We can once more speak in terms of praise of several of the new wards and dormitories for the able-bodied. They are light, clean, and sweet ; but the objectionable practice of putting women to sleep two together still exists in some of them.

The general day arrangements for the so-called able-bodied call for earnest remonstrance. We had not previously looked into this matter, as being in a measure beyond the scope of our inquiry, which deals especially with the treatment of the sick and infirm in workhouses. Letters, however, received from inmates had entreated that we would examine the day-room for able-bodied men. We found here a room which, in the absence of all fittings, is little more than a covered barn, holding one hundred and fifty persons. Of the hundred and fifty, from seventy to eighty are aged and disabled, but about seventy are able to work, and the guardians have had the happy idea of converting the day-room into a wood-store and chopping-shed. Hence the miserable disabled "able-bodied" are stationed on small narrow benches set against the white-washed brick-wall, and even of these we understand there is a deficiency ; and all the central space is occupied by masses of wood which the rest are employed in cutting and chopping : it is stacked against the hot pipes to dry, and the steam of the damp wood drying adds to the delights of this apartment. In the day-room we found a boy subject to very frequent fits, and who ought not to be there. Here again we abstain from



comment. We will not characterize this arrangement as we think it deserves ; but we do strongly represent to the guardians that if they wish to preserve the respect of their fellows, or to discharge their duties to the public, they should provide a decent day-room, with ordinary comforts, for the sixty or seventy unable to work. The "airing grounds" of this house are small, narrow, paved courts, surrounded by high buildings, and used daily for drying wet clothes.

And now let us ask what all this means? In the first place, we must express a conviction that the master of the house, Mr. Henry Hodgkins, does his utmost for the inmates ; he is a kind-hearted and able man. We know that he has effected very considerable improvements ; and he is deeply pained that at the end of many years of honourable efforts to do his best in his responsible and most laborious position, he is exposed to the unpleasant inferences arising from the statements which have been made in the public press concerning cruelty to vagrants, and from our own reports on the defects of the house. There are radical defects about the house, which can only be remedied by building one elsewhere, where a fitting construction can be adopted, and where space can be had for grounds for airing. The excuse for the day-room is, that there is no other : the same apology is offered for the overcrowding of Jacob wards, and the inversion of common sense in sending other patients to dine in these little bedrooms by the side of the beds of the infirm. Neither the master nor the medical officer, nor indeed any reasonable person, can defend the use of such rooms for wards as those of Aaron and Lazarus : indeed we may fairly say that when put to it they do not attempt to do so, although they have made a sort of loyal fight. They only say that they have made the best of them, and acknowledge that they ought to be done away with altogether. With a better house, with paid nurses, and with a higher class of guardians, we should soon be able to tell a very different tale



about the Bermondsey paupers ; meantime we have indicated some immediate improvements which are required. It is true that some of the guardians appear extremely well satisfied. We were anxious to see some of the reports of the Visiting Committee, and can only say that if they were printed *verbatim et literatim*, probably it would be less difficult for many to understand how the present state of things in workhouses came about, and why they are continued. One gentleman describes the state of the house as “*verey* good ;” elsewhere it is described, more emphatically, as “*verry* good.” In one place we learn that all “appears” quiet ; elsewhere, “all serene.” Occasionally we find “yeas” as an affirmative entry. And in answer to the printed question, “Are the lunatics quiet ?” is the reply, “Yes, they *hare*.” And there are other entries yet more highly literate and creditable, both in spelling and caligraphy.

Dr. Cuolahan quoted against our former report some favourable expressions of Dr. Sutherland. We find that they date from 1854 ; and that Dr. Cuolahan has omitted to state that at the close of his report Dr. Sutherland reprobrates the overcrowding, and expresses fears for the house should the cholera come. These fears were shown by the event to be perfectly well founded.

For ourselves we have a correction to make. In the report of our Commissioner it is stated that the inmates of “Aaron” and “Lazarus” wards, who were “herding miserably together,” were without books or papers. The fact of no books and papers being seen there is accounted for by the circumstance that they are stated to have been in the cupboard, and not in actual use. But there is an excellent lending library in the house, which is looked after carefully by the chaplain, and the patients are allowed the use of this and of newspapers under simple and appropriate regulations.

\* On the occasion of our final visit a day or two since the numbers were much higher than this, every department being full ; and the general population of the house was more than 100 above the estimated number.



## ST. PANCRAS INFIRMARY.

*From THE LANCET of Dec. 23, 1865.*

THE St. Pancras Workhouse is in every respect one of the most important in the metropolis, not only on account of the very large number of inmates (1869, according to the estimate of the Poor-law Board, but really a much larger number at times) which it contains, but especially on account of the large number of sick persons who are treated within its walls. It possesses, in the first place, a special separate infirmary; this is placed in a four-storied building which occupies more than half one side of the large rectangle formed by the workhouse buildings. The "infirm" wards occupy the whole of another block (two-storied), which stands on the same side of the enclosure, and also the two upper stories of an extensive range of buildings on the opposite side. The "insane" wards fill the lower story of the latter range. On the 28th of January, 1865, as appears from the official return procured by Mr. Farnall, there were 232 inmates of the infirmary, 746 inmates of the infirm wards, and 116 insane,\* making a total of 1112 persons more or less under medical care and inspection; nor does this estimate take any account of the lying-in department, or of the nursery, with its important population, 36 in number.

If we were to take only the infirmary proper and the insane department as under strictly medical charge, we have here an hospital which equals in size and importance such establishments as St. George's or the Middlesex Hospital. Under these circumstances, the first question which an observer naturally asks is, whether the guardians have provided a staff of medical officers and of skilled nurses which in any way corresponds to the needs of an hospital of this size. The class of cases admitted to the infirmary and insane

\* On the occasion of our final visit, a day or two since, the numbers were much higher than this, every department being fuller; and the general population of the house was more than 100 above the estimated number.



wards are the subjects of diseases very nearly as severe, and requiring as much and as continuous medical attention, as those of any metropolitan hospital or county lunatic asylum with the exception of the surgical department); and the combination of the two establishments under one roof renders the task of medical administration a singularly difficult and responsible one. What, then, is the strength of the medical staff? There are *two resident medical officers* to attend to the whole of these enormously burdensome hospital duties, who are also charged with the care of the lying-in department, the 700 and odd infirm persons (many of whom are *seriously* ill), and the general medical superintendence of the house! That is to say, the medical staff is about one-fourth as large as would be tolerated for an instant by the managing committee of any charity for the sick which was open to the light of day and the criticisms of the medical profession and the public.

The fact which we have now mentioned would raise the suspicion that the guardians of St. Pancras are ignorant of their duties towards the enormous and heterogeneous population of their workhouse. At the first glance this suspicion does not seem to be borne out by actual inspection. The natural advantages of the site of the workhouse are very great: the situation is elevated, and the soil gravelly; and although the buildings are arranged in the vicious form of a rectangle, their division into separate blocks allows of a considerable circulation of fresh air. The general drainage and the water-supply are good. The infirmary wards are, with few exceptions, light and cheerful, with two rows of windows; and the insane wards may be described in the same terms, with the exception of a gloomy apartment tenanted by female epileptics. Several of the infirm wards, however, are low-pitched and very dark; and the block which contains the lying-in department and the nursery is objectionably placed, being so situated behind other buildings that its light and air are seriously interfered with. This whole department must be described as unhealthy and im



proper in its arrangement. The furniture of many wards is insufficient: thus a large number of the bedsteads were found by actual measurement to be only 5 feet 8 inches in length—a great cruelty to the patients; and the single flock mattress which is allowed to each bed was, on the occasion of our first visit, found lumpy and uncomfortable, in many instances, from its inadequate stuffing. We learned that the guardians, from motives of economy, had actually reduced the allowance of stuffing for each mattress from 40 lbs. to 25 lbs. ! There appears to be an improvement in this respect at present. There are only about four hand-basins for the washing purposes of each of the larger wards, containing about thirty-one patients. The average allowance of cubic space to each bed in the infirmary proper is 531 feet in the men's side, and 615 feet in the women's side; and although by the aid of open windows and Arnott's ventilators the air may be kept tolerably sweet in warm weather, yet with a lower temperature and the consequent inevitable closing of ventilating openings, the atmosphere must be very close, even were the nominal number of inmates never exceeded. But by a gross abuse it has become the practice to allow great overcrowding in the winter months, so much so that the floors of some wards have been spread with beds for patients who could not otherwise be accommodated. And the allowance of cubic space in some of the infirm wards is very far below the above-mentioned standard. Our attention was especially attracted also to the nursery, in which thirty-six children were crowded together in an unhealthy manner; the apartment smelt bad, and we were shocked to find that, although the majority of the children were washed in this room, there was but one *tub* for them all, and no other convenience for ablution. There was a great deficiency of towels throughout all the wards, and this circumstance was unpleasantly obvious in the men's itch and syphilis ward. On inquiry, we find that this neglect is the fault of the nurses only. Hot and cold water taps were found in each ward; but there are no proper bath-rooms or lavatories, and only



four moveable baths to the whole infirmary. The ventilation of several waterclosets which adjoined infirm wards was found to be deficient. One closet, in particular, smelt very offensive; the tap for flushing it would not act, and the pan was very foul.

