REPORT

OF THE

Royal Commission on the
Poor Laws and Relief
of Distress.

REPORT BY DR. J. C. McVAIL.

DR. J. C. McVAIL, county medical officer for Stirlingshire and Dumbartonshire, undertook at the request of the Royal Commission to inquire into and report on the methods and results of the present system of administering indoor and outdoor Poor Law medical relief in certain unions to be selected from a list drawn up by the Commission.

The inquiry, which began at the end of April, 1907, and terminated at the end of that year, was confined to England and Wales, and with regard to certain inspections Dr. McVail had the assistance of Dr. Joseph William Gill. The rural unions visited were chosen from different parts of the country, and in eleven instances both indoor and outdoor medical relief were studied; in four other rural unions only the workhouses were visited. The urban unions in which both indoor and outdoor inquiries were conducted were King's Norton, in the Birmingham district; Pontypridd in South Wales; Salford; and Hull. Barry Docks, St. Helens, Camberwell, and Edmonton were also visited; and the Whitechapel Infirmary, the Chelsea and Kensington Guardians' Children's Cottage Homes, and the West London Children's (Barrack) Schools were inspected. Dr. McVail deputed Dr. J. R. Currie to visit nine Poor Law dispensaries in the metropolis, two in King's Norton, and four in Salford. The visits to the unions were paid without previous intimation to the guardians or their officers.

Questions of medical relief and other relief are so closely related that Dr. McVail in reporting on medical relief found it impossible to keep clear of references to some other questions. The recommendations and suggestions he makes are of a twofold character, being based, first, on the assumption that the present local organizations will remain but be improved in detail; and, secondly, that there may be a fundamental change in the local authorities, or a transference to county or municipal administration of medical work at present done under the Poor Law, with the object of developing the preventive as distinguished from the curative or palliative side of medical treatment.

Dr. McVail concludes his report by two memoranda. The first one adumbrates a scheme of medical provident institutions maintained partly by members' contributions and partly by public funds, and indicates the possible relation of such a system to the Poor Law, to the great friendly societies, to the present system of free hospital dispensaries (out-patient departments), and to the work of the medical profession. The second memorandum deals with home medical inspection.

The appendices to the report contain notes on the various unions visited, and Dr. Currie's report on the Poor Law dispensaries visited by him.

INADEQUACY OF THE POOR LAW MEDICAL SYSTEM.

We may turn at once to Dr. McVail's general conclusion and quote it in full, drawing particular attention to the truth of the picturesque phrase with which it opens:

Poor Law medical relief, both urban and rural, is a cripple supported on two crutches—the general hospitals on one side, and gratuitous medical work on the other. The general hospitals supplement the workhouse infirmaries, whilst the unpaid work of the district medical officers and other medical men supplements outdoor medical relief. The fact is that the whole system would break down if it were not thus assisted. But it is obvious that such charitable contributions in supplement of the Poor Law cannot be uniform throughout the country. Medical men are not all alike in their willingness to work for nothing, private charity does not equally abound everywhere, general hospitals are not equally well supported everywhere, and are not within convenient distance of every part of the country. At present there is nothing at the same time systematic and complete in the provision made. The systematic part is the Poor Law, whose operations, though national, are

incomplete and insufficient. The completing part is local, and consists in the gratuitous work of the doctors and the assistance of private charity and the general hospitals; but these are not systematic. And I have already given facts to show that medical relief is inadequate in its dealings in respect of paupers, with the most important medical problems of the time, the healthy up-bringing of children, the control of phthisis, and the early preventive treatment of disease.

Dr. McVail condemns a public policy under which an authority representing the community confers personal benefits without any accompanying requirements as to good order or obedience, and maintains that it is not worth while to enter on any reform of the Poor Law unless this policy is changed. In expressing this opinion he specifies the following familiar conditions as among those which he has in mind:

Lazy, drunken loafers are taken into the workhouse to be cleansed and fed, and tended during their recovery from a debauch, or are sheltered and boarded through the inclement weather of winter, and let out again to revert without restriction to their life of misconduct in summer. Prostitutes come in to be treated for the foulest diseases, and go out again to resume their old career. Persons suffering from the most serious transmissible maladies are afforded relief without prevention of opportunities to inoculate the healthy or contaminate the next generation. Weak-minded girls or dissolute women enter the workhouse to be delivered of illegitimate children, and go away again to return time after time in the same condition. Phthisis cases are maintained in crowded, unventilated houses where there is unrestrained facility to convey the disease to their own offspring. Diabetes cases live on the rates and eat what they please. Infirm men and women supported by the Poor Law are allowed to dwell in conditions of the utmost personal and domestic uncleanness. Widows get money for the upkeep of their family without any advice or requirement as to the spending of it or as to the healthy rearing of their children. Outdoor medical attendance is freely and unconditionally provided by the guardians for the drunken and the immoral.

