The National Committee to Promote the
Break-up of the Poor Law

The Minority Report in its Relation to Public Health and the Medical Profession.

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PRINTED FOR
THE NATIONAL COMMITTEE TO PROMOTE
THE BREAK-UP OF THE POOR LAW
5 & 6, CLEMENTS INN, LONDON
1910

Price One Penny.

The Minority Report in its Relation to Public Health and the Medical Profession.*

The Minority Report of the Poor Law Commission proposes, so far as the provision for the sick is concerned, to put an end to the present duplication and overlapping between the Poor Law Medical Service and the Public Health Service; to merge both services in a unified medical organisation for each county and county borough (with due provision for the larger non-county boroughs and urban districts); and to place this unified service under the supervision, not of the Poor Law Division of the Local Government Board, but of a newly constituted Public Health Department, acting not through any Poor Law or "Public Assistance" Authorities, but through the Public Health Committees of the directly-elected Town or County Councils.

This far-reaching, but on the whole simple, scheme of reform emerged, during the three years' investigation of the Poor Law Commission, from two streams of facts in the survey of the whole country that was made by the Commissioners. In town after town it was discovered that the old idea of the sphere of a Public Health Service—namely, that it confined itself to measures of general provision, and did not treat the individual patient—was no longer correct. The recent developments of the Public Health Service—its 700 municipal hospitals crowded with patients, opening their wards to one disease after another, and even adding out-patients' departments and dispensaries; the growing staffs of "health visitors" (who are occasionally qualified medical

* A paper read before the Society of Medical Officers of Health, Jan. 14, 1910.

practitioners), giving "hygienic advice"; the organisation, here and there, of domiciliary nursing; the active supervision of midwives; the "milk clinics"; the medical inspection and treatment of school children; the official acceptance of the specifically pauperising disease of phthisis as part of the sphere of the Public Health Authority—were rapidly encroaching on the domain of the Poor Law doctor and the Poor Law infirmary, and were bringing about a hopeless confusion of principle as to what was the public and what the personal responsibility for sickness. Secondly, it had to be admitted that these developments of the Public Health Service were not to be ascribed merely to the over-zeal of local authorities or to the muddle-headedness of Parliament, but that they were the necessary outcome of a half-conscious realisation that the principles of the Public Health Department afforded a better basis for State medicine than those of the Poor Law Medical Service. This, as the Commission fully recognised, was not the fault of the Poor Law doctor himself. What appeared to the Commission the grave defect of the whole system of Poor Law medical relief—on which the community is spending something like five millions a year—was not any failure in skill or humanity on the part of the 4,000 Poor Law medical officers concerned, but the fact that they were condemned to stand helplessly by when their ministrations would have been most effective. They have to let the preventable disease occur, to see it develop and get worse whilst the patient is slipping slowly down the hill of poverty, and only come in towards the end when pecuniary destitution has set in. By the very nature of the Poor Law the ministrations of its medical service are inevitably confined to those persons in whom sickness has gone so far as to make them unable to earn their livelihood, and in which disease has reduced them to pecuniary destitution. By the very nature of the case the ministrations came, therefore, in the vast majority of instances too late to amount to much more than "medical relief." In short, what the Poor Law Medical Service was instituted for, what it still aims at, and what it secures is the diminution of individual suffering. It does nothing, and by its very nature can do nothing, to prevent the occurrence of disease. On the other hand, the Public Health