One of the consequences of the various onslaughts which have been made from time to time on the abuses of St. Pancras Workhouse is the adoption of paid nurses in numbers which are unusual in workhouses: altogether there are sixteen of these functionaries, whose united salaries amount to about 340*l.* per annum. Their good influence is plainly visible in the general style of neatness and efficiency, comparatively speaking, which marks the nursing in this establishment; still it is only an instalment of what is urgently required to be done in this direction. The night-nursing, for instance, is still committed to the charge of pauper nurses, although there is a "night superintendent," whose duty it is to watch over this department in the infirmary. The paid nurses in the insane department deserve especial commendation, though they are far too few in number, and there is no really efficient arrangement for night-nursing of the insane.

The insane department of St. Pancras Workhouse possesses special features which require notice. As has been recently shown (in an article in the *Journal of Mental Science* for October), the guardians of several unions, and notably those of St. Pancras, have latterly shown a disposition to attempt the treatment of all cases of insanity occurring amongst paupers in the workhouse, rather than incur the larger expense of maintaining them in County Asylums. It is quite impossible that this can be done properly with any such organization as can be found in existing workhouses. Here, for instance, at St. Pancras, there are at present no less than 140 insane patients, presenting every variety of mental alienation, and great numbers of them suffering from the more severe and acute forms of the disease. The only medical supervision which they can have is that of the two



excellent and conscientious resident officers, who are already extravagantly overworked by having 240 acute cases of sickness and more than 700 infirm patients under their charge; and it is plain that such medical attendance is altogether inadequate to the necessities of the case. A few good paid nurses (one man and three women) have been provided, and some praiseworthy attempts have been made to give the wards a cheerful appearance and to furnish the patients with amusements. But the day-rooms, especially that for men, are too small; there are no means of secluding violent male cases except in the padded rooms; the exercise-grounds are miserably confined; and there are none of those opportunities for healthy labour, especially in the open air, which are so particularly necessary for melancholic and for many demented patients. We found an entire absence of macintoshes for wet cases, and only one air-cushion in the whole department. In short, there is a superficial and mischievous imitation of proper asylum treatment, such as can alone be expected to furnish a large proportion of cured or improved cases of insanity; and we must repeat the protest often made by the Commissioners in Lunacy against the cruelty and shortsighted folly of the guardians in attempting to charge their meagre establishments with the additional responsibility of maintaining insane wards for any but the most harmless and incurable cases of imbecility. Even the object of economy is not really gained by it.

The medical officers—Dr. Roberts, and his assistant, Mr. Butt—are both provided with comfortable apartments in the infirmary, and with board, firing, gas, washing, &c. Their salaries are 160*l.* and 85*l.* per annum respectively. All drugs are found by the guardians; and a salaried dispenser is kept, who makes up all medicines.\* Full liberty of ac-

\* On further inquiry, we learn that the dispenser, instead of being constantly resident on the premises, as of course he should be, comes at nine in the morning, and leaves at four in the afternoon. All the dispensing needed at other times is thus thrown upon the unfortunate medical officers.



tion said to be accorded to the medical officers, both as regards the use of expensive drugs and of extra articles of diet. So far as these things go, it may be said that the position of the medical officers of St. Pancras Workhouse is a satisfactory one. But we must again remark, that it is utterly impossible for them to execute thoroughly well the work which is put into their hands; and we can only say that great credit is due to them for the zeal with which they endeavour to carry out the duties of their office.

The class of diseases admitted to the infirmary is, as we have already observed, nearly the same as would be found in an ordinary hospital. With regard to the prevalence of epidemic affections, taking the six years from 1858 to 1863 inclusive, we find the following history:—In 1858 an epidemic of measles, with much fatality; in 1859 again measles, though not so severe; in 1860 (the children having now been removed to the Hanwell schools, with the exception of a limited number of the younger ones) there was an almost entire exemption from epidemic disease; in 1861 and 1862, however, scarlatina and measles prevailed with severity, and there were several cases of erysipelas and puerperal fever in the lying-in ward; in 1863 there was severe and fatal small-pox, a good deal of measles, and a few cases of erysipelas, pyæmia, and puerperal fever. In earlier times St. Pancras Workhouse acquired a bad notoriety for harbouring fatal forms of continued fever; but since the sanitary improvements which followed on the Government inspection by Dr. Bence Jones, in 1856, matters have improved. At present zymotic disease are, as far as possible, excluded from the house, and, if accidentally admitted, are sent away to the Fever Hospital. The average mortality from all causes, during the seven years from 1857 to 1863 inclusive, was 410·85; the respective annual numbers being 347, 438, 376, 472, 464, 428, and 434. The average mortality, though large, might, perhaps, be accounted for by the numerous circumstances which are known to operate unavoidably on the death-rate of workhouses. But it is certainly remarkable that the death-rate



should have leaped from 345 in 1860, to 472 in 1861, seeing that this cannot be accounted for by zymotic diseases, which caused only 29 deaths altogether in the latter year ; in fact, the mortality from this latter cause is too small to account for any of the fluctuations during the seven years referred to. It might be conjectured that the distress amongst the poor which was caused by the American war was the source of the high mortality of the last three years, by crowding the workhouse with an unusual number of debilitated and diseased persons ; but there is no such theory to explain so high a death-rate as that which occurred in 1858—viz., 438, and the impression left on our minds is that defects in the management must from time to time have influenced the mortality in a very considerable degree.

To sum up our observations on the St. Pancras infirmary :—

1. We report that the wards of the infirmary proper and the insane department are in themselves deserving of praise ; but that the infirm wards, the nursery, and the lying-in wards, are by their construction unfit for the reception of sick persons.
2. All the wards are deficient in their allowance of cubic space, even when but moderately filled ; and the practice of overcrowding, which has been customary in the winter season, must render the wards in which it occurs unhealthy.
3. The furniture and conveniences, even of the infirmary wards, are insufficient ; that of some of the infirm wards very decidedly so. The water-closets are in several cases highly objectionable.
4. The nursing department requires further development by the engagement of additional paid nurses, and particularly by the establishment of a proper system of night-nursing.
5. The medical staff ought to be considerably augmented.
6. The present large insane department ought to be abolished, and only such cases of mental disease should be admitted as are chronic, incurable, and perfectly harmless.



All cases of mania, of melancholia, of insanity from drink, and of epilepsy, ought to be sent to the county asylum.

On the whole, we are able to report that the St. Pancras infirmary is one of those which might, with certain modifications of structure, and with an improved management, be developed into a good pauper hospital. This being the cases, we regret to learn that it probably cannot be retained, but will be sold to a railway company.

### ST. MARYLEBONE INFIRMARY.

*From THE LANCET of Dec. 23, 1865.*

THE St. Marylebone infirmary is only second to that of St. Pancras in size and importance. According to the Poor-law Board's estimate, the whole workhouse is adapted to contain 1800 inmates. The sick wards contain 323 beds; and, besides these, there are numerous infirm wards scattered through the body of the house, in which from 500 to 600 chronically diseased persons are lodged.