Dr. McVail then makes two sets of recommendations, one to apply if boards of guardians are continued, and the other if they are to be replaced by a comprehensive system for the prevention of disease and the relief of sickness and destitution.

REFORM.

If the guardians are to remain, Dr. McVail advises that the Local Government Board should possess and exercise much greater authority, and should have the power and will to enforce the observance of the rules and regulations which it issues from time to time. He considers:

1. That the administrative areas of most boards of guardians should be greatly enlarged, so that each would have under its control multiple institutions capable of being devoted to separate charities.

2. That both indoor and outdoor medical relief should be under regular and systematic inspection by medical inspectors of the Local Government Board, who should in their reports include a reference to the kind and quality of the work done by medical officers and nurses, indoor and outdoor; to the size and convenience of the areas in which the work is done; to the salaries paid and the sufficiency of the medical and nursing staff provided by the guardians.

3. That the salaries of medical officers should not cover the supply of medicines, and that the minimum fees paid to medical officers, indoor and outdoor, for attending midwifery cases should be increased, and no extra payment made in respect of difficult cases.

4. That the management of phthisis should receive much more attention than at present, and that the sanitary supervision of paupers' houses in which cases are being treated should be regular and thorough, and that to this end the district medical officers should intimate to the medical officer of health all phthisis cases coming officially under their notice, as is now being done in England under the recent order of the Local Government Board; that the boarding-out of suitable cases in country cottages should be arranged for, and that reasonable and properly designed provision should be made in Poor Law sick wards and infirmaries for cases of phthisis which cannot be otherwise dealt with.

5. That epileptics should be treated in separate institutions or colonies, and imbeciles partly by boarding out and partly in special institutions.

6. That readily curable forms of mental derangement, including delirium tremens, should not be certified as

insane until opportunity has been given for recovery in special wards in Poor Law infirmaries or workhouses.

7. That rural boards of guardians should be obliged to contribute to accessible general and special hospitals and convalescent homes, and to use them for suitable cases; but that if general hospitals are not within reach or are not open to paupers, rural boards should, either separately or in combination, provide infirmaries of their own or contribute towards the erection of general hospitals.

8. That in urban areas, so far as cases are received in general hospitals or relieved at public dispensaries, urban boards of guardians should make contributions to the authorities, that urban Poor Law dispensaries should be improved and systematically inspected by the Local Government Board, and that as little restriction as possible should be put on the use of maternity wards by married women not ordinarily receiving Poor Law relief.

9. That all observed unhealthy conditions in houses occupied by paupers should be reported by the district medical officer to the medical officer of health, and all ordinary nuisances by the relieving officer.

10. That the district medical officer should report to the guardians all cases in which his instructions are not obeyed by patients, and that in the event of persistent disobedience Poor Law relief should be withdrawn or the patient compulsorily removed to hospital.

11. That, in determining the conditions under which pauper children should be reared, institutional life should be avoided as much as possible, and that when the mother is a widow she should receive money-relief sufficient to enable her to feed her children and keep them and the dwelling clean; but that if the mother is drunken, immoral, or incompetent, the children should be taken from her.

RECONSTITUTION.

Dr. McVail describes, and obviously prefers, a scheme for the reconstitution of Poor Law medical relief under an authority which should not only give medical relief in destitution, but would also take charge of all other public medical duties, so that its primary object would be not relief of destitution, but preservation of bodily and mental health and the prevention and cure of disease. He would reorganize the whole sanitary service in rural England, constituting local authorities with larger areas, whose main policy it would be to maintain the health of those committed to their care and to diminish the need for the cure of disease and the prescribing of drugs, but in whose functions the treatment of disease in paupers would be included. In addition to the duties now ordinarily discharged by a public health authority, it would have under its direction district medical officers whose duty it would be not merely to cure or palliate, but to prevent disease. Such an authority would have a principal medical officer, but Dr. McVail does not suggest that all such officers should be medical officers of health, believing that "for much of the supervising work a clinician might be better than a sanitarian." He, however, thinks that it would be necessary to require the district medical officers to possess an acquaintance with the preventive side of medicine. In favour of this scheme he argues: (1) That the healthy rearing of pauper children from their earliest years is a duty more suited for a health than for a Poor Law body, and that, as the officers directly engaged in this work would be the district medical officers, "supervision over them could best be exercised by a health authority having the benefit of skilled medical advice." (2) "That the control of pauper phthisis and phthisical families and their houses should certainly lie with the health authority." (3) That "almost every disease can be dealt with from the standpoint of prevention," and that "the early stages of disorders of all organs of the body—heart, lungs, kidneys, digestive system, brain, and the rest, often furnish indications for preventive measures." (4) That if the care of sick paupers were handed over to a health authority, some of the rural workhouses might be converted into hospitals for acute diseases, or surgical hospitals, into which persons requiring institutional treatment would be more willing to enter than into a workhouse.