Service, whilst at least as effective in preventing individual suffering, aims at preventing the very occurrence of disease, or at any rate preventing its recurrence in the same or any other patient. The Public Health doctor can deal with the case in its incipient stage, irrespective of whether the patient is or is not too ill to go to work. Unlike the Poor Law Medical Service, the Public Health Service is not limited to the treatment of the individual patients, still less of such individual patients only as are so far gone as to have become pecuniarily destitute. It has at its command the devices of notification and searching out, of the provision of acceptable hospital accommodation and even in bad cases of compulsory removal, of house-to-house inspection and domiciliary nursing, of a continuous supervision of practically all the infants and the school children, and of large measures of alteration of the sanitary environment. Above all, there is an important difference between the Poor Law and the Public Health Department in the psychological reaction. Here we come to the supremely important "moral factor," the effect on personal character. The irony of the Poor Law Medical Service is that the better it gets the more harm it does to the character of those whom it seeks to benefit. For every increase in its efficiency, every growth of humanity in the Poor Law doctor, every expensive improvement in the Poor Law infirmary is a standing temptation to men and women to become destitute, or to pretend to be destitute, in order to qualify for the treatment which the State provides only for the most thriftless or the most unfortunate of the working class. And the temptation is, in too many cases, irresistible. As a Northumbrian miner once put it, "If you have owt you get nowt; if you have nowt you get owt, and a very gude owt too."

Apart from this, however, we have the fact that the Poor Law Medical Service, restricted as regards each patient to the period in which he remains destitute, can exercise no kind of moral pressure or disciplinary supervision before and after treatment. It can do nothing to induce the person who is just beginning to go down in health to adopt those habits of personal hygiene which alone would prevent him from becoming ill and therefore becoming destitute; it can do nothing, after the patient takes his discharge, to keep him

under observation and bring pressure to bear on him so to live as not to have the relapses that will bring him again and again to the workhouse, until he comes in for the last time to die. In this way, by making elaborate and comfortable provision for the destitute sick, just because and just when they are destitute, without doing anything to prevent them from becoming destitute, the Poor Law Medical Service is in a cruel dilemma. For, by all the humane treatment that it provides for the girl about to have a baby, to the drunkard in his bouts of delirium tremens, to the prostitute in her attacks of venereal disease, to the wretched man or woman who comes in periodically to be fed up and cleansed from vermin, the very humanity and professional excellence of the Poor Law infirmary—divorced as it necessarily is from any preventive influence over the patients' lives before they become paupers and after they cease to be paupers—unfortunately constitute elements in the breaking down of personal character and integrity, and may even be said actually to subsidise licentiousness, feeble-mindedness, and disease.

Now, the Minority Commissioners assert that this evil psychological reaction, characteristic of all the operations of the Poor Law—and of any Poor Law, whatever its designation—is not a necessary accompaniment of public provision. It is, for instance, not seen in the operations of the Post Office or the public elementary school, or in the provision of scholarships to the universities. It is, in fact, inherent only in the operations of a "Destitution" Authority. We know from actual experience that the Public Health Service, in its relation to sickness, not only has no "pauperising" effect, but on the contrary positively promotes physical self-control, stimulates self-maintenance and increases the consciousness of parental responsibility. No one is tempted to become destitute or to simulate destitution in order to obtain the valuable treatment (often including maintenance) afforded by the Public Health Department, any more than citizens are tempted to become destitute or to simulate destitution in order to enjoy the rate-maintained libraries, parks and pavements, the journeys in the municipal tramway, the water supply from the municipal reservoirs, the consumption of the municipal gas, or the education in the rate-provided schools.

This is the enormous psychological and sociological advance that has been made by "taking out of the Poor Law" one service after another, and so getting rid of the qualification of "destitution." Moreover, the curative treatment of individual patients by the Public Health Service—undertaken as it is for the good of the community, and not merely out of a desire to relieve individual suffering—happens always to be accompanied by hygienic advice and requirements as to personal conduct, which (as seen, for instance, in infectious disease injunctions, health visiting, and the practice of "milk clinics") amount to a constant stream of moral suasion, and, where necessary, disciplinary supervision, to promote physical self-restraint and the due care of offspring. This is, indeed, admitted. The only complaint that is made against the Public Health Service, from the standpoint of those concerned for the maintenance of a sense of individual responsibility, is that this bracing influence on personal conduct is not always combined with a pecuniary charge. Here there seemed to the Minority Commissioners to be room for a deliberate reconsideration by Parliament, with regard to all branches of the public service, of the whole question of charge and recovery of cost, or, as it is more correctly designated, the propriety of "special assessments" on individuals for services specifically rendered to them over and above the services enjoyed equally by all ratepayers. That gratuitous treatment is not necessarily connected with public provision for specific complaints, quite independently of the qualification of destitution, has been conclusively proved by the large amounts actually recovered year by year in respect of the maintenance of lunatics. The Minority Commissioners not only propose that Parliament should definitely prescribe which services should be made the subject of special assessments, and which should be done for all gratuitously, and what should be the scale of family income that should be deemed ability to pay; they have also devised, and for the first time promulgated, a carefully thought-out plan and the necessary machinery for enabling these special assessments to be made and enforced, wherever there is ability to pay, without hampering the Public Health Department in its preventive and curative work.

