

An account of the condition of the infirmaries of London workhouses.

Contributors

Hart, Ernest Abraham, 1835-1898.

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AN ACCOUNT

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CONDITION OF THE INFIRMARIES

OF

LONDON WORKHOUSES.

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By Ernest Hart

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1866.

THE CONDITION OF OUR STATE HOSPITALS.

It recently became abundantly evident that a general inspection of the infirmaries of our workhouses was, for many reasons, advisable. Grave scandals such as those which rose to the surface in the investigation following the deaths of two paupers, *Gilbert and Daly*, in different workhouses, gave but too good reason to suppose that there were underlying states of mismanagement and neglect which might with advantage be examined. Considering, therefore, the moment to be opportune for inquiry, I obtained the consent of the proprietors of the *Lancet* to the formation of a Commission for the investigation of the condition of these infirmaries. With their assent I secured the able assistance of Dr. Austin, of the Westminster Hospital, and Dr. Carr, of Blackheath (who had already been appointed on a previous occasion to assist Mr. Farnall in an official inquiry into the case of *Daly*). Together we have visited nearly all of the metropolitan workhouse infirmaries. The main facts disclosed by the inquiry, so far as it has yet extended, are, I believe, of large significance, and suggest questions of important importance. The reports on each house have been published from time to time, and I wish to summarise the results here, for public and parliamentary consideration, believing that a strong case exists for legislative interference.

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Our workhouse system, like most of our national institutions, has been slowly evolved out of the growing wants and been modified by the conflicting interests of an ever-increasing population. Originally, and in the main, workhouses were intended for the reception of a class of paupers, including many sturdy worthless vagrants, many idle helpless drones, who undoubtedly needed to be treated with a modified severity which should discourage their pauper tendencies. By a series of restrictions and tests which have more or less effectually served the purpose in view, the indoor population of our workhouses has been brought to such a condition that in a metropolitan house an average of nine-tenths are chronically infirm and disabled, imbecile, or acutely sick. Thus the inmates of the sick wards properly so called constitute but a small proportion of the actually diseased population. This is a rule without exception. To give examples taken at random: at Clerkenwell, out of 560 inmates, there were found about 250 sick and 280 infirm (including about 80 insane). At Shoreditch, out of 700 inmates, there were 220 in the infirmary, 140 insane and idiotic, and seven-eighths of the remainder were chronically infirm. In most metropolitan houses the term able-bodied is a mockery when applied to any considerable section of the inmates. To adopt, however, official figures, there were returned, in 1863, 31,354 paupers in the London houses; of these 1,683 were insane, 20,622 were sick and infirm, requiring medical tendance, and although the remaining 9,049 are described as able-bodied, yet we may affirm on reliable grounds that at least two-thirds of these would be diseased or infirm. Now compare these figures with those expressive of the accommodation provided for the sick in the great metropolitan hospitals, to which we look with pride and of which we think with gratitude. Those eighteen hospitals of London provide only 3,738 beds. They barely skim the surface of the sickness and suffering of this seething cauldron of human misery,

and we are bound to recognise the fact that the great State hospitals of the country are in very truth the infirmaries of the workhouses.

This fact has been too little known. Private munificence and the continued stream of popular charity have not failed to supply the voluntary hospitals with the means of adequately tending the poor received within their walls; and the watchful care of subscribing governors and the medical staff has the effect of making them truly what they assume to be—houses of restoration for the sick. But we have been accustomed to think of the infirmary as mainly an appendage to the workhouse, and rather as a receptacle for pauperism than as a healing home for the great mass of the destitute diseased. The contrast between the two interiors is painful and violent, but probably it was never known how extreme or disgraceful, until this Commission had undertaken systematic and instructed inquiry. The infirmaries having grown gradually in size and importance, the system of their present administration presents all kinds of variety. In some the buildings are good, in others they are execrable, and entirely incompatible with the welfare of their inmates; some have a resident officer, others have none; some few have paid nurses; in some the guardians provide the drugs, in others the paid medical officer farms the place, himself providing drugs, attendance, and dispensing for the inmates. There is no uniformity; there is a general meanness of administration; frequent examples of neglect amounting to extreme cruelty; many instances of gross mal-administration; and a prevailing ignorance on the part of the authorities of the principles on which what are in truth great hospitals should be managed, and of the means by which such establishments may be made to fulfil their functions and to deserve their name.