The infirmary proper, containing the sick wards, is separated from the rest of the house, and stands on the best part of the workhouse enclosure. Its principal length faces the wide Marylebone-road, from which it is divided by a wall, and, inside the latter, is an area of open ground more than equal in extent to that on which the building stands. On the two shorter sides, it is bounded respectively by Northumberland-street (forty feet wide), and by a narrow and densely populated court. In the rear, the infirmary is separated from the body of the house by the yards belonging to the men's portion of the general house and to the department for insane men. The principal mass of infirmary buildings is arranged in a quadrangle, to which admission is obtained by a separate lodge-gate. The area thus completely enclosed is small; the buildings which surround it are threestories high on the one side, only two stories on the other.



The arrangement of the body of the house and of the quadrangular part of the infirmary is very ill-calculated to favour the circulation of currents of air through the premises, owing to the irregular form of the buildings, which enclose a number of small confined yards. The quadrangle and front of the infirmary were built in 1792, and subsequent additions were made in 1817 and 1725. The elevation of the site and the character of the soil are all that could be desired for hospital purposes; and the general system of drainage and water-supply are excellent.

The wards of the infirmary proper are distinguished by an unusual, though still by no means an adequate, allowance of space. In summer, when the house is comparatively empty, this reaches to 700 or 800 cubic feet, and sometimes a good deal more, and it never sinks below 600 feet. But it must be remarked that this is effected by the unusual *height* of the rooms, their superficial area being very contracted. The aspects are various (unfortunately very few of the wards have a double row of windows), and accordingly their lightness and cheerfulness vary very greatly. Some of the wards, and especially those for idiotic patients, are particularly cheerful-looking in summer time, from the fact of their opening on the garden, and from being decorated with prints, a luxury which is conspicuously wanting in most of the sick wards. The "infirm wards" may be divided into two classes: those belonging to the first are bare and wide; those belonging to the second are bare and narrow. Many of these infirm wards are also very deficient in provisions for ventilation; but it must be acknowledged that throughout the house great pains are taken to make the most of such means as exist. The ward furniture is in some wards really good; in others, poor and mean. There are no short beds, as at St. Pancras. Basins and towels are decidedly more plentiful than at the last-named infirmary, and there is a proper supply of hot and cold water to each ward; but lavatories are as yet supplied to only a few wards and there is a great deficiency of proper bath-rooms. The



water-closets in the infirmary are on the "latrine" system, which, but for the vigilant care which is displayed by the officials, might degenerate, as it so often does, into a nuisance. At the time of our visit not the least annoyance from this source was perceptible; but we must protest against the practice of erecting closets to contain several people at once, without proper intervening *screens*. The closets here are lofty and well-ventilated on the whole. But in the infirm department there are several closets which are so bad that they ought to be immediately removed, as they are a source of real danger to the inmates of the wards to which they are attached. In concluding our description of the wards, it is proper to mention that convalescent patients enjoy a garden, to which they can repair on every fine day; they are furnished with uniform clothes for this purpose, their own having been taken away to be cleansed. The idiots have also separate gravelled yards (one for males and one for females), in which they have a swing, and are allowed to keep rabbits, birds, &c. There is not, as at St. Pancras, any deliberate attempt made to treat acute insanity on the large scale; such patients are always dismissed, without loss of time to the asylum.

The nursing system, though far enough from perfection, shows that a step in the right direction has been taken; for there are fourteen trained and paid female nurses for the sick wards. These officials appear to perform their duty well, and to do their best to train the pauper assistants who are under their direction; but it is astonishing to find that the night-nursing of this very large infirmary is altogether entrusted to paupers. The influence of the matron is most excellent and valuable.

The provisions are pretty good in quality, and we have nothing to remark under this head, except that it is highly desirable that a separate infirmary kitchen should be established for the use of so large a number of persons as must require extras and delicacies. The house diet, though not sufficiently varied, is tolerably liberal as compared with that



of other workhouses ; and the sick diets are entirely under the control of the medical officer, who appears to avail himself freely of the privilege of ordering extras for the "sick," and to a considerable extent for the "infirm." We would suggest that the use of more than three-quarters of a pint of milk per diem is desirable for children between two and five years of age, though this allowance is munificence itself compared with the half-pint of milk-and-water and the bi-weekly extra of rice-milk which prevails at Bermondsey.

The position of the medical officer at the St. Marylebone infirmary is a subject which we approach with delicacy and reluctance. Dr. Randall is well known in the profession, and it would be a mere impertinence to speak of his character or abilities : but we may say here that it is obvious that he exerts himself to the uttermost to manage the affairs of the infirmary well. Nevertheless we cannot approve of the conditions under which he holds office. Formerly, the infirmary of the St. Marylebone Workhouse possessed a proper hospital staff of physicians and surgeons commensurate with its size and importance ; but the guardians, having for some reason become tired of the system, abolished it, and appointed one medical officer, at a salary of 950*l.*, to take the whole medical charge of the place, requiring him for that salary to pay for a resident house-surgeon, a dispenser, and for all the drugs and medical necessities. Now we do not hesitate to say that no single house-surgeon, although superintended by the daily visits of the ablest physician in Europe, could with anything like efficiency conduct the medical management of the enormous number of patients who, either constantly or frequently require attention in the St. Marylebone infirmary. We have only to repeat the number of patients to make this clear at once. There are 323 sick, and from 500 to 600 infirm, a large proportion of whom require frequent medical inspection ; and there is an average of five midwifery cases per week, which are, indeed, attended by the midwife, but always under the



superintendence of the medical officer, who must give his assistance in cases of difficulty. For all this work the medical resident receives the salary of 100*l.* per annum, with board, washing, &c. The dispenser receives 90*l.* a year. It is fair to say that Dr. Randall is not a mere perfunctory master of his hard-worked house-surgeon, but works energetically with him, and divides the duties with him as far as he possibly can. But the whole arrangement is unsatisfactory, more especially the fact that the cost of supplying drugs and medical appliances falls on the superior medical officer; for although, in the hands of Dr. Randall, the patients are in no danger of being deprived of any needful but expensive drugs, the position of that gentleman is anomalous, and must be uncomfortable.

The medical history of St. Marylebone infirmary for some years past presents no record of any very serious epidemic, except one of small-pox in the winter 1863—4. 254 cases were admitted from the neighbourhood in the course of nine months; but being properly isolated, by the prudence of Dr. Randall, they did not communicate the disease to a single other inmate. The total mortality was very small—only 22 in all, of whom 8 were brought in moribund, and 18 had never been vaccinated. A less important, but very interesting circumstance, was an outbreak, some years since, of *trismus neonatorum*, among the infants recently born; this was at last put an end to by emptying and shutting up the ward for some time, and thoroughly cleansing, painting and whitewashing it.

The mortality for the four years, from 1861 to 1864 inclusive, was as follows—559, 584, 608, and 624. On analysis of the heaviest of these years (1864) it is obvious that there is nothing unusual in the character of the fatal illnesses, although the average death-rate is high in proportion with that observed, for instance, at St. Pancras, which has a much larger population.

*General conclusions.*—1. St. Marylebone infirmary pos-



sesses an excellent site, which ought, if possible, to be retained for hospital purposes.

2. The body of the house ought to be removed.

3. The infirmary is built upon an antiquated plan, and ought to be replaced by one of modern construction.

4. If the present infirmary building be retained, it requires many improvements, as indicated above, which it would be difficult to carry out.

5. The general management of the infirmary and the house reflects the greatest credit on Mr. Douglas, the master, and on his wife, the matron.

6. The medical officer is taxed with an amount of work which it must be quite impossible for him to get through. He ought also to have at least three resident medical assistants.

7. The plan of "farming out" the whole medical duties and medical expenses to one physician is highly improper. It surrounds the medical officer with temptations to negligence, to which no official should ever be exposed.

## BETHNAL GREEN INFIRMARY.

*From THE LANCET of January 27, 1866.*

THE Workhouse of Bethnal Green is situated in Bonner's-hall-fields, in the north-east of the metropolis. The parish contains a population of 120,000, and until the year 1743 was united with Stepney. Silk-weaving, a fluctuating and badly paid occupation, is the principal employment of the people, who, as a rule, are housed in miserably crowded cottages, and in still worse conditioned streets and alleys. The whole district is low and flat, scarcely above high-water mark.

