The *BMJ* and poverty

F B Smith

Australian National
University, Department of
History, Institute of
Advanced Studies,
Canberra ACT 2601,
Australia
F B Smith, PHD,
professorial fellow in history

Br Med J 1990;301:734-7

"Poverty" has been an uncommon word in the *British Medical Journal*. Editors and contributors, until the 1930s at least, preferred to use "the poor," usually in connection with particular cases. "Poverty" reappeared in the mid-1970s.¹ When it was invoked before the 1970s it implied a condition defined by a providentially ordered political economy comprising insecurity of income and wellbeing and prospects that compelled the lower classes to labour in an unequal society. They would not work, the editor of the *BMJ* declared in 1869, unless they were "goaded on by want." Successive editors agreed that plans to abolish poverty were essentially political and therefore beyond the ambit of the journal, although they often added that such schemes were inherently impractical and would endanger the "race of progress."

"The poor" presented more tangible problems. Their afflictions ranged across destitution, misery, and mendicancy. In each case the sufferer demonstrably lacked the capacity to earn the material and spiritual goods necessary to the preservation of his or her life and thereby became an object of the charity of those better endowed by providence, not least medical practitioners.

The kingdom's compulsory provision for the poor through the poor laws directly affected the *BMJ* and its readers. The poor laws controlled medical attendance on paupers. The British Medical Association, whose organ the *BMJ* became, had its origins in part in practitioners' discontents with those laws. The *BMJ* continued to express its readers' discontents as the state and local authorities evolved successor schemes to the poor laws, national assistance, and the National Health Service, in which medical practitioners remained the crucial operatives in catering for the deprived.

Support for doctors' rights

The workhouses and infirmaries provided under the poor laws for able bodied and enfeebled paupers were not intended to be welcoming places. Editors of the

BMJ, notably Ernest Hart from 1866-97, kept the workhouses under scrutiny, partly from a resolve to better the standing and incomes of their general practitioner readers as contractors in the scheme and partly from moral outrage at the cruelties the editors discovered. They pursued cases of abuses and reported the findings with a defiant specificity that makes the modern reader blanch, recalling recent libel settlements.

Editors were particularly exercised when the workhouse doctor was cast as scapegoat in a scandal. And the scandals in the grossly underfunded, hopelessly ill managed system were endless. In December 1864 the indigent Timothy Daly "died from bed sores" allegedly developed while he was an inmate of the Holborn Union Workhouse. The medical officer, Mr Norton, was accused of neglect. Although *The Times*, whose proprietors detested the poor laws, condemned Norton, he was exculpated by an official board of inquiry bent on ending the affair. From the outset the *BMJ* defended Norton by showing that he was overworked and underpaid. Daly's cruel death resulted, the *BMJ* declared, from the coarse diet, slovenly nursing, and hurried treatments imposed by stingy local poor law guardians protected by a negligent government board. The *BMJ* showed more sympathy for Norton than Daly: "You have no right to expect that your pauper patients will receive proper medical treatment unless you pay your medical officers properly." This admonition recurs through the history of the *BMJ* to the present. Norton had been contracted at £100 a year, inclusive of the costs of drugs (which he had to supply) of £20 a year, to treat—or at least look over, dose, and poultice—an average of 40 workhouse patients a day, working out at around one penny per intervention (they hardly amounted to consultations). Thanks to the *BMJ*, *The Times*, the *Lancet*, and Florence Nightingale behind the scenes the Daly scandal and other scandals issued in provisions for improved workhouse nursing and slightly higher rates of pay for London poor law medical officers from the late 1860s.³