It is desirable to state some of the leading facts on which this judgment rests. I may fairly predicate some of the more prominent features which should characterise hospitals.

There should be suitability and salubrity of site ; good drainage and water supply ; separation of the sick from the convalescent, of the acute cases from the chronic, and the contagious from the non-contagious ; an architectural construction which admits of free ventilation, admission of light, supervision by the medical officers and superintendent nurses ; an educated nursing staff, and competent medical attendants, sufficiently numerous, and at hand when required. Such a combination is the rule at all our voluntary hospitals. Not only is it not to be found in most of our workhouse infirmaries, but it is abundantly evident that it can hardly be said to exist in any of them ; that the greater number are deficient in many of the most important particulars, and the majority in all. Thus, at the Strand workhouse, not only are the buildings in themselves thoroughly unfitted for hospital occupation, but they are closely encircled by workshops, mews, &c., and the Guardians have had the inconceivable stupidity to raise a nuisance of their own, by establishing and carrying on for years a large carpet-beating business, which is transacted in the yard immediately below the windows of the sick wards, so that the patients are choked with the poisonous dust and stunned with the perpetual noise of this offensive trade. Although many remonstrances have been made, the Guardians have proved so blind to a sense of their duty as to persist in this noisome nuisance to the sick of whom they have the care, because the business is profitable. At St. Martin-in-the-Fields the ground within the buildings is raised greatly above the level of the surrounding streets ; so much so, that the ground-floor rooms look like basement cellars, and this is due to the fact that the site is an ancient and well-stocked *church-yard* ; and these rooms, with this offensive abutment of churchyard earth blocking up the windows on one side, have been converted into surgical wards. Not one of the wards is more than 8 feet 6 inches in height, and the surgical wards are scarcely over 8 feet. The allowance of cubic feet

bed on the average of four wards is only 428 feet, and to afford the elements for appreciating this fact, we may state that 1,200 feet is the allowance prescribed for military hospitals by the recent decision of the Barrack and Hospital Commission. These surgical wards are not only thus limited in space, detestable in site, and low in elevation, but they are gloomy and dark. At the Clerkenwell house the cubic space actually allowed is again only 429 feet. The house is a tall, gloomy brick building, consisting of two long parallel blocks, separated from each other by a flagged courtyard, not more than fifteen or twenty feet wide, the hinder block closely environed by a low class of buildings, the front looking into the street. The cramped, winding staircases, interrupted by all manner of inconvenient landings, render the stairs a special nuisance instead of an effective source of ventilation, as they should be. The imperfect allowance of entire space in the wards is aggravated greatly by their low pitch, the very insufficient number of windows, and the absence of thorough ventilation; while here again, to put the climax on the extreme unfitness of the building, the authorities have established the parish *dead-house* in a snug corner of the yard just mentioned, and in close proximity to it a dust-bin, which the parish ought to empty twice a week, but which they occasionally neglect.

At the Strand workhouse, perhaps, the buildings are more ill fitted for the purposes of an infirmary than in any of the London unions, not excluding those just described. The house, as originally constructed, consisted of a large brick building, capable of accommodating 288 persons. At one extremity of the grounds is a small building, capable of receiving 64 inmates. Of this, the ground-floor was designed to serve as the infirmary of the workhouse. But if we compare the actual practice with the original intention, we find the strongest evidence of the development of the hospital department of the union, and the absence of any proportionate extension of the means of accommodating