The house, a brick structure of three stories, was erected in 1840, and consists of a centre block and two irregular wings, the front looking east. The south wing is devoted



to the able-bodied; the north wing, which adjoins the Regent's Canal and Victoria Park, is occupied by the sick, insane, and infirm, and forms the infirmary proper. On three of its sides it is surrounded by houses. Altogether the fabric has a very prison-like aspect. The Poor-law Board has sanctioned its occupation by 1400 inmates; but on the occasion of our first visit it was overcrowded with 1100; and we found it on the 17th inst. still more so, with an increase of upwards of 200. To this subject, however, we shall recur before concluding; in the meantime we may unhesitatingly express our conviction of the unfitness of the house in its present condition for the hospital wants of the district.

The drainage appeared to be successfully carried out. In many parts of the house there was a deficiency of water. The rule of supply was to open the taps at seven A.M. and shut off at five P.M. Now, as the water is raised by steam power, surely there is no necessity for such niggardliness.

The absence of classification is painfully evident in every part of the house. The rule is to disperse the imbeciles through the various wards, where, from the imperfect supervision, they are not properly cared for. When, however, they become uncontrollable, they are sent to an asylum. A very objectionable practice is to mix foul cases with ordinary patients: intelligent care and successful practice must be set at nought amid such confusion.

Before describing the sick wards, twenty-seven in number, we must very briefly point out an irremediable defect in the construction of the principal part of the house. Many of the wards are double, having a passage or corridor common to both running down the centre; the consequence of which is the partial obstruction of light,\* air, and ventilation. In all the wards space was very deficient, so much so that in passing down the centre of the wards between the ordinary

\* Many of the windows are six feet from the floor—humanely designed, without doubt, to prevent the inmates seeing the outer world.



table and the beds we had often to sidle along crab-fashion. To make matters worse, these are day and night wards, and many of them were not only overcrowded, but there were also "boarders," who spent their days there, being lodged at night amongst the pickers of oakum. Many of these overcrowded wards, with very defective sanitary conditions, had not the bare allowance of 300 cubic feet per case. Authorities are agreed that for infirmary wards not less than 1200 feet should be allowed, four times what is here conceded. The floors, walls, and ward furniture were very clean; but the bare whitewashed bricks were cold and chilling. There was a good supply of books. Excepting for "wet cases," which have straw beds and mackintoshes, flocks were used for the beds and pillows. Again we must condemn this bed material as being unfitted for the sick, and, in the long run, not so economical as horse-hair. The ticks were insufficiently filled, and the material was loose and lumpy.

Passing from generalities, we come to speak of individual wards. And first of three, with eleven beds, devoted to insane women, whom we found under the care of a pauper nurse and helper. Here were three "wet nurses" in the inner room, with very defective light, and still more defective ventilation. The floor in two cases was saturated with the overflowings, and the room had a strong ammoniacal odour. No watercloset, excepting across an open yard, was provided; the consequence was that a bed-chair had to be used. Many evils of a kindred nature were found in the "bedridden women's ward" No. 12, where were sixteen beds; and in others adjoining. Indeed, the rule amongst all the wards devoted to women was the use of the "night-chair," to the exclusion of the watercloset, there being none nearer than across the yard. Not all the wards had even a screen to be put round the chair; and in one we learnt that the custom was to use the night-chair outside on the landing of the staircase. A more disgusting state of things cannot well be conceived: overcrowding, sickness, defective light in many cases, no proper baths or lavatories, and the



whole ejecta passed in rooms used through day and night. In all these wards there is no system of night-nursing.

The rule in the infirmary is to give the last meal of gruel or arrowroot at eight P.M., and the first meal afterwards is at a quarter past seven A.M. In one of the aged women's wards, containing ten patients, the oldest being sixty-six and the youngest sixty-one, where this rule was in force, and, indeed, among the aged and bedridden as among the acutely sick, such an absence of providing for night-feeding is very injurious, and we direct the attention of the guardians to the necessity of making more humane arrangements in this respect. It should not be left to a special order of the medical officer in some exceptional cases, but regular arrangements should be made for the purpose.

The children's wards are very defective in that they have no day-room attached. The children here are altogether very badly off. They are sickly; and ophthalmic and cutaneous affections are very prevalent amongst them. The washing arrangements are wretched. There is a great want of baths. In one ward we learnt that seventeen children were washed daily in one pail, several in the same water, and dried with the sheets. This was, we believe, the fault of the nurse, for she could have had towels if she had asked for them; but in a really well-managed house, the fact of her not drawing a proper supply of towels would have attracted attention. There was a want of occupation and amusement for the children. They ought all to be moved from the house; the room they occupy is sadly wanted.

In the male portion of the house there was even a greater amount of overcrowding than amongst the females. Here, however, we found closets, but a like deficiency of baths or lavatories. These closets were of a very defective character—latrines, two to forty-five men; and said to be flushed twice a day, but smelling badly. In one of these wards, with very deficient space, were eighteen beds and ten bedridden patients, five out of that number being wet cases. All the latter had straw beds and good mackintoshes.



As a painful illustration of want of room in this house, we may mention that in the ante-room—practically the same room—of a trapless closet were three beds, occupied by a paralytic, an epileptic, and the wardsman respectively. The two unfortunates were lying on low beds about six inches from the floor, in close contiguity to the closets, which were, in fact, merely parted off by a partition not rising more than half way to the ceiling. The three seats were part of a common latrine, not parted off from each other, and stank abominably. They were used by some sixty-five persons, who not only passed through the “ward,” but might be said to evacuate within the ward; for ward and closet constituted practically but one small room. It is difficult to say whether the injurious consequences of this arrangement are not worse than those of the total absence of closets in the female department below. For if the pans be used in the room—a disgusting arrangement enough—it is yet possible that they are pretty quickly removed, *in the daytime at least*; but these open closets in the ward are a *persistent and filthy nuisance*. In the upper floor lay a paralytic adjoining the pail-and-brush closet. All the upper wards are roofs wards, with double inclines of the ceiling, and were very musty from want of space: they were clean, but overcrowded. Several of them had “boarders” intruded amongst them, who were sick and under medical care, but for whom there was no day room.

Before quitting the wards, we must speak especially of the lying-in department. It includes four very small, dark, badly-lighted, and badly-ventilated rooms; the innermost containing the “labour bed.” When we first visited the house we found seven of these beds filthy, three particularly so; but on a reinspection we were gratified to find them clean. The nurse in charge is seventy-two; she has a helper who is much younger. About eighty births take place annually in these wards, about two-thirds being illegitimate. The beds here for mother and child are absurdly narrow; barely wide enough, indeed, for one individual.



The responsible work of nursing the sick, 550 to 600 in number, is committed to the care of two paid nurses, who receive 30*l.* and 24*l.* a year respectively, and about forty pauper nurses and helpers. Neither of these paid officials has been trained, but both displayed considerable aptitude for their duties. On being questioned as to the amount of work, both said they had more to do than they could get through, independently of the difficulty of managing the forty pauper nurses, whose tendencies to drink cannot be controlled.

A better example could not be taken of the bad state of the nursing in the houses than that which is offered by the male insane ward. The ward itself, be it said *en passant*, is a disgrace to the institution, and its continued use for the lodgment of demented patients ought not to be tolerated. Small, dark, ill-ventilated, and with no outlook, the rooms are utterly unfitted for the purpose. One patient had been there six weeks, one five weeks, and one a fortnight. The ward was under the charge of a male pauper, a weaver by trade, who had no knowledge of nursing, and was waiting for the fine weather to resume his occupation. He had left the ward temporarily under charge of a female nurse, to whom a noisy lunatic was addressing extravagant terms of endearment. Patients such as this ought not to be retained in the house. The wards may do as a lock-up for the night; but as an "insane department" they are scandalously bad, and confinement in them for two or three weeks must have the worst effect upon the mental malady of the unhappy patients.