There would then be left to the Poor Law authority only the relief of destitution, and Dr. McVail asks whether this also might not be handed over to the new health authority he has imagined.

MEDICAL PROVIDENT INSTITUTIONS.

In his memorandum on this subject Dr. McVail first discusses the advantages and disadvantages of a free medical service. The chief advantage is, he says, that "free access to, and acceptance of, medical advice on the part of the general community would certainly result in great improvement in average physical health and great diminution in the prevalence of disease," but he rejects the suggestion for reasons which had best be given in his own words:

If free medical attendance should be provided out of the rates because in itself it would be useful in improving the health of the community, medicines, of course, should be similarly provided. But in the treatment of disease it is hard to distinguish between food and medicine, so that an individual requiring the one out of the rates would similarly be provided with the other. And good clothing also has a bearing on health, so likewise has good housing and suitable employment, and a regular holiday in summer, and freedom from worry of all kinds. In short, the vista which is opened up by the suggestion of free medical service is practically endless.

He recommends in place of this the institution of a system of universal medical provident institutions. To these institutions the State should contribute, and thereby acquire a right to take part in their management and prevent abuses. He suggests that a list should be formed of medical men attached to each institution; and although the points are not specifically mentioned, would seem to assume that every medical man in the district should be eligible to serve, and that each member of the institution should have the right to select his medical attendant. He suggests that the controlling body of each provident medical institution should have the right of revising the list of medical men from time to time, and that the payment of the doctor should be by an annual fee for each member on his list. While admitting the impossibility of making membership compulsory, Dr. McVail considers that the inducements to voluntary membership would be threefold:

The State subsidy would be a direct attraction. Intelligent people of limited means would be very willing to contribute their moiety in order to get the benefit of the State's moiety. In the second place, the adoption by the new health authorities of a firm policy of refusal to grant medical relief to persons able to maintain themselves would indirectly promote the success of medical provident institutions. In the third place, the inherent value of the institutions would be apparent even at the beginning, and would quickly become more apparent as the result of experience.

He believes that if a general system of State medical provident institutions were established the friendly societies might discontinue medical attendance and medicines during illness, and that sooner or later outpatient departments of hospitals, except certain special departments requiring the use of expensive apparatus, would disappear.

The great difficulty, of course, comes when it has to be suggested how to deal with the person who will not voluntarily become a member of a provident institution. Upon this point Dr. McVail makes the following observations:

Supposing that a casual labourer, owing to illness and unemployment, required for himself and his dependants money relief from the Poor Law, and required, at the same time, medical attendance to be provided by the health authority, it might be arranged that the latter relief be given through the agency of a medical provident institution, the services of one of its officers being obtained, and a payment in respect thereof being made to the funds of the institution by the health authorities responsible for the medical attendance. If the patient were better removed to a hospital or infirmary, and if the health authority possessed such an institution of its own—say a transformed workhouse—the man would be sent there. Otherwise he might be sent to a voluntary hospital, and his treatment paid for by the health authority.

HOME MEDICAL INSPECTION.

The final memorandum contains a justification of the frequent references to preventive medical work in relation to the individual and the family. After enumerating the duties which, under this conception of the scope of the medical profession, Dr. McVail would assign to the district medical officer, he sums up as follows:

The medical man, in short, would be the family physician, not merely attending on acute illness, but taking charge of the general physical health and well-being of those who had placed themselves under his care. The prescribing of drugs would be the merest incident in his work, instead of, as is too often the case at present, its principal feature; and the time, both of the doctor and his clients, would be far more profitably occupied in the former way than in the latter.