sick patients after the manner which their condition demands. No less than seven-eighths of the sleeping accommodation provided in the workhouse is now occupied by more or less sick people.* I have already referred to the closeness of the wards, the confinement of the site, and the voluntary nuisance of carpet-beating under the ward windows superadded by the Guardians. Let me not omit to speak of the infirmary of St. George-the-Martyr, surrounded by bone boilers, greave and catgut manufacturers, and placed amid a nest of ticket-of-leave men. At Greenwich the site is below water-mark, and the foundations are liable to be flooded. The entire space per bed is about 450 feet. A number of wards in the roof are low, hot, crowded, and badly ventilated. Several of the wards (*e.g.* the lying-in ward) have no water-service at all, and the subsidiary architectural arrangements are correspondingly bad. I might multiply examples, but it will suffice to say that the infirmaries of the Strand workhouse, Islington, Clerkenwell, St. Giles, St. Martin-in-the-Fields, St. George-the-Martyr, Greenwich, and London West Smithfield, have irredeemable defects which render them quite unfit for hospitable purposes, and that St. James's, Westminster, Chelsea, St. Luke's, Lambeth, Lewisham, Camberwell, Bermondsey, Holborn, and London East, are only suitable for chronic cases, even after carrying out necessary improvements.

It is to be noted that even where the Guardians are building new metropolitan infirmaries, as St. Leonard's, Shoreditch, they strictly confine themselves to the absurdly small minimum of space which the Poor-law Board sanctions indiscriminately for hospital as for general accommodation. No one possessing adequate information on the subject would

* Bermondsey workhouse presents many of the worst defects of the Strand. Aaron and Lazarus wards are low, dark, and miserable, lighted only from one side, abutting on a dead-house and other nuisances. The old part of the house is very ill built, the infirm patients are treated with a painful disregard of humanity, and the sick are badly nursed. The only day-room for men is a closed wood-shed.

think of building infirmary wards with less than 1,100 or 1,200 cubic feet of space for each bed, but the St. Leonard's Guardians speak with great pride of the really fine pile of buildings which they are erecting, but which are calculated only to afford a bare modicum of 500 feet to each patient. As a contrast to this ignorant parsimony let me mention that at the Charlton Union Hospital, near Manchester, which is now in course of erection, the building will consist of five portions or blocks, at a distance of 100 feet apart, each portion being 124 feet in length by 24 feet in breadth, with three floors, and to contain ninety-six beds. To each patient will be allotted 1,350 cubic feet of space. While commending this example to the notice of the builders of the new Shoreditch Infirmary, which is still in process of erection, I must ask how it is that the Poor-law Board is still satisfied with the wretched allowance of 500 feet, which is little more than a third of what is really desirable; and I must mark also the tacit censure on the authorities implied by the intelligent expenditure of the Charlton Union. The greater number of the London unions are governed by guardians who are small tradesmen, chiefly anxious to save the rates, and inclined to every kind of cheese-paring which, at the cost of ultimate waste, may effect a present saving. They not only misconceive the character of their duties as governors of State hospitals, but they know nothing of the wise liberality by which the efficiency of a hospital is made to constitute the essence of its economy—an economy in health, strength, and rapidity of convalescence, which has its own true and considerable money value to the parish. Fresh air, free ventilation, plentiful light, a dry site, and abundant supply of water; these are among the primary necessities of a hospital building. It is not a satisfactory reflection that in the great metropolitan infirmaries not only are the sick denied the fitting combination of these elementary requisites, but that in many of them they have hardly one of the list. It is still less consolatory to know that the

authorities who govern these institutions have not yet been awakened to even a sense of their deficiencies, and have for the most part turned a deaf ear to remonstrance; nor is it hopeful to find that the requirements of the Poor-law Board are so considerably below the acknowledged standard of sanitary law.

