

## **Workhouse hospitals / by J.H. Stallard.**

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# WORKHOUSE HOSPITALS.

BY

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THE case of Timothy Daly, which occupied so much attention a few weeks ago, and the more recent verdict upon the death of Richard Gibson,\* in the hospital of St. Giles's Workhouse, are probably sufficient evidence that the administration of work-

\* Verdict of the Coroner's Inquest. Vide *Times*, March 31, 1865 :—“ That Richard Gibson was found dying, and did die, from the mental effects of effusion of serum on the brain, and the jurors say further that the said death was greatly accelerated by the neglect the said Richard Gibson received at the hands of the whole of the officials connected with the St. Giles's Workhouse.” The Jury resolved “ to call the attention of the Poor Law Board to Ward 47 of St. Giles's Workhouse, in which the said Richard Gibson was confined during his illness. They think the said ward is deficient in lighting, ventilation, and proper accommodation for the patients, as well as its very bad position, and ought to be closed. They also think that the dietary of the sick poor in the said workhouse is deficient, and that patients ought not to go from four o'clock P.M. to eight o'clock A.M. without food. They also think that more paid nurses should be employed to attend the sick ; and they are of opinion that the neglect of nurses to change the linen in the case of Gibson is severely reprehensible.” And in this resolution the Coroner cordially concurred.

house Hospitals will bear no comparison with that of our great public charities. In the latter all the arrangements are made with the object of curing the patients. The care is of that positive kind which makes expense a secondary question; and whether the constant watching of a succession of active nurses, the continuous application of new and costly remedies, or the administration of expensive wines, be in any cases required, they are supplied in the belief that a judicious liberality is a necessary condition of successful treatment, and is in the end true economy.

Now, under the Poor Law system, the inmates of the Workhouse Hospital undoubtedly present a different character to those admitted to our public institutions. In the one there is a larger proportion of acute disease, and cases are selected which present a probability of relief or cure; whilst in the workhouse we find a large proportion of hopeless and bed-ridden cases, which require patient nursing rather than active medical treatment. The unpopularity of the Workhouse Hospital is such that scarcely a patient is to be found there who has not already exhausted every other resource; and when an acute case is by accident admitted, we can scarcely wonder that arrangements which barely suffice for the care and comfort of incurable cases utterly fail when life or death hangs upon the efficiency of the nursing, and the excellent arrangements of the entire hospital.

The public hospitals are an incalculable boon to the poor, and it is to them that most will in preference resort, but they are not always accessible ; and without the slightest desire to see their duties transferred to the Workhouse Hospital, it is surely not too much to expect that the latter should be regarded as the right of the really poor—that it should be readily accessible to proper cases, and provided with all the appliances of modern art. What, then, are the arrangements actually provided? What is the condition of the Workhouse Hospital? Their history will show that they participate in that negative philanthropy which too much characterizes the administration of the Poor Law. The system which expects a widow with four or five children to clothe, feed, and educate them as respectable members of society, on the miserable weekly pittance of a few shillings and a loaf or two of bread, is just that which practically ignores the idea of cure in its hospital, and contents itself with the bare fulfilment of duties which the commonest humanity cannot escape.

Now Workhouse Hospitals were, for the most part, erected soon after the introduction of the new Poor Law. No medical supervision over their construction or management was at any time exercised, and the Poor Law Commissioners were powerless to enforce any definite plans. In many workhouses an ordinary room was appropriated for the use of the sick, and in others the hospital consisted of a small isolated building, with a few low

wards, capable of accommodating some six or eight beds each. There was no separate apartment for the nurse, who, being a pauper, slept in the sick ward; in fact, although intended for the sick, these buildings possessed none of the special appliances of an efficient hospital. The food was carried through the open air, and was therefore cold and miserable, and the building being constantly locked up, assistance was rendered in urgent cases with extreme difficulty; in fact, these erections were designed rather for the isolation of contagious diseases than for the regular treatment of the sick.

In the larger towns the inadequacy of this accommodation was soon felt; but in many cases it was some years before any improvement took place, and in the country districts the older state of things still remains. In the most recent erections the plans are greatly improved, but it may be doubted if in any case they approach the excellent construction of public hospitals; and it is certain that the sick felon is far better off than the pauper, whose only misfortune may be sickness or old age. Could an inquiry be instituted into the fitness of Workhouse Hospitals, it is to be greatly feared that a jury would condemn other wards than those of St. Giles's as totally unfit for the proper treatment of the sick.