Workhouse conditions

During the next 40 years the *BMJ* competed with the *Lancet* in sponsoring private investigative forays into the workhouse system, particularly in the unreformed, poorer parts of the kingdom. "Special commissioners," unnamed senior medical men and, by the turn of the century at least, women, presented themselves without warning (it seems) at workhouse infirmaries and children's barracks, marched in and reported for publication what they found. At Newton Abbot in 1894, for example, they discovered that the female inmates wore unwashed clothes for long periods because they had no money to pay the private laundry woman. She sometimes settled for bartered food that the women had saved from their allowances (they were often unable to masticate anyway). The paupers and buildings were infected with lice. The women, more fastidious and dextrous than the men, used to pick them "off their bread in the dining hall." Bedbugs got

The Hospital Gate (St Bartholomew's) (circa 1867). Frontispiece to James Greenwood's "Journeys Through London"

Top: 65 High Street.
From Thomas Annan's
"Photographs of the Old Closes
and Streets of Glasgow
1868/1877"

Bottom: St Giles's: a low
lodging house ("London
Graphic," 1872)

into the cooking utensils. Unsupervised "idiots were almost always fighting with each other and many of them were covered with bruises." The elderly were tied into sack "jumpers" at night and then strapped to their beds. Their struggles, the commissioners noted, "produced black marks around [their] . . . throats." Sarah Bovey, who was paralysed, was beaten by her fellows, who were appointed to nurse as unpaid,

untrained "ward women," and tied into her "jumper" for a week. She also had her faeces stuffed into her mouth after she "messed" while dying.⁴ Ffestiniog Workhouse in the same year had idiots, elderly people, single mothers and their babies, and sick unemployed people still cooped up together, separated only by sex, in the hard old style. One woman with a fractured thighbone had received no treatment and only such help as "the matron or some kind-hearted . . . inmate could bestow on her. But she would probably have willingly dispensed with the attentions of the imbecile who was sitting on her bed when our Commissioner entered."⁵ The idiots in Loughrea Workhouse Infirmary in County Galway in 1896 were penned with the ducks in a dim walled ground floor space that appeared to the commissioners never to have been cleaned. The open privy and manure heap lay against the wall, while the other half of the ground floor space housed the laundry, which comprised tubs of dirty, unchanged soapsuds. The floor above, walled across the middle, lodged the female and male sick paupers.⁶

The *BMJ* succeeded in shaming the Dublin authorities into starting a rebuilding programme; providing better nursing, especially at night; nurseries for the children; improved diet scales; and plates, spoons, and forks for the inmates.⁷ Previously it seems that they ate what they could grab from a common pot or take with their fingers from platters.

Attaining the gentlemanly caste

The campaign had twinned objectives, as had been the case in the Daly scandal a generation before: "In the case of the [aged] . . . more suitable quarters and . . . a more varied diet [that is, other than the unending bread, potatoes, gruel, and skimmed milk] . . . can only be asked on the score of humanity, since these poor creatures can never be of any further service to the community; but in the case of the sick . . . prompt and efficient medical aid is the best economy; it often saves the rates from the burden of . . . a chronic invalid or his destitute family." The "battle" for more expenditure on medical attendance for the poor was not, the *BMJ* editor argued in 1904, "a selfish [one] for a single class but . . . to elevate one of the noblest professions."⁸ Until the advent of the NHS many general practitioners working among the poor and labouring classes from necessity in an overcrowded occupation, beset by low receipts and bad debts, saw themselves as never attaining that gentlemanly caste to which they aspired and which the upper ranks of the profession had long joined. Where "poverty" and "unemployment" or "underemployment" make their occasional appearances in the titles of notices in the *BMJ* in the 1920s and 1930s the items usually deal with the plight of medical practitioners.