I proceed now to make clearer these proposals of the Minority Report by a summary description of what happens in the present chaos and what will happen in the order of the future, as regards birth and infancy, sickness and permanent invalidity.

Birth and Infancy.

At present it is not easy to say what public authority is responsible for enforcing parental obligation, for stopping gross neglect, and for ensuring as a minimum that at any rate such provision is made for maternity, and for the nurture of infants up to school age, as is imperatively required in the interests of a healthy community. The Poor Law Authorities are legally bound to give gratuitous treatment and maintenance to any woman who is destitute and chooses at the time of child-birth to claim such aid. As a result, nearly 15,000 babies are born in the workhouses of the United Kingdom every year. The Poor Law Authorities, though they may provide costly maternity wards, are, by their very nature as Destitution Authorities, inherently and necessarily incapable of exercising any supervision over the health or the conduct of these women before they choose to come in to be confined, or after they choose to take their discharge. A girl may go out and let her infant quietly die; she may come in again a year hence, and let the second infant die; what is worse for the community, she may from poverty, ignorance, or wilful carelessness so neglect her infant in its earliest years as to saddle us with a rickety, stunted, and permanently diseased citizen; she may repeat this process as long as nature permits, without the Poor Law medical officer or the representatives of the ratepayers having any power to insist on or to ensure proper conditions for this torrent of babies brought into the world at the public expense. Against this mass of poverty and parental neglect the Public Health Authority is now bestirring itself to fight, and, with insufficient legal powers, and without practically any co-operation from the Poor Law Medical Service, is organising its service of health visiting and milk dispensaries. Meanwhile, the Local Education Authority, which has been tempted to subject infants of 3 to the discipline of the school-room, because

there was nowhere else for them to go, is beginning to exclude children under 5, and in doing this it is receiving the sanction of the Board of Education for England and Wales. But as the Consultative Committee of the same Department reported, "There is no doubt that the absence of public provision for children under 5, so far as the poorest classes are concerned, is a crying evil."* The Minority Report proposes that the whole responsibility for enforcing parental obligations, preventing neglect and ensuring at any rate the necessary minimum of provision for maternity and infant nurture up to school age, shall be placed upon the Local Health Authority, which could combine for this purpose the present scattered services of birth notification, infant visitation, midwifery supervision, the milk dispensary and school for mothers, and the control over abortifacients. What it would take over from the Board of Guardians are birth registration, vaccination, and (outside the Metropolis) the inspection of baby-farming—all three anomalous excrescences on the Poor Law—together with the maternity ward, the workhouse nursery, and the power to give domiciliary treatment (including the necessary home aliment) to mothers and infants. Under such a system the girl expectant mother (already presumably within the supervision of the health visitor under the chief medical officer), who might come into the maternity ward for her confinement, would remain under the same supervision after her discharge, and, in fact, throughout the infancy of her child, and would, if certifiable as feeble-minded, be reported to the Town or County Council Committee dealing with the mentally defective. On the other hand, the respectable married woman might obtain midwifery assistance in her own home, with or without payment, according to scale of income, with no more stigma of pauperism than if she were a scarlet fever patient. Who can doubt that, if the chief medical officer of every town or county were empowered to organise such a systematic service for birth and infancy, on the lines of what is already being done in a partial way by the most progressive health authorities, the result would be a vast improvement in the conditions