In the next place, let us observe the fittings of the Hospital. Generally speaking, they are similar to those of the ordinary bedrooms. In some cases the surgeons have succeeded in obtaining better mattresses

and improved bedsteads; but it is nearly always a battle between the Surgeon and the Board as to the degree of comfort which is to pervade the sick ward. Then, as to nursing: formerly a paid nurse was unknown; in many Unions they are now to be found, but you will seek in vain for the improvement in nurses and nursing so happily introduced by Miss Nightingale into other hospitals. As in the Strand, St. Giles's, and Holborn Unions, the nurses are still paupers, who are induced to undertake the office by the bribe of an extra diet and a pint of beer. It is right to observe, that the Poor Law Commissioners only tolerate this arrangement because they have no authority to enforce an alteration. We see how impossible it is to select proper nurses from the pauper class, when we remember that the able-bodied inmates of the workhouse consist of those only who are too idle and too dissolute to maintain themselves by honest labour elsewhere; and these being manifestly unfit, there remain only those who are more or less invalid; and it is practically from the old and infirm, and from the convalescents, that the selection must be made. Such persons, even were they morally qualified, are physically incapable of the lifting and fatigue incident upon the performance of their duties: we may be certain that no more attention will be given than is necessary to prevent complaints and escape the charge of neglect; and that the efforts of those most willing will fall far short of what is really requisite.



Having noticed the Hospital, we have now to offer a few remarks on the Medical Officer and his duties. In the first place, he is required to be a fully qualified practitioner; and as the experience which may be gained from a well-regulated Hospital is accepted by the public as one of the best guarantees of superior skill, there must be some reason why the Union Workhouse Surgeon does not find the advantages which accompany such appointments elsewhere. The position of Union Surgeon is, indeed, rather damaging than otherwise to the holder's reputation; and this feeling is probably due to the general inferiority of the Hospital, its unpopularity amongst the poor, its privacy, and the principle which, in seeking to save the poor-rates, throws as much work as possible upon the public charities.

Neither the Poor Law Commissioners, nor the Guardians generally, encourage the practice of surgery, or the admission of acute cases into the Workhouse Hospital. A proper staff of nurses would in that case be absolutely necessary, besides a host of other arrangements which are quite exceptionally found in these establishments. Although amputations and other capital operations are paid for in the cases of out-door poor, such is not the case when they are performed in the Workhouse; and in many cases the Guardians subscribe to the local hospital with the express object of sending away serious and expensive cases. Any professional zeal manifested by the surgeon is, moreover, too often

checked by remonstrance as to the expense incurred.

But in order to form some conception of the duties and responsibilities of the Workhouse Surgeon, let us accompany him through his daily round, which ought to be commenced before two o'clock in the day, that he may inspect the applicants for admission, who have to be washed, clothed, and accommodated before night. It is his first duty to see that no contagious or infectious disease enters the house. Itch and ring-worm are his especial horror, for, to say nothing of the expense of curing them, once admitted, they are not easily expelled. Typhus fever and small-pox have also to be guarded against, and every person not vaccinated must have that operation at once performed.

The next visit is to the surgery; and notice of his arrival having been given throughout the house, he examines every inmate who expresses a wish to consult him.

Amongst these there will be a large proportion of malingerers, whose only wish is to obtain the comforts and idleness of hospital life; others, hopeless of this, solicit change of diet, abstinence from work, extra beer, and some other indulgences which the Medical Officer can alone grant. Great discrimination is required to separate the really sick, especially when the applicant has been frequently present in the former category. Then come the children from the day and infant schools, a per-centage of whom require more or

less attention, and the whole a constant supervision, in order to prevent the extension of infantile disease. The casual ward, the lying-in ward, the insane ward, and the nursery, have all to receive a visit; and, last of all, the Hospital, where the nature of the duties depends chiefly upon the efficiency of the establishment and its popularity amongst the poor.

Every workhouse contains a large proportion of cases which require supervision only. It is nursing rather than medicine they want, and without the assistance of a thoroughly conscientious, well-paid nurse, such patients will require the constant care of the Surgeon to guard against the idleness, carelessness, and cruelty of the pauper nurse, who, however smooth and attentive before the Surgeon's face, will be nearly certain to neglect the patient during the rest of the day; and woe betide the unfortunate one who shall dare to complain, for he can be made to suffer a thousand annoyances which, individually, do not amount to positive neglect.

But when an acute case presents itself, new anxieties arise which no foresight or care of the Surgeon can entirely prevent. The utter inefficiency of the pauper nurse is only known to the Surgeon when an important operation is performed, or when life hangs on those minute attentions which constitute the very essence of successful nursing; and, surely, it is the duty of the public to provide the proper agents for carrying out the directions of the Surgeon. It is a mockery to have hospitals without a staff of nurses

—a scandal that would be intolerable under any other system than that of the Poor Law.

Once a-week it is necessary to make a general inspection of the house, which ought to be done in conjunction with the Visiting Committee of the Board of Guardians, in order that they may support any representations or improvements which it may be necessary to make. The attention must be particularly drawn to the sanitary condition of the day-rooms, the dormitories, the wards of harmless insane, the general drainage, the school-rooms, as well as the character of the food and the dietary of the house. Lastly, the Medical Officer is required to report weekly, in a book provided for the purpose, the name, age, disease, diet, &c., of every case under his care, and in a column of days, the special days upon which each case has received a visit.