The quality of the food in all its varieties we found to be good. With the cooking, however, we are not satisfied. Excepting mutton chops, which are dressed by the order of the doctor, all the animal food is steamed. Apart from the importance of a change, which, to the sick man's stomach, is really necessary, steamed meat is neither so nutritious nor so easily digested as roasted meat. We trust that the authorities will accept our suggestion and give at least four days a week roast rather than steamed meat.



The dietaries are open to grave objections:—

Full diet is No. 2, and provides daily, for adults, five ounces of steamed meat, eight ounces of potatoes, twelve ounces of bread and butter, and one quart of tea; for children, three ounces of meat, six ounces of potatoes, eight ounces of bread, and one pint of milk. The animal food ought to be increased.

No. 3 gives, for adults, three meat dinners as No. 2, and four dinners of bread, four ounces, and one pint of milk; children, three meat dinners as No. 2, and four dinners of bread, four ounces, and three-quarters of a pint of milk. No condition of the sick can justify such a diet as this. If animal food is needed on a Sunday, why not on Monday, Wednesday, Friday, and Saturday? This diet ought to be a thing of the past.

No 4: for adults, six ounces of beef for beef-tea and four ounces of bread for dinner, eight ounces of bread and one quart of milk for breakfast and supper; for children, four ounces of beef for beef-tea and three ounces of bread for dinner, six ounces of bread and one pint of milk for breakfast and supper. The doctor can order beer or wine as an addition to any of these.

The diet of the “aged and infirm” is three meat dinners, two suet puddings, and two pea-soups per week. The waste of such a dietary from the total inability of the infirm to eat or digest suet pudding and pea-soup as a dinner we need not here dilate on. This ought to be abolished.

The medical charge of this large infirmary, with an average of 600 beds, is committed to Mr. Smart, whose stipend is 160*l.* per annum. This includes midwifery fees and the labour of dispensing. Since the Holborn inquiry drugs have been paid for by the guardians. Mr. Smart visits daily, sometimes twice a day, and occasionally pays a night visit. On both occasions of our inspection we had the benefit of his presence. We learned from him that he could not perform his ordinary duties under from three to four hours per day. In justice to Mr. Smart, who has an unpaid deputy as



his partner (Mr. Moore), we are bound to say that his cases were well cared for, as far as practicable with the many deficiencies. Let us compare with this workhouse infirmary the London Hospital, which has a less number of beds (445), but which has no less a staff of medical and surgical officers than fifteen, besides two consulting officials. Now, whilst we have no desire to make it appear that the actual work of the two hospitals is strictly parallel, still we have no hesitation in saying that, to do the work properly, there should be at least two medical officers—one resident—and a resident dispenser.

In looking over the medical records of the workhouse, we learned that in 1849 there were 218 cases of cholera admitted, 104 of which proved fatal. There was, however, no case among the inmates during this epidemic; neither was there in 1854. Fever and small-pox cases are generally sent away; contrary, however, to this custom, in 1864 several probationary wards were devoted to the treatment of small-pox, and all the cases did well.

The average mortality in this house from all causes is from 240 to 250. This large number of cases ending fatally of itself shows the necessity for a more efficient system of nursing and the appointment of a resident medical officer.

In conclusion, we will recapitulate the leading points of this report.

1st. That the present house is too full; the sick, infirm, and imbeciles are sufficient to fill it. We therefore recommend that the able-bodied and children should be removed; the former to some place where remunerative labour would be easily obtained, and the latter into the country, where fresh air and humanizing habits would help them to throw off the evils of pauper life. The guardians are, we believe, willing to carry out improvements; but they want funds. Such being the case, they should help a combined effort from the poorer parishes to obtain a uniform rate for the whole of the metropolis.



2nd. The paid nurses must be increased ; one should be appointed to every fifty beds.

3rd. Additional windows, in some cases enlarged windows, are required in several of the wards.

4th. Ventilation is very defective throughout the house ; the whole building requires improvement in this important respect.

5th. The number of waterclosets is very deficient, and in a great number of wards they are entirely absent. The latrines ought to be removed, and efficient waterclosets constructed in their places. A supply of water to these closets should be constant.

6th. Baths and lavatories are very much needed.

7th. The dietaries require revision ; more animal food and milk ought to be given. The diets Nos. 3 and 4, and that for the "sick and infirm," ought to be blotted out, and more liberal ones substituted.

8th. Additional medical officers are required ; one should be appointed as resident and two as visiting, and a dispenser should also be appointed.

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### LAMBETH INFIRMARY.

*From THE LANCET of February 17, 1866.*

THE Lambeth Infirmary presents no very extraordinary features. It offers, on the whole, an average example of the management of these establishments in London, being in some respects better, and in some worse, than some which have formed the subject of previous reports by this Commission.

The most notable circumstance in connexion with this infirmary is the very large number of more or less diseased persons which it contains. The whole workhouse is nominally licensed by the Poor-law Board to accommodate 1100 inmates. The actual average number is 850 ; but in winter the full quota is reached, and even exceeded. According to



the estimate of the surgeon, nearly five-sixths of the total population are more or less the subjects of medical care. The proportion of the cases which come under the head of acute sickness is difficult to ascertain. The wards, two in number, which are called (by the custom of the house) "sick wards," contain about 70; but this is but a small portion of the cases of *severe* illness in the workhouse. Indeed, in the return procured by Mr. Farnall, we find the "sick" estimated at 456, and the "old and infirm requiring occasional medical attendance" at 102. If we add to these the lunatics—about 70 in number—and the occupants of the lying-in wards, we get a total of 638; and this is probably below the mark. In fact, we have a sick population equalling that of Guy's Hospital in number; and, as far as regards *medical* diseases, probably not much below it in the proportion of serious cases requiring careful attention. What is almost more important is the fact of the union under one roof of a large hospital, a lunatic department of considerable size, and a small but constantly-replenished lying-in department; since it is plain that we have here a complicated system of management, demanding very ample and liberal means for working it, and an organization of the best kind, if it is to be properly conducted.

We have no reason to suppose that the guardians of Lambeth are exceptionally remiss in the performance of their duties. On the contrary, certain facts which we observed, in that department of the workhouse which it was our object to inspect, rather prepossessed us in their favour; and it was, therefore, with some surprise that we read the account of the gross abuses prevalent in their casual wards which has lately been so forcibly narrated in the columns of the *Pall-mall Gazette*. But, on reflection, it is easy for us to perceive that such abuses would naturally result from the application to the singularly difficult problem of tramp-management, of that defective knowledge of which their infirmary, good as it is in some respects, fully convicts the Lambeth guardians.



The workhouse buildings form a long rectangle, divided into two completely enclosed squares, which contain the male and female departments respectively. On the whole, the situation might be called tolerably open, since there are streets on three sides of it (that on the east being a very wide one), cottage gardens on the fourth, and on the south side an extensive view of the country over the tops of some low houses. But this advantage is neutralized by the improper form of the buildings, which impedes the free circulation of air through the premises. The majority of the severe cases of acute and chronic disease are warded in the buildings on the north and south sides of the enclosure: most of these wards have two rows of windows, and their aspect helps to render them cheerful. The staircases are by no means well calculated for assisting ventilation by diffusing currents of air. The buildings have also the objectionable features of great height; and the wards which are especially devoted to the more severe cases of acute illness are on the third story. As regards the wards themselves, we must notice, in the first place, that the cubic space varies between 500 and 600 feet, or more than the latter allowance in summer. The defects which would inevitably result from this important deficiency in the first element of ventilation are fortunately somewhat mitigated by the careful attention paid to subsidiary means by the medical officer. Nothing, however, can atone for the want of proper cubic space; and it is certain that some of the infirm wards must become very foul at times, especially when (as at night, in the absence of any proper attendant) the windows are closed. In one instance a more flagrant defect was noticed, the windows of an infirm ward having been deliberately blocked up by the erection of the new casual wards: here the ventilation was extremely bad. With regard to the arrangements and furniture of the wards, we may remark that the bedsteads and bed furniture are good, with the exception of the single mattress, which is made of flock, and in several instances was found lumpy and bad. The subsidiary appliances and



comforts (*e. g.*, bed-rests, bed-pulls, screens, stomach and foot-warmers, &c.) were deficient on the occasion of our first visit; but we are glad to say that there has been a considerable improvement since that time. As regards the means of washing, the great defect must be noticed, that nothing like a proper system of bath-rooms or lavatories attached to each ward exists; but, on the other hand, a separate handbasin is provided for each patient, there is a very plentiful supply of clean towels, and much pains seems to be taken to ensure that the ablutions are carried out in a decent and sufficient manner. Hot water is provided in nearly every sick or infirm ward by means of a boiler, and is constantly at hand. The waterclosets are in several instances unsatisfactory: in the first place, some of them are inside the wards; and secondly, we noticed one or two in which there was a very deficient water-supply. On the occasion of our first visit two closets smelt very badly, and on cross questioning the nurse with respect to one of them it was apparent that complete absence of water-supply for as much as twenty-four hours together was not an uncommon circumstance. We believe that our remonstrances produced a beneficial change; for when we last visited the house nothing like a bad smell was noticed in any of the closets. But it is clear that the present system of waterclosets can never work well; for they are deficient in numbers, and often badly situated.