* Report of Consultative Committee upon Children Below Five. Cd. 4,259 of 1908, p. 127.

of birth (including the virtual abolition of *ophthalmia neonatorum*), and an almost incredible diminution of the mortality among new-born infants and children under 5, together with a most beneficent increase in the consciousness of parental obligation and in the performance of parental duties on the part of the mothers, and a far more general enforcement of pecuniary responsibility against the fathers—the whole at a cost to the community that would be more than saved in the diminution of the expense now so unwillingly incurred over the defective, the blind, the crippled and the diseased who result from our present neglect.*

The Treatment of the Sick.

In no branch of the subject is the question of overlapping of work and duplication of machinery between the Poor Law Medical Service and the Public Health Department becoming more acute than in the actual clinical treatment of sick patients; and yet there exists, at the same time, a disastrous amount of untreated disease. There are, I believe, still some people,

* An interesting example of the hopeless tangle into which we are getting through the overlapping and competition between the Poor Law and the Public Health Service is afforded by the position in England of the medical practitioner under the Midwives Act, administered by the Town or County Council. The medical man whom the law requires the midwife to send for in cases of difficulty is held by public opinion to be under a moral obligation to go; and yet there is still, after a whole year's delay, no provision for the payment of his fee. The Departmental Committee to which the question was referred could, under the inspiration of the Poor Law Division of the Local Government Board, find no better solution than to recommend the Board of Guardians to pay. Yet the Board of Guardians admittedly need not pay, and, indeed, cannot legally pay, unless upon inquiry they come to the conclusion that the woman (or rather the woman's husband if living with her) was at the time "destitute," or at any rate "poor," according to the meaning of an obscure statute of 1848, which has never yet been construed by the High Court. At the same time, it is recommended that the Local Health Authority should be responsible for preventing collusion between midwives and doctors. Thus, the best arrangement the Local Government Board can suggest is that the doctor should go whenever he is called, but that his chance of getting his fee from the Poor Law Authority is to depend, not on the gravity of the case, or even on the absence of a fraudulent collusion between the midwife and himself, but on whether the Board of Guardians may subsequently choose, without possibility of appeal, to class the woman as destitute. Under the proposals of the Minority Report, both the control of the certified midwives and the payment of fees to medical men whom they are required to call in, would be in the hands of the Health Committee of the Town or County Council, and its chief medical officer; whilst the recovery of the cost from the patient or her husband, in case of ability to pay according to the statutory scale, would be enforced by the special department of the Town or County Council entrusted with this duty.

thinking themselves educated, who believe that the spheres of the two co-existing rate-maintained medical services are distinct and clearly defined—who believe, in short, that the Public Health Service has nothing to do with the clinical treatment of the individual patients. Such persons close their eyes to the 700 hospitals of the Public Health Service—actually having more beds than all the voluntary hospitals put together—treating at the present time, I suppose, something like 100,000 separate patients every year; no longer confining themselves to small-pox and enteric, but taking in an ever-lengthening list of diseases—diphtheria, measles, all forms of tuberculosis and many accident cases—in two towns (Barry and Widnes) actually specialising exclusively in non-infectious cases. It is, in fact, now only a matter of chance and locality whether a sick person or a person who meets with an accident, will be removed to a voluntary hospital, a Public Health hospital, or a Poor Law hospital; and (whether or not he repays the cost of his maintenance) it will equally depend on chance whether or not he becomes thereby a pauper, and whether or not he or any of his relatives come under liability for repayment. This rivalry between the competing rate-supported hospitals and medical staffs is becoming daily more serious and more acute in the vast range of tuberculosis. The Local Government Board for England and Wales, like the Local Government Board for Scotland, is definitely ranging the provision of adequate treatment of tuberculosis within the sphere of the Public Health Department. In Scotland this has been done by explicit order. In England and Wales a phthisical man will now be alternately a pauper and a public health patient. Neglected and untreated whilst his disease is still curable, as soon as he becomes too ill to earn a living he can go into the workhouse whenever he chooses; as soon as he insists on taking his discharge, his case is officially notified to the medical officer of health, who thereby becomes responsible for looking after him and for preventing him infecting his family, but who is only here and there able to find him a place in a municipal hospital or sanatorium, and cannot in practice supply the necessary aliment for domiciliary treatment, or secure that the housing accommodation is adequate; then the man breaks down and