If we pass from the review of the constructions now used for infirmary buildings by the metropolitan unions to the investigation of their interior arrangements, we shall find them present yet greater contrasts with the ordinary standard of hospital care and varieties *inter se*. To speak first of the medical attendance. The duties assigned to the medical officers are frequently such that the exertions of two or three properly remunerated persons, whose time should be wholly given to their performance, could hardly perform them adequately. I desire to speak with all respect of the medical officers. Assuredly no more hard-working and ill-paid officials exist in this country. But I do not hesitate to say that the medical attendance supplied to the sick poor in the workhouse infirmaries, as compared with that which they get in the hospitals of the metropolis, is, to speak plainly, and regarding these infirmaries as a whole, painfully insufficient. At St. George's Hospital, for example, with 350 patients, there are four surgeons and four physicians, who each pay an average of three visits a week; there are two resident apothecaries, three resident house-surgeons, and a dresser for each surgeon. At St. Mary's Hospital, with 150 patients, there are three physicians in ordinary charge of in-patients, three surgeons, four resident medical officers, and three dressers. Now let us take examples of the provision made at union workhouse infirmaries. In the Strand Union, for the charge of nearly 200 persons acutely sick and 400 infirm, one medical officer only is employed. The salary which he receives is so absurdly small, £105 a year (he being expected to find the majority of the drugs), that it is of course necessary, and it is ex-

pected, that the medical officer will largely supplement his means by private practice. He is of necessity non-resident. At Greenwich, where out of one thousand inmates, some nine hundred are more or less disabled, four hundred being on an average officially under medical care, there is again only one medical officer, non-resident, without a dispenser, and absurdly under paid. At Shoreditch Infirmary, for the care of 220 sick patients, 140 insane, epileptic, and imbecile, besides the usual large proportion of infirm, out of a total population of 700, there is but one medical officer and no dispenser or assistant. This gentleman, non-resident, wretchedly ill paid at the rate of £120 a year, is supposed to find an opportunity for performing adequately the medical service of this vast establishment in about two hours of morning visit, during which he has to perform the combined duties of medical officer, dietist, and dispenser. To say that such arrangements are an insult to common sense, and an outrage on humanity, will only be to express the sentiments of every one who thinks over the disproportion of the duties to the time and energy assigned to them, and the pitiful remuneration by which the work of sick services is officially gauged. To offer such salaries, and to prescribe such arrangements for the medical care of this large number of sick, bespeaks an absence of appreciation of the character and extent of the tendance necessary and usual, whether in hospitals or elsewhere, which affords a key to the general mismanagement of these infirmaries.

Skilled nursing is hardly a less important element in the good management of sick wards than sufficiency and competency of the medical staff. Unhappily the deficiency which I have to note here is one which it may not be very easy effectually to remedy. The majority of the nurses employed are pauper nurses, either unpaid or rewarded by a very small gratuity. They are for the most part very unfitted for the work. Nursing is an art of no small difficulty, and requiring a proper training; and very few persons, even of the better

class, are fitted to perform the duties of a hospital nurse without a proper apprenticeship. What the interior may be of an infirmary ruled by pauper nurses may be best gathered from the following picture from my report on St. Leonard's, Shoreditch, an establishment which, as I have noted, possesses superior architectural pretensions, and has good provision of baths and lavatories, &c., attached to each ward.

“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 organisation 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. . . . The outer surface of the beds is 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 bed-ridden for the

last few days to rise and give it to her. Other patients had not had their medicine because they had diarrhœa; but the suspension had not been made known to the doctor, nor had medicine been given to them for their diarrhœa. The nurses generally had the most imperfect ideas 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. I 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 one fact, that I 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 patient was 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 patients have since died: no inquest has been held on either."