The most important circumstance connected with the management of the sick in Lambeth Workhouse is, after all, their numbers in proportion to the medical and nursing staff. The surgeon, Mr. Bullen, is precluded from private practice, and actually spends the greatest part of every day in the building; but he is non-resident, and there is no one on the spot to attend to the numerous cases of emergency which must be constantly occurring in the night and at other times among such a large sick population. Mr. Bullen receives 300*l.* a-year; a sum which at first sight seems liberal, but which is really a very inadequate remuneration for the services of a medical officer who devotes his whole



time to the service of the guardians. As an illustration of the kind of work which is included in his attendance on the seven or eight hundred sick and infirm inmates, we may mention that the lunatics number about seventy, and that among these are by no means a small proportion of severe cases of mania, and of insanity from drink. There are no proper means of seclusion for such cases, and the medical attendant is consequently exposed to a very anxious responsibility in caring for these unfortunates before they can be removed to an asylum—a process which appears to be much delayed in some instances..

The most acute cases of sickness are lodged in two wards (one male and one female), which are called the “sick wards,” and contain about seventy patients. These wards, though far too crowded, are most creditably managed; they are generally filled with cases so severe in character that they might well occupy the entire attention of one medical man. By the care of the surgeon, diet and prescription cards have been introduced; these are regularly filled up. The guardians provide all drugs, and there is a very intelligent resident dispenser, who is, however, very improperly burdened with the additional duties of superintendent nurse of the male infirmary. There appears to be no limit set to the discretion of the medical officer in ordering drugs of an expensive kind, and he likewise possesses and freely exercises authority in ordering special articles of diet for the sick and infirm. But the enormous number of cases requiring frequent medical attention in the house make it impossible that the surgeon should do full justice to his duties.

Equally conspicuous is the inadequacy of the nursing staff. On the male side there are—the dispenser aforesaid, who is also superintendent of the infirmary, and a male superintendent of lunatics; on the female side there is a superintendent sick-nurse, who also acts as midwife, and a superintendent of the lunatics. These are the only paid nurses for a body of sick people as large as, and scarcely inferior in importance to, the population of one of our



largest hospitals. The remaining nurses, seventy-two in number, are all of them paupers; they are remunerated merely by a somewhat superior diet to that of the house; for the most part they take their meals in the wards to which they are attached; and, in short, there is nothing in their position to give them any marked superiority over the commonest paupers. Owing to the vigilance of the surgeon and of the superintendent of the male infirmary, we believe that the ward management is carried on, at least in the day-time, without any of those graver negligences which have been remarked in some workhouse infirmaries. But it is only necessary to mention that there is no organized system of night-nursing—nothing but pauper helps detached for this duty on particular occasions—to show the unsatisfactory basis on which the whole management rests. Often as we have had occasion to protest against this common fault of workhouse infirmaries, we have never been more struck than at Lambeth with the sufferings it must inflict on numbers of helpless, diseased, and infirm persons, many of whom must frequently be in grievous need of feeding and tendance in the course of the night. With no resident surgeon to give an occasional glance at the wards in the night, with no regular night-nurses, and with no separate infirmary kitchen, it is obvious that the condition of the infirm wards, especially during the night, must be highly unsatisfactory.

The house diet of the Lambeth Workhouse is made up as follows:—96 oz. of bread, 11 pints of gruel, 15 oz. of cooked meat, 36 oz. of potatoes, 28 oz. of suet or rice pudding, 3 pints of pea-soup, and 3 pints of broth per week. On comparing this scale with those of twenty-two workhouses, which are now before us, we find that it holds a medium place as regards liberality, though in our opinion it is decidedly insufficient. The old people, we are glad to notice, can obtain daily half a pint of beer at the discretion of the medical officer, in addition to the trifling allowances ordered by the Poor-law Board; but this, and the other additions or alterations which the surgeon is obliged to make in an



immense number of cases, must entail great labour on him, in addition to his more strictly medical duties. There are various tabulated forms of sick diets, but it is hardly necessary to record them at length, because the whole diet of the sick is *bonâ fide* at the discretion of the medical officer, and is constantly modified by him. As an instance of the liberality which is very properly exercised in cases of acute sickness, we copy the following diet of an actual patient suffering from diffused abscess in the leg with much prostration:—Breakfast, 6 oz. of bread, 1 pint of tea; dinner, 4 oz. of bread, 8 oz. of cooked mutton, 12 oz. of potatoes; supper, 6 oz. of bread and butter, 1 pint of tea; besides extras as follows:—An egg, 1 pint of porter, broth, 4 oz. of wine, and eventually 6 oz. of brandy. The only “sick diet” which struck us as deficient in nutritive value is No. 6, used for the lying-in ward; it consists of 16 oz. of bread, 2 pints of tea, 1 pint of strong beef-tea (1 lb. of beef to the pint). This strikes us as very low, unless it be intended merely for the actual day of confinement, which does not seem to be the case.

The quality of every kind offered appeared to us to be very good: the cooking also is fair. But the sick diets would be much more advantageously prepared if there were a separate infirmary kitchen; the want of this is an obvious evil.

Though it scarcely lies specially within the scope of our inquiry, we may naturally be expected to say something of the condition of the “casual” wards which have recently attracted so much notice. The shed in which the writer in the *Pall Mall Gazette* was condemned, for his sins, to sleep, was not employed as a sleeping ward at the time of any of our visits; and the regular casual wards presented nothing remarkable except that, if anything, they were rather above the average level of apartments provided for this purpose at other workhouses. Nevertheless, they are a very proper subject for some remarks we desire to make. The ventilation was remarkably deficient—a common thing in casual



wards. It was obvious that when the place was filled there would be much less than 300 cubic feet of space for each sleeper; and this, combined with the insufficient window ventilation, had the evident effect of concentrating the noxious vapours which exhale from the filthy creatures who sleep in these wards to a really dangerous extent. Our visit was paid at four o'clock in the afternoon; yet, even then the air of the place was heavy with the genuine tramp odour. If our readers will take the trouble to reflect on the frequency with which these wretched wanderers bear about them the seeds of latent typhus, they will gain a considerable inkling of one way, at least, in which the persistence and steady growth of that disease in London is fostered. Coming out of the tramp wards into the adjacent yard we were assailed by another and quite a different stench; on inquiry we found that this proceeded from a large wooden covered tank, placed against an adjoining wall, and filled with the decaying vegetable refuse and slops of the house. We ascertained that this mess of nastiness was stored in this place by the direct orders of the master, and that it was habitually allowed to remain there for a fortnight at a time, in order that it might ferment itself into a highly-stimulating and delicious wash for pigs! The odours from it ascend, in the meantime, to the windows of the casual wards and of the inferior officers' sleeping apartments. This arrangement hardly needs to be characterized; and it would be significant enough if merely the result of carelessness, but we believe that it was made with great deliberation and is regarded with some pride.