enters the workhouse again, passing thus alternately from the Poor Law to the Public Health Department, the present Public Health Service, just because of the existence of its older rival, being unable adequately to deal with the case: until eventually there ensues death in the workhouse and a widow and children on the rates.

With all this overlapping of work and duplication of machinery, the amount of untreated sickness at any one time is plainly enormous. To take only that revealed by the Poor Law doctors themselves, we know now that one-third of all the two million persons who sought Poor Law relief last year did so on account of sickness, and the greater part of them on account of disease or infirmity, *which, largely because it had not been treated when it should have been*, had gone so far that the patient was unable to work. The sickness of the applicant for Poor Law relief is, in fact, nearly always a neglected sickness. But this is not all. The medical inspection of school children is revealing an almost incalculable amount of minor ailments going entirely untreated, either by the private practitioner or by any public doctor, and either by the Poor Law or by the Public Health Service. Thirdly, to revert again to tuberculosis, we have the fact that this disease, which in itself alone produces one-seventh of all our pauperism, and the greatest of all the deductions from the adult working life of the people, is at the present time, among the whole wage-earning class, hardly ever properly treated until its ravages have advanced too far to be curable. I need not instance the corresponding experience of cancer and of other diseases. "Almost every disease," Dr. McVail expressly told the Poor Law Commission, "can be dealt with from the standpoint of prevention; and whilst phthisis is specially important, yet 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," which, if not applied in time, involve the community in the waste and expense of subsequent incapacity and treatment. This neglect of early treatment is, of course, all the more grave in that in tuberculosis, and, as we are beginning to suspect, in many other cases, it means neglect of precautions against the spread of the disease to others.

In this administrative dilemma there are but two courses practically open to the statesman. In his able dissent from the Majority Report, Dr. Downes, the Local Government Board's Medical Inspector for Poor Law purposes, sketches out one of them as his ideal. The whole of the public provision for the treatment of sick persons is to be relegated to the Poor Law. This means the transfer of the 700 Public Health hospitals to the Boards of Guardians (or the new Poor Law Authority); the reversal of all the arrangements now being made under the direction of the medical officers of health for the medical treatment of school children; the rescinding of the recent orders of the Local Government Board as to phthisis, and the transfer of all provision for tuberculous patients to the Poor Law medical officer. Dr. Downes does not tell us frankly that this policy involves also the abandonment of the public health principles of "searching out cases, and of treatment in the interest of the public health irrespective of pecuniary means"—yet this necessarily follows, for no Poor Law Authority can possibly compel people to become paupers, or urge them to accept what cannot be other than parochial relief. Dr. Downes is, however, more candid on the obverse of the picture, for he makes it plain that he contemplates that the enlarged Poor Law, when it has swallowed up so much of the present work of the medical officers of health, is still to be "deterrent" (as, indeed, any Poor Law or any Destitution Authority must inevitably be), and is still to bear the stigma of pauperism. I must leave you to judge what havoc any such policy would make of all the success so far achieved by the Public Health Service in combating infectious disease, and what sort of a service you would have when the medical officer of health had been reduced to the status that this highly placed official of the Local Government Board evidently regards as his proper sphere—of somewhere between the borough surveyor and the sanitary inspector.