Protection of unwanted children

The infants of the poor, especially illegitimate infants, also concerned successive editors into the Edwardian period. Unwanted, destitute infants could legally be placed with a baby farmer, who undertook to house them, find adoptive parents, or otherwise dispose of them, for a fee of around £10 a head. Starvation ending in death attributable to non-culpable "atrophy" or "marasmus" was a quick, economical, and safe method of removal. Thanks to the campaigns of the *BMJ* and the *Lancet* the authorities became more vigilant: Mrs Dyer of Reading was found to have disposed of at least 17 children in the 1890s; five of their emaciated bodies turned up in the Kennet and the Thames; nine others remained "missing"; three were found moribund at her house.⁹ She was only slightly

Top: "A London Slum of the 'Eighties" from John Betjeman's "Victorian and Edwardian London"

Bottom: Accommodation in a slum area in 1933. From "The Study of 25 Eventful Years in Pictures"

more infamous than her competitors. Ernest Hart worked tenaciously to end the trade. In 1868 he connived with a colleague, Dr Alfred Wiltshire, to publish an advertisement in a London suburban newspaper offering a child for placement. They received 333 offers of "adoptions." Wiltshire, posing as a distressed father with an illegitimate child, visited the addresses given by the respondents, which often turned out to be houses of "temporary retirement for ladies." His report in the *BMJ* pressed a reluctant government into producing the Infant Life Protection Act of 1872, although the bill was wrecked in committee and proved ineffectual. Hence the journal's continuing campaign to preserve these defenceless, materially unrewarding, poorest of the poor.¹⁰

Hart and his young coadjutor editor, Dawson Williams, intervened successfully in the 1890s to ameliorate the condition of the children herded into poor law "barrack schools." These institutions commonly housed up to 1500 or so unloved children in hopelessly squalid, overcrowded premises. In all, 89% of the inmates, the *BMJ* reported, "had granular ophthalmia" after one year of being in the institution. The girls were described as "sullen," "spiteful," "ignorant," and "self-indifferent." The local government board, which was responsible for the schools, neglected them, and its "inspectors" were the callous beneficiaries of "jobbed" appointments.

Again the authorities, fearful of the ratepayers, moved slowly. But by 1901 the *BMJ* was able to claim that the children were being dispersed to smaller institutions, and in 1908 the editor could boast that a majority of the children were in "cottage homes"

attending local schools. The *BMJ* wanted the process of "depauperisation" of the poor to spread to all of the "impotent" and "sick" who were objects of need through no fault of their own. The journal urged the abolition of the term "workhouse," and in official usage it seems to have been replaced by "establishment" around 1908.¹¹

The *BMJ*'s interest in independent investigative work on behalf of the poor trailed off after 1910. Medical radicalism softened under improvements in poor law services and probably an improvement in the incomes and status of a growing proportion of doctors under the National Insurance Act of 1911 and the chain of redistributive legislation that followed. The journal and its readership seem to have neglected the information about poverty and the poor generated by the new breed of social investigators—Charles Booth, Benjamin Seebohm Rowntree, Sidney and Beatrice Webb, Caradog Jones, and others. Their researches were brilliantly conceived and thorough, but the journal largely ignored them. When it did comment, as in the passing notice of Booth's monumental *Life and Labour of the People in London (1889-1903)* the *BMJ* accepted one of Booth's findings that 30% of people over 65 were receiving poor relief (this figure is now contested by historians) and then marvelled uncomprehendingly that Booth and his collaborators should have used so much industry to establish what every local doctor knew. Then the editor showed his motive for distrusting investigative interlopers: by showing the inadequacies of the poor law they opened the way to "state medicine."¹²

The *BMJ*'s distrust of social science saved it from backing the more apocalyptic declarations about "national deterioration" in physique and aspirations of the people in Edwardian times, when the officially gathered evidence and general practitioners' observations suggested the opposite. Humane empiricism also enabled the editors to ridicule the more brutal and authoritarian demands of the eugenicists in the 1920s and 1930s, whose evidence was as faulty as that of the deteriorationists (they were often the same people) two decades earlier. The *BMJ* was vigilant in protecting the civil interests of the feeble minded and insane. Mental or physical debility, the journal reiterated against the race hygienists, was not simply a matter of heredity and class differentiation: if the environment of C3 people (those in social classes V and VI) was improved they would improve. There were individuals of quality in all classes, and all classes threw up incompetent people. Nature played a part, but nurture a bigger one.¹³