There is nothing in the mortality occurring at Lambeth to call for special remark. Cases of epidemic disease, when it is practicable, are sent away to the hospitals. At the same time there is an excellent infection ward, in which cases of infectious disease, which cannot be at once got rid of, are isolated; and it affords us much pleasure to record the success with which a very large and sudden influx of small-pox cases, about two years ago, was dealt with in this manner. Of forty-two cases, from first to last, only two



died ; and the disease did not spread at all to the rest of the house, owing to the precautions taken. No other epidemic of any consequence has visited the house for a number of years past.

We sum up our general conclusions on the Lambeth infirmary as follows :—

1. The building must be wholly condemned as a residence for the severely sick. A new infirmary ought to be built on modern principles.

2. The medical officer ought to be more highly paid, and be provided with one, or more properly two, resident qualified assistants possessed of hospital experience.

3. Not less than twelve paid and trained nurses would be required, in order to place the nursing department on a decently proper footing, including regular night attendance.

4. An infirmary kitchen ought to be established ; also a special diet provided for the aged and infirm, whether under medical care or not.

N.B. We understand that since the date of our first visits two additional paid nurses have been appointed.

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## ST. MARGARET'S AND ST. JOHN'S, WESTMINSTER.

*From THE LANCET of April 7, 1866.*

THE vestry of St. Margaret and St. John, Westminster, is a peculiarly close corporation ; it possesses a local act, which allows it to snap its fingers at the Poor-law Board (a congenial privilege of which it freely avails itself) ; and it elects the board of "governors of the poor" from its own number. The board sits at the Petty France Workhouse, but detaches a committee of eighteen to manage the Kensington house.

The conduct of the board, in its official capacity, is so remarkable that we have been at the pains of analysing its composition with the view of discovering whether there were any considerable infusion of those "gentlemen guar-



dians" who have been lately mentioned as the real salvation of the Poor-law system wherever they can get elected. Well, we find that there are ten "esquires" and five clergymen among the fifty-seven guardians of Westminster. But we also find that many of these individuals take very little active part in the working of the board, and that in fact the real power of management becomes vested in individuals whom the "Post office Directory" classes as "Butchers," "Pawnbroker," "Cheesemonger," "News-agent," "Grocer," "Baker," "Potato-salesman," "Publican," and so on. The vice-chairman is a pawnbroker.

The origin of the two workhouses which belong to the parishes is as follows. Some twelve years ago the only house was a miserably gloomy and dilapidated pile of buildings which stood on the site of the present Victoria-street. The Government of the day—anxious at once to benefit the poor and to get rid of a hideous eyesore in an important thoroughfare—gave the parishes a noble site for a workhouse at Kensington, and enabled them to erect, at a very large expense (not one farthing of which was defrayed from the rates), the building which stands in that situation. At the same time it became obvious that the needs of the parish required that a more centrally-situated house should be established for the use of the sick and of temporary inmates, and accordingly the house in York-street, Petty France, was built, which, after standing only these few years, is condemned as thoroughly unfit for its purposes, and is to be pulled down. At this place the general board holds its weekly meetings.

The days of the present St. Margaret and St. John's workhouses have been few, but eventful. Early in 1861 a scandal was brought to light at the Kensington house (chiefly through the disinterested and self-sacrificing labours of Mr. Robert Baxter and some other influential ratepayers), which necessitated a Poor-law inquiry, when a state of disorganization was disclosed which seems barely credible when one reads the records of it in the files of newspapers of that date. The solicitor, the matron, and the surgeon were all near relations of each other. Acts of dishonesty and immorality



on the part of more than one of the chief officials were distinctly proved, and it was pretty certain that the crime of *poisoning* had been attempted by some one of the officers. The surgeon and the matron were peremptorily dismissed by the Poor-law Board, under circumstances of great ignominy. The then chairman of the committee for the Kensington house resigned his office, some damaging evidence having been produced against him. It was plainly shown, as anyone may see who cares to read over the documents, that no efficient supervision of the Kensington house existed.

It might be supposed that occurrences so shocking would have led to an immediate reform, not merely as regards the dismissal of the culpable officers, but in the whole system of management. Nothing of the kind has taken place; the machinery of supervision is as defective as ever. The Kensington house is still governed by a committee, which meets at that house only once a month (and then scarcely ever stirs outside the walls of the board room), and inspected by a rota of visiting governors, one of whom is supposed to visit the whole house in each week; but, in fact, this duty is performed most irregularly. We understand that several weeks sometimes elapse in succession without a single visit from any of the persons appointed to this duty. And in particular, the very important duty of quarterly inspections of the lunatics (strictly prescribed by the rules) seems to be greatly neglected. But there is a much graver fact to be noted, as indicating the tone of public morality which characterizes the management—viz., that the very medical officer who was displaced in 1861, under the disgraceful circumstances above indicated, is still employed by the board to sign certificates for the removal of lunatic patients.\*

\* We have been informed since this report appeared in *THE LANCET* that it is not by the guardians, but by the police magistrate, that the late Surgeon of the Kensington Workhouse of Westminster is employed to certify for the parish lunatics; but the *tacit* consent of the Board is, of course, implied in the continuance of this arrangement.



We proceed now to describe the condition of the Kensington infirmary of the Westminster parishes. The work-house was built as an hospital for the infirm and aged, and but slender provision was made for the class of acutely sick, the infirmary being designed for forty-six beds (ten of these for lying-in cases, of which there are very few, the lying-in ward being at the other house). The infirmary stands well apart from the body of the house, in the spacious grounds, and has airing-yards attached to it for men and women respectively. It is two-storied, except in the centre, where there is an additional storey; it is built of brick, in substantial style, and is fireproof. It was *designed* to accommodate forty-six persons, and each ward, on that computation, was to possess an adjoining day-room; but the overcrowding, which has now become habitual, has turned the day-rooms into sick wards, and at present, in consequence of this, the patients enjoy but from five to six hundred cubic feet of space each. The construction of the wards is good, except that they want loftiness; they have a double row of windows; but there is one extraordinary omission—namely, there appears to be no provision for subsidiary ventilation, save in a few instances. It would appear that the builder, *having had no orders to construct any ventilating apparatus whatever*, has nevertheless, for his conscience' sake, put in a concealed system of shafts, which from time to time are discovered and utilized. In order, as it would seem, to render the windows as useless as possible, not one of them opens at the bottom, and even the upper sash will only with difficulty descend a little way; and, besides this, the Board, in its wisdom, has decreed that as much light as possible shall be blocked out by frosting the panes. One ward on the ground-floor has this additional feature of attractiveness: the window is blocked up on the outside by a huge stone-heap, upon which the “able-bodied” and “casuals” exercise their industrial talents for a good many hours every day. The noise must be highly agreeable to the patients, most of whom are suffering from acute diseases! This is really almost an improvement on the carpet-beating at the Strand Union.



Besides the infirmary proper, which in its present overcrowded condition contains about seventy patients, there are nine large infirm wards in the body of the house, containing more than one hundred additional persons, a large number of whom are severely sick: in fact, the most laborious portion of the medical officer's duty is often comprised in the attendance on these wards. The cubic space in these wards does not average more than 500 feet per bed, but they enjoy the advantage of day-rooms adjoining, each of which contains about 3000 cubic feet, and in which those who are not bedridden take their meals, &c. The furniture of both sick and infirm wards is fairly good, and great efforts have been made by the officers of the house to give a cheerful look to these apartments: thus, whitewash has been discarded for colour in several wards; and a large number of pictures have lately been hung up. Not that these improvements originated with the board; the pictures, we understand, were purchased by private subscription.

The waterclosets in the infirmary are well situated and unobjectionable. Some of those in the infirm department are very much the reverse, and we may refer to that of No. 51 ward as a typical instance of badness. It is placed inside the ward in such a way that its effluvium must often invade the apartment; besides this, we discovered that it was left in a very foul condition, from want of proper supervision and care: in fact, it forms just such a nuisance as one might expect would originate typhoid fever in hot autumn weather. While upon this topic we must mention that the nursery—a very important establishment, containing a large number of children—is not furnished with any watercloset at all. On inquiry, we find that some sort of order for the construction of one was given as long as twelve months since, but it does not seem as if any active steps whatever had been taken to carry it out.