The other course, and, as it seems to me, the one to which Parliament every session more and more inclines, is to take the sick person altogether out of the Poor Law, and to make the Public Health Department exactly as responsible for the treatment of all cases of tuberculosis, cancer, and rheumatism

that would otherwise go untreated, as it is to-day for small-pox and enteric. This involves the transference to the County or Borough Council, acting through its Public Health Committee, of the whole Poor Law Medical Service and its out-door patients, the Poor Law infirmaries and dispensaries, and the hospital treatment of the present inmates of the work-house sick wards. This is the solution officially recommended by the responsible medical chiefs of all the departments concerned—the Chief Medical Officer of the Local Government Board for England and Wales, the Medical Member of the Local Government Board for Scotland, the Medical Member of the Local Government Board for Ireland, and the Chief Medical Officer of the Board of Education for England and Wales. This, too, was the solution urged by the distinguished medical man whom the Poor Law Commission specially appointed to investigate the very subject, Dr. McVail. Why, in face of this authoritative testimony against which no rebutting evidence was called, and of this remarkable concurrence of opinion among those practically concerned, the majority of the Poor Law Commissioners refused to adopt this solution I am still unable to understand. The minority of the Commissioners were more modest; they accepted the conclusions to which experience had led these authoritative witnesses, together with the medical expert to whom the Commission had deputed the examination of the problem. The recommendation of the Minority Report, based on this weighty expert evidence, is for a unified medical service in each county and borough of sufficient size, under the direction of the Public Health Committee of the elected Town or County Council; having in each case the necessary staff of whole-time salaried medical officers, including clinicians as well as sanitarians, institution superintendents as well as domiciliary practitioners; empowered, however, to give domiciliary treatment, and to make the necessary provision for home aliment and nursing wherever domiciliary treatment is judged expedient; adapting or increasing the existing buildings so as to provide (but only by way of supplement to whatever voluntary institutions there may be in each place) the necessary hospital and sanatorium accommodation for all diseases, including whatever

public provision is made for maternity, the care of infants under school age, and senile or other permanent infirmity; the whole work being nationally under the supervision of a separate Public Health Department at the centre, administering (in order to prevent any increase in the local rates) a grant in aid of public health expenditure alone, and in substitution for the existing grants in aid to the Poor Law Authorities, of not less than five millions sterling.

The Care of the Physically Defective and the Chronically Infirm.

At present it is scarcely too much to say that we have no systematic arrangements for the crippled and the infirm. No small proportion of children suffer from grave physical defects of frame or limb or member. These go largely unattended to prior to school age, because no authority is responsible. Between 5 and 14 the child is within the sphere of the Local Education Authority, which in London and a few other places is providing most expensive schools in the hope of training these physically defective children to earn their own living. They pass out into the world and are again without the protection of any public authority, with the unfortunate result that whilst they intensify competition in many of the sweated industries, their infirmities often prevent them from earning any adequate livelihood. At last they pass into the hands of the Poor Law, to be either given a dole of outdoor relief, usually without any specialist examination and without supervision of their way of life, or to be merged with all sorts and conditions in the general mixed workhouse. Along with these unfortunates may be considered the later recruits to the same army of the invalidated—the prematurely broken-down man or woman, those rendered chronically infirm by rheumatism or heart disease, the sufferers from hernia or varicose veins, and the hundred and one others whose physical infirmities make them not worth a living wage. The great defect in our method of provision for all this great class, from infancy to old age, is, as it seems to me, the absence of any responsibility by the Local Health Authority. Seeing how helpless are these

victims, and how grave is the financial burden that they place on the community, one would have thought it obvious that the Local Health Authority ought to know about every physically defective infant, in order to see that nothing was neglected in the early years which might prevent its becoming a cripple; one would have thought that the care of such children during school age was, again, primarily a matter of Public Health concern; one would have thought that when they became adult there ought to have been, again under the direction of the Health Authorities, the ministrations of the health visitor,* and for those who are friendless something in the nature of rural settlements in which they could be put to such non-competitive work as they were capable of. Those prematurely invalided men and women who, by reason of their physical infirmity, have to resort to public maintenance, ought surely to be the special charge of the Local Health Authority; to be treated from the medical standpoint in such a way as to stop malingering; to see that nothing was left undone by which the infirmity might be cured; to ensure that they did such work as they were capable of; and that, above all, they lived in such a way as not to aggravate their condition. The Minority Report recommends that the physically defective of all ages, who can be certified as unable by reason of their infirmity to earn a livelihood, should be the special charge of the Public Health Department of the County or Borough Council, which would find in the work a new and hopeful sphere.