Control of "personal habits"

Resistance to social inquiry in health matters had its costs. In 1910, while rejecting the Webbs' minority report of the Royal Commission on the Poor Laws, the *BMJ* recognised that preventive medicine had reached a new stage. Communicable diseases among the poor were in retreat. The new challenge came from the chronic degenerative illnesses "which diminish efficiency and shorten life," and these illnesses were worst among the poor. In part they were environmentally induced, but only "the state," not the profession, could act on "the environment," housing, smoke pollution, food standards, and lighting in board schools. The *BMJ* defined its role and that of the doctors as "to work medically and educate the poor." Curative medicine was to retain priority, and doctors, "working in a general invalidity insurance scheme," were to assume greater control over patients' "personal habits." The growing consumption of meat among the poor, for instance, seemed to be linked to the increased incidence of cancer, showing that the poor's eating

habits needed medical guidance. The general practitioner's fatherly relationship with his patients conferred an authority over personal habits that the state neither could nor should attain.¹⁴

This delimitation of medical responsibility served to obscure the congruities between bad housing, poor diet, and ill health as manifestations of the vulnerability of social classes IV and V. The *BMJ* did not seriously canvass these problems until the 1930s, when it began to report F C S Bradbury's correlations between the prevalences of pulmonary tuberculosis, unemployment, and deprivation in the "depressed areas" of Jarrow and Blaydon and G C M McGonigle's and J Kirby's analyses of malnutrition, overcrowding, and illness in Stockton on Tees.¹⁵

In these reports, as the *BMJ* presented them, "the poor" remained a category defined by their fecklessness and dependency on the national mainstay, the middle classes, including the medical profession who proved their worth as citizens by staffing the voluntary hospitals, attending "the . . . deserving . . . sick poor," and by "insur[ing their] houses."¹⁶

Awareness in the 1970s and 1980s

"Poverty" as a determinant of illness resurfaced in the *BMJ* in 1975, and the considerable and growing disparities in the incidence of illness between social classes V and I, now located by their occupational role in the socioeconomic hierarchy, were documented in the Black report of 1980 and its subsequent additions.¹⁷ The shaken tone of the leading articles and papers on this subject are reminiscent of those in the *BMJ* in the 1930s. Even the "depressed areas" have resurfaced as "poverty areas." Much the same districts of Liverpool that recorded the worst mortality figures and lowest life expectancy figures in the 1850s and 1930s were reported to have the worst health in the 1980s.¹⁸ But the medical and social scientists, who now collaborate in studying "the poor," show a keener empathy with the poor's handicaps in a socially mobile, affluent society, which possibly indicates the professionals' own increasing marginality—"less money, knowledge, intelligence and social contacts to help them cope . . . with adversity," summed up as powerlessness.¹⁹ People in social class V have a life expectancy eight years shorter than their compatriots in class I; three times as much reported mental illness; more coronary

1910s

- 1912: Paul Ehrlich's Neosalvarsan is introduced as an effective chemotherapeutic agent for treating syphilis
- 1912: Casimir Funk's paper on "vitamines" (later changed to vitamins) consolidates earlier work on the dietary factors in diseases such as beriberi, scurvy, and pellagra

heart disease; less self esteem and concern for their own bodies, reflected in 75% higher attendance rates at accident and emergency wards; and lower immunisation rates.^{20, 21} "Subsistence poverty" and "bare feet" have gone from Britain, one commentator on the Black report remarked in 1980, but the blighting poverty of body and mind persists, imposed by debility, age, want of skills, and unemployment.²²

Recent calls in the *BMJ* to change government policies and redirect resources to the poor are unmatched in their intensity since the editorship of Ernest Hart. Equally, these calls to implement preventive measures with their entailed redistributive mechanisms have roused the defenders of curative, fee for service practice and doctors' economic independence, who rehearse arguments that are familiar in the *BMJ* since its inception. A paper entitled "Deprivation and ill-health," was condemned in 1987 at a BMA meeting for being "too sociological and insufficiently medical" because it dealt "with ill-health rather than disease." Moreover, it equated "deprivation with inequality" and suggested "that deprivation caused the ill-health." In an aside that the opponents of the minority report of the 1909 Poor Law Royal Commission would have applauded, the document was dismissed as "political." But one element in the debate was new: publication of the article "would," a critic said, "kick in the teeth a government that had just been generous to doctors."²³ The eternal triangle between "poverty," the *BMJ*, and the government is as uneasy and intricate as ever.