The Commissioners have lately censured the Medical Officer of the Holborn Union because he was unable to swear to the accuracy of these entries. But inquiry would show that this could scarcely be done by any Workhouse Surgeon in the kingdom. The system is impracticable, and the Commissioners should take a lesson from the organization of the civil or military hospitals if they wish to have a satisfactory record of the duties performed.

It will need only a short argument to show that the remuneration of the Surgeon is miserably low. In the Holborn Union, the Surgeon had 20 patients under his constant care, and his salary was £100 per

annum. For this he furnishes medicines and other appliances; and if comparison were made as to the cost of medicines, &c., &c., at the public Hospitals, it would probably be found that at least one-third of the salary would be expended in this way. At Carlisle Workhouse the Surgeon appears to have prescribed for more than sixty patients a-day for the salary of £40 per annum, and the Board have only lately increased the amount to £100. With such salaries, it is not to be wondered if the zeal of the Surgeon is somewhat moderated, and that he shares involuntarily the wishes of the Guardians that the hospital shall be at least unpopular, and that as much work as possible may be transferred to the hospitals near.

It remains only to offer a few suggestions arising out of the foregoing history. In the first place, it would seem essential that at least one member of the Poor Law Board should be acquainted with Hospital duties and requirements. In conjunction with his colleagues he should have power to inspect Workhouse Hospitals, and to issue such regulations as may be necessary for their improvement. As the Government have power to double the present number of Poor Law Inspectors, the appointment of one or two such officers could be made without any new legislation, and would be of undoubted assistance to the present Board, who have no one to advise them on these subjects. The task of the officers would be, perhaps, delicate and difficult, for the Poor Law

Board have at present no specific authority to insist upon the erection of suitable buildings, the appointment of paid nurses, or, indeed, of any improvement which might hereafter be thought necessary.

Such, however, is the force of public opinion, that remonstrances, judiciously made, would probably induce Guardians to do all that is required; and if not, the common law of the land is, or ought to be, sufficient to protect the sick poor from cellar hospitals, pauper nurses, and insufficiency of food and linen.

The Establishment Charges of Unions are already so heavy as to make it difficult to propose any additional number of paid officers, but it may be hoped that the proposed legislation on the law of settlement will lessen this objection; and the Government might propose to pay half the salaries of the nurses, as they already do in the case of the surgeons and schoolmasters.

The introduction of any Hospital system would require considerable modification to suit the size and population of the various Unions. To speak generally, for large towns — where the Workhouse Hospital may contain from 80 to 100 beds — the arrangements should be somewhat similar to those of the neighbouring charity. The staff should consist of a Surgeon and Physician, whose visits should be made at regular and fixed hours, and be open to the inspection of the whole profession. Records of important cases ought to be preserved, and quarterly

reports made as to the duties done. There should be a House Surgeon to supervise the nurses, and dispense the medicines, which should be supplied at the cost of the Guardians from wholesale houses. With good wards and nurses, every patient, when admitted, would feel that he had a hope of cure still left, and that in any case he would receive all the advantages which kind nursing and skilful treatment could confer. The post of Surgeon and Physician would become one of honour rather than profit, for both would know that the true recompense would not consist in salary alone, but in the consciousness of service well done, and in the reputation which is sure to follow.

In the agricultural districts, the Workhouse Hospital should more nearly resemble the cottage hospitals, which have been so successfully organized in various parts of the country. Two or three well-ventilated rooms, and a thoroughly practical nurse, are the most essential conditions, and in these cases, the Surgeons should provide the medicines and appliances as they do now. Greater encouragement should be given to the poor to enter these Hospitals, where their cure will probably be quicker and more perfect than in their own houses. The members of any working man's family should at once be admitted upon the order of a Relieving Officer, Guardian, or Overseer of the district in which he resides, or upon the payment of a weekly sum suitable to his condition. The residence in Hospitals should be made as agreeable as possible by the per-

mission of visits of friends, whose assistance should not be altogether despised—for the true object is to render help, consistently with the maintenance of independent feeling, the destruction of which is to pauperize the whole family.

In the short space of a pamphlet, it is impossible to enter upon further details as to the organization of Workhouse Hospitals, indeed the necessary knowledge is accessible only to Parliament and the Poor Law Board; but the object of this paper will be attained, if it shall lead to inquiry, to discussion, and to an honest wish that the evil complained of may be effectually removed.

The magnificent medical charities of our land, established and supported by individual benevolence, are usurping the duties of society at large. Their object is frustrated, and their utility impaired, by the increasing number of paupers who crowd their doors. These come, not less for the food they sometimes obtain, than for the medicines they require, but they come chiefly because they have no confidence in the medical relief provided by the Poor Law, and, least of all, in the treatment received in the Workhouse Hospital.



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