Safeguarding the Practitioner.

And here I must break off to consider an objection which has been raised, though less to the Minority Report scheme than to that of the Majority, that any such proposed change in the Poor Law Medical Service would be seriously detrimental to the interests of the private practitioner, if not of the medical profession as a whole. I do not mean that the

* Some of these physically defective persons can and do earn good wages. I have heard of cases in which they have had to forgo earning these wages in order to qualify for medical treatment in the workhouse infirmary, when they might just as well have gone on earning their wages while under treatment in hospital, and thus paid back some of the cost.

doctors have put forward any claim that their private interests should be upheld at the cost of those of the whole community. But it is necessary for the welfare of the community that there should be a strong, competent, and adequately remunerated medical profession; and it is quite fair to point out that any change which was likely to injure a profession of so much value to the public must be, to say the least of it, very critically scrutinised. I am the more ready to say this because, in my own opinion, the medical profession in the United Kingdom stands at this moment in a position of grave danger. A very large proportion of its members earn incomes which can only be described as scandalously inadequate, whilst many of those who now enter its ranks after a long and expensive education fail altogether to secure a footing. And for this evil, the unconsidered and piecemeal development of public policy, in connection with the Poor Law Medical Service, isolation hospitals, midwifery, some of the action with regard to infantile mortality and the treatment of school children, together with the wholesale extension of voluntary hospitals and dispensaries, may have been to blame.

Now, the Minority Commissioners had very seriously in mind this consideration when they were drawing up their recommendations; they took care to fortify themselves by competent medical advice; and they did not proceed without satisfying themselves by very careful inquiry among practically all sections of the medical profession that their proposals would certainly inflict no injury on any part of the profession, and that they would, on the contrary, go far to avert the present dangers and set it up on a firm and durable base.

What the private practitioner fears, to put it bluntly, is an extension of gratuitous doctoring, by which he will lose the poorer section of his present paying patients. It is, however, a mistake to assume that the work of a Public Health Department need necessarily be gratuitous. The most typical work of the Public Health Authorities—the enforcement of house drainage and the improvement of domestic sanitary conditions—has nowhere been done without charge; and nearly always the procedure has taken the form

of compelling owners and occupiers to execute the necessary work at their own expense. All this development has certainly not been disadvantageous to the independent plumber and builder. In the same way, a rise in the standard of health—for instance, the general enforcement of a higher level of attention to minor ailments in children attending school—really increases the practice of the private doctors of all grades. What, indeed, is true is that, *if we do not take thought about the matter, and go very deliberately into it as a matter of principle*, we are only too likely to find that Parliament and local authorities, driven year by year to take up some new service that the health of the community requires—whether this be midwifery or the medical treatment of school children—and unable, so long as they deal with the subject in this fragmentary way, to devise any convenient machinery for charge and recovery, may slip unawares into free doctoring, without protecting the interests of the present generation of medical men.

It is for this reason that the Minority Report elaborates a plan, and devises new machinery, for systematically charging an adequate fee to every person attended by the officers of the Local Health Authority, in every case in which that person is found to be able to pay, and for effectively recovering that fee by legal process. It is proposed that, instead of taking it for granted, as we now do, that several hundreds of thousands of persons are entitled to gratuitous medical attendance, and instead of leaving the option of making a charge, case by case, to the impulsive decision of the chance majority of a committee, there should be settled by Parliament or by the Town or County Council a definite scale of incomes, according to number in family, which should constitute ability to pay. Such a scale is already in use by the Home Office in respect to children who are compulsorily removed to industrial and reformatory schools; such a scale is even now being framed by the London County Council with regard to medical treatment of school children. This scale is something very different from the wage limit so often suggested for dispensary or club practice. What the Home Office and the London County Council contemplate is a limit for gratuitous treatment of something like fifteen or twenty-