- 1 Lord Taylor. Poverty, wealth and health, or getting the dosage right. *Br Med J* 1975;iv:207-10.
- 2 Anonymous. *Br Med J* 1869;ii:538.
- 3 Anonymous. Articles on the case of Timothy Daly. *Br Med J* 1865;ii:70-2, 143-4, 189, 235.
- 4 Anonymous. The terrors of pauperism. *Br Med J* 1894;ii:702.
- 5 Anonymous. The sick poor in provincial workhouses: Ffestiniog. *Br Med J* 1894;ii:607-8.
- 6 Special Commission of the *BMJ*. Reports on the nursing and administration of Irish workhouses and infirmaries. *Br Med J* 1896;ii:159-60.
- 7 Anonymous. Irish workhouse reform. *Br Med J* 1896;iii:216, 471-2.
- 8 Anonymous. Articles on the Irish poor law medical service. *Br Med J* 1896;ii:1105; 1904;ii:1480.
- 9 Anonymous. The baby farming horror. *Br Med J* 1896;ii:993-4.
- 10 Anonymous. Articles on baby farming and child murder. *Br Med J* 1868;ii:75, 127-8, 175-6, 301-2; ii:121, 315; 1902;iii:1965; 1905;ii:110.
- 11 Anonymous. Articles on poor law schools. *Br Med J* 1896;ii:168, 934, 991; ii:919-20; 1908;ii:1324.
- 12 Anonymous. The aged poor question: men and not measures. *Br Med J* 1894;ii:1317.
- 13 *Br Med J* 1904;ii:37, 319, 625-6, 1317-8, 1325-6; iii:455; 1910;ii:220; 1920;ii:382 (rejecting assertions about "national deterioration"); 1881;ii:411; 1905;ii:604-5 (defending the insane); 1921;ii:1021; 1925;ii:1232; 1926;ii:838; 1928;ii:499; 1945;ii:927 (rejecting assertions about purely hereditary sources of mental and physical debility and claims for eugenics).
- 14 Articles on the poor law commission. *Br Med J* 1909;iii:36-7, 167; 1910;ii:220, 521-2.
- 15 Articles on welfare. *Br Med J* 1932;ii:1203; 1933;ii:473; ii:980-1; 1934;ii:286, 958; 1946;ii:841.
- 16 Anonymous. Hospitals for the middle classes. *Br Med J* 1926;ii:385.
- 17 Lord Taylor. Poverty, wealth and health, or getting the dosage right. *Br Med J* 1975;iv:207-10; 1980;ii:762-3.
- 18 Delamothe T. First United Kingdom healthy cities conference, Liverpool. *Br Med J* 1988;296:1117-20.
- 19 Fox J. Social network interaction: new jargon in health inequalities. *Br Med J* 1988;297:373.
- 20 Marsh GN, Channing DM. Deprivation and health in one general practice. *Br Med J* 1986;292:1173-6.
- 21 Mitchell JRA. The nation's health. *Br Med J* 1988;297:749.
- 22 Morris JN. Equalities and inequalities in health. *Br Med J* 1980;281:1003.
- 23 Smith R, Beecham L. Discussion document on deprivation published with political disclaimer. *Br Med J* 1987;294:1300.

"Cripple in Smoke from Factory Chimney" by Arthur Boyd (1942) (Reproduced by kind permission of the artist)