This description of what I actually saw, and noted at the time in writing, I can vouch to be minutely accurate. Dr. Anstie, of the Westminster Hospital, one of my colleagues in the inquiry, accompanied me, at my request, at my second visit, and adds his personal testimony to all the details; while an attempted refutation of some details by the *Guardians* has only afforded the most ample confirmation of the entire accuracy of these statements. They will long remain as a striking record of abuses of which it were otherwise

impossible to believe the existence in this century, and in this metropolis. It is unnecessary to say much more about the system of nursing to show the necessity for grave alterations ; but there is one point very lightly passed over in this statement to which I must direct attention. "There are no night nurses at this infirmary," nor are there at most other houses. Yet not one who is at all cognizant of the working of hospitals, not one indeed who has had any personal acquaintance with the nursing of any sick friend or relative, but will know that a ward management which does not include systematic night nursing is deficient in the first and most necessary elements of success. It is impossible probably for the managers of our voluntary hospitals to suppose their wards destitute of night nursing ; but we all know how much the sufferings of the sick are, in many acute diseases, nay, in most, aggravated during the night ; how often the invalid is athirst ; how much the helpless require to be occasionally shifted, and to be attended to in a thousand different ways ; the urgent need for frequent nourishment in the night to the feeble whose life-power is waning, or to the convalescent not yet out of danger.

Enough evidence has been adduced to support the statement that the infirmaries of our metropolitan parishes are at present on a footing altogether unsatisfactory ; and that their efficiency as hospitals is intolerable, and cannot be permitted to endure now that it has been fully disclosed. What are the remedies which can be suggested ? If the unions could be induced to act in concert, a plan might be devised for reorganising the infirmaries on a greatly improved scale, and without any large increase of expenditure. Some considerable increase there evidently must be, for the sick establishments of the workhouses have altogether outgrown the original anticipations of the founders : when, as at the Strand, there was provision for some sixty sick, there are now some four hundred infirm, one half being absolutely on the "sick list." The houses are now great receptacles

for the sick and infirm : at Greenwich, out of 1,000 inmates, only 100 were able to dine in the hall. Thus the traditions of the past are no longer suitable as guides for the present authorities, nor could any course be more costly in the end than a reckless parsimony. Not to speak for the moment of any humane motives, the negligence or the inefficiency, whether of construction or management, which prolongs the sickness, aggravates the consecutive disablement, or costs the life of a patient, has its own direct money cost, which in the first case is often to be multiplied by the progressive expenditure which is entailed on the rates for years by a disabled bread-winner and an unprovided family. If the parishes would combine, many of the worst infirmary buildings might at once be disused, and such buildings as are well fitted might be employed as receptacles for several of the parishes. Elsewhere three or four might unite to provide fitting hospitals. Those of Fulham, Kensington, Marylebone (if rebuilt), Paddington, St. Pancras, Stepney, Richmond, the out hospital of St. George's, Newington, Wandsworth, City of London, Mile End Old Town, Bethnal Green, Hackney, belong to the latter list. In these amalgamated hospitals something like a true hospital system should be introduced ; the duties and remunerations of the visiting officers of the unions should be fairly apportioned ; resident officers and dispensers must of necessity be employed ; the staff of nurses be weeded and reorganised ; a small staff of consulting officers be appointed, and a proper system of inspection inaugurated. In the last report of the Poor-law Board reference is made to the functions of the visiting committees by law provided at each infirmary, and the regulations laid down for them. In this connection it is important therefore to note that in houses where the most gross mismanagement and excessive abuses have been discovered by medical inspectors in a few hours, the visiting committees have been most regular in their attendance and systematic in their reports. The fact is, that the material of which

London Boards of Guardians are composed does not supply a sufficient number of men able and willing to perform duties which require special knowledge, considerable tact, and the devotion of much time. Moreover it is evident, from the fact that these abuses had largely escaped the attention of the able Poor-law inspector of the metropolitan district, while they were so quickly discovered by medical observers, that the infusion of a medical element into the inspection of Poor-law union houses is essential to their efficiency. This subject cannot escape notice in Parliament during the next session ; and unless the Poor-law Board is ready to assume the responsibility of a general measure of reform, which it will be necessary previously to concert with the authorities of the unions, it is probable that a Government commission or committee of the House will be required to investigate the whole matter, or to supply data for satisfactory legislative action.

ERNEST HART.

69, Wimpole Street, W.

February, 1866.