The nursing department is superintended by one paid nurse, a very excellent officer, who receives a salary of not more than 20*l.* a year. Till lately there was also an assistant-nurse; but we find that this officer was transferred in



January to the Petty France house, and that no attempt has been made to fill up the vacancy. Yet the guardians have had startling proofs of the importance of paid nursing ; for the twelve months which have elapsed since they first appointed a paid nurse have witnessed a most remarkable diminution in the mortality as reckoned against the previous twelve years during which the house has been in existence. The number of inmates has been steadily increasing, and especially the number of the sick ; and not less than a dozen paid and trained nurses ought to be appointed. The entire absence of any regular provision for night-nursing produces its usual ill-effects ; and were it not for the spontaneous exertions of the paid nurse, who will often sit up at night with a case in the infirmary, the misery of the patients would be greater. The atrocious practice of *locking-up the patients at night* prevails in the whole of the infirm wards ; there are no fires and no hot water ; and the poor creatures lie there without any nurse to help them in their bitterest need, unless they can succeed in rousing a pauper nurse who sleeps in the next room. (N.B. There are no bells.) There is no doubt that shocking events have taken place ; but no inquest was held, even in the case of a man who died some time ago, *after a fall in the night* in No. 51 ward.

The surgeon, Dr. Dudfield, is an excellent and conscientious officer, and it is really to his exertions, together with those of the master, and especially of the chaplain, that the house owes everything which gives it an approach to efficiency of management. Dr. Dudfield spends many hours every day in the wards ; he visits every part of them, and minutely supervises the arrangements in every particular. It must be a thankless office : the remuneration for attendance on the 170 sick persons already mentioned, the dispensing of all their medicines, and the attendance on the out-door parish district of Knightsbridge, amounts to 160*l.* a year, out of which all drugs, except cod-liver oil, sarsaparilla, and quinine, are to be found by the doctor. But the hardest and most disagreeable feature of the medical officer's position must consist in the fact that he is the servant of a



perfectly anarchical government. The visiting committee, and the visiting governors, may be briefly said to know scarcely anything about the condition of the infirmary, which it is their undoubted duty to keep under constant supervision; nevertheless, they do appear to have occasionally shown some disposition to listen to the voice of reason, and to adopt such measures as would be really most beneficial to the sick. But the general board, at Westminster, seems to take a special delight in reversing any decisions in which the Kensington committee may have exhibited leanings to the side of reform. It would be an injustice to charge the general board with such sentimental weakness as the purchase of pictures for the wards; and, in fact, we find that this never would have been done but for the perverse activity of the chaplain, who raised a subscription for the purpose, in which he was aided and abetted by the other resident officers, and by some other troublesome charitable people. And the far more necessary (indeed indispensable) diet and prescription cards, which we were glad to see at the head of each bed, prove to have been *supplied by the medical officer at his own expense*, after he had wearied himself in fruitless applications to the authorities.

Nowhere in the course of our peregrinations among the workhouse infirmaries have we realized more fully what is the labour entailed on a medical officer who conscientiously performs his duty, and who has to dispense medicines for a number of patients in addition to visiting the wards. No hospital could be better served as regards the quality of the medicine given to the patients, and the regularity with which it is administered to them—at any rate in the day-time while the doctor is about. But this is obviously done at the cost of most exhausting labours, and *could* only be done by one who has the leisure and the physical vigour of young manhood. It is quite plain that the whole weight of the responsibility of the management of the house and all its inmates rests upon three individuals: the master, the chaplain, and especially the surgeon. It is the circumstance that these officials are unusually earnest and energetic,



which makes the establishment, in spite of some gross faults, decently presentable. To show the lack of administrative vigour which the committee display, it may be mentioned that we accidentally discovered that the gate porter has been invalided for the last four months, and that his duty gets done how it can—by his wife, or by the help of an occasional pauper. The schoolmistress also is, and has long been, in such weak health as to be quite unfit for her duties, yet no one seems to interfere.

But if the evils of an *imperium in imperio* are plainly shown in the absence of any efficient direct management of the Kensington house by the board, they are quite as strikingly displayed in the manner in which the transfer of inmates from one house to the other takes place. As we have already said, the Kensington house was never intended originally for sick inmates. But the Petty France house has been found so entirely unfit for the management of severe cases of disease, that, in fact, it frequently happens that patients who are seriously ill are transferred from it to the Kensington house. Careful inquiry from more than one authentic source convinces us that great cruelty has frequently been shown to these poor sick creatures in the manner of their removal. We understand that not long since an aged sick woman of ninety-three years was put into a common van along with nearly twenty other persons, and jolted across to Kensington, where she arrived nearly dead from exhaustion. We do not know how far the surgeon of the Petty France house is responsible for the condition of patients who leave it, but we can hardly understand how he can have permitted this or several other occurrences to take place. He is a gentleman who has grown grey in the honourable performance of his professional duties, and has won the respect and, we believe, the affection of a very large circle of patients and professional friends; and we have every desire to speak of him with respect. Other cases have come to our ears, from independent sources, which force us to believe that many of the patients at the Petty France



house receive very little treatment, and that, on becoming too troublesome, they are shifted without much ceremony.

The treatment which the casual poor receive at the hands of the Westminster Board of Guardians and their Kensington Committee is too flagrant an abuse to be entirely passed over here, although it is not strictly a part of our inquiry. We understand that till quite lately there was no casual ward at Westminster at all; and even at the present time the great majority of these people, however weary and foot-sore they may be, are compelled to tramp three long miles to the Kensington house after they get their order for relief. It will hardly be believed, but it is a fact, that until quite lately the board allowed these poor exhausted wanderers *no supper at all*, and merely four ounces of bread for breakfast. The arrangements for housing the casuals at Kensington are disgraceful. They are placed in wards of the body of the house, and *ordinary* inmates are often obliged to sleep *in the oakum-shed*. The casuals are not supplied with any closet commode, but merely a tub, for the purpose of decency; the sewage is carried out and emptied in a closet outside ward No. 51, while the inmates of the latter ward use the highly improper and dangerous inside closet of which we have already spoken. There can be no manner of excuse for the guardians that they do not build, on their extensive grounds, a thoroughly proper set of casual wards, with every convenience for decency which their case requires. The oakum-shed to which reference has been made allows only *seventy-five cubic feet to each worker when it is at all crowded*.

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*An official inspection having been ordered by the Poor-law Board, at this date, in consequence of the disclosures made in the foregoing, the publication of our further reports in THE LANCET will be temporarily suspended.*



# Association for the Improvement of the Infirmaries of Workhouses.

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HAVING been requested to express an opinion of the principles which should guide any efforts to improve the State treatment of the Sick Poor in Workhouse Infirmaries, we beg to state that any scheme, in order to be satisfactory, should, in our judgment, be based upon the following principles:—

1. The Sick Poor should be separated from the able-bodied paupers, and their treatment should be placed under a distinct management.

2. In lieu of Sick Wards annexed to each Workhouse, consolidated Infirmaries should be provided, where the following rules of Hospital management should be adopted under skilled supervision. They are those generally accepted in this and other European countries.

I. The buildings should be specially devised for the purpose ; of suitable construction, and on healthy sites. The rules laid down by the Barrack and Hospital Commission may be consulted with advantage on this subject.

II. Not less than 1000 (and for particular classes of cases 1200 to 1500) cubic feet of air should be allowed to each patient.

III. The nursing should be conducted entirely by a paid staff, and there should be not less than one day nurse, one night nurse, and one assistant nurse for each fifty patients.

IV. There should be resident medical officers in the proportion of not less than one for each 250 patients.

V. The medical officers should not have any pecuniary interest whatever in the medicines supplied, nor should they be charged with the duty of dispensing them.

VI. A judicious classification of patients should be strictly observed. The epileptic and imbecile ; the acutely sick ; and the aged and infirm, being treated in separate wards.

VII. The aged and infirm, the chronically sick, and the convalescent should be provided with day rooms separate from the dormitories.

(Signed.)

THOMAS WATSON, M.D.,

President of the College of Physicians.

GEORGE BURROWS, M.D.,

President of the General Medical Council.

JAMES CLARK, M.D.

WILLIAM JENNER, M.D.

EDWARD SIEVEKING, M.D.

WILLIAM FERGUSSON.

JAMES PAGET.