one shillings per week of family income, in country and town respectively. I do not think that any doctor makes much out of such people. His patients getting thirty shillings a week will certainly not be treated gratuitously. The duty of making the necessary inquiry as to incomes, assessing the charges according to the prescribed scale, and recovering the sums due for all the branches of the work of the Town or County Council, will be the work of a distinct department, under a new officer—the Registrar of Public Assistance—acting under the control of a separate committee of the Town or County Council, having nothing to do with the treatment of the cases. Under this system no one would be compelled to pay whose family income was found to be so low as to make it desirable in the public interest that he should be treated gratuitously. On the other hand, every person whose family income was such that he could properly afford even the smallest fee would, if he had accepted the services of the Public Health Department, whether by using the public hospital, the school clinic, or the domiciliary medical attendance of the district medical officer, find himself charged a substantial fee, in proportion to his means, which he would be as strictly compelled to pay as he has now to pay his rates, his payment for an inmate of the county lunatic asylum, or his contribution for a child at the industrial school. The medical man would meanwhile receive from the public authority the proper professional remuneration* for his work, whether or not this was recovered by the local authority.

The primary object of this machinery for charge and recovery may well be financial, for it is a mistake to suppose that recovery is practically impossible. As a matter of fact more than half a million a year is even now recovered by the Poor Law and Industrial School Authorities. It all depends on how you go about it. I do not think there need be any fear that the new Registrars of Public Assistance, acting under a special committee, undisturbed by irrelevant considerations, having their own staffs, and fortified by express authority from the Town or County Council as a whole, would (whilst exempting all those falling below the scale minimum

* This payment might take the form of a salary as in the county lunatic asylum, or as a fee as in the case of the police calling in a doctor to treat an accident.

of fifteen shillings or a guinea a week) quite successfully compel every person to pay *who could afford to do so*. But an equally important object of this plan of charge and recovery is to confine the medical services of the Public Health Department to that section of the population which must, in the interests of the community as a whole, be provided with medical attendance at the public expense. Do you not see what a safeguard this systematic enforcement of payment would afford to the private practitioner? Every case would be automatically reported to the registrar and systematically investigated by his officers as to financial resources. The prosperous workman, or the stingy person of the lower middle class, who might be tempted to take advantage of the services of the Public Health Department because there was no stigma of pauperism, no relieving officer to face, and apparently nothing to pay, would promptly find himself served with a courteous but firm demand from the registrar for the payment of a substantial fee, exactly as he now receives the demand note for his municipal water rate or the municipal electric light. Finding that these services of the public doctor, though no longer guarded by a deterrent relieving officer, could not be obtained without this substantial payment, all those who could afford to pay the private doctor's fee would find no attraction in them. On the contrary, they would prefer, seeing that they had anyhow to pay, to choose their own doctors, to be attended to at their own homes, and to pay their own medical attendants. It is, I venture to say, *this free choice of doctors* that affords the most potent inducement, to all who can afford the fee, to consult the private practitioner. If payment has to be made anyhow, by all who can spare the money, even the most parsimonious of those who at present go past the private practitioner's door will cease to find any reason why they should forgo this privilege of having their own doctor. Here, too, we see the real remedy for "hospital abuse." If the endowed and voluntary hospitals and other medical charities sent automatically to the Registrar of Public Assistance the names and addresses of all their patients, and if the registrar were empowered to make and enforce a prescribed charge upon all whose family resources were found on

inquiry to exceed the statutory minimum, we should no longer find the resources of these medical charities drained and the sphere of the private practitioner curtailed by the resort to gratuitous medical treatment on the part of those who can afford to pay their own doctor's fee. And yet no sickness would go untreated. Hence the total income of the medical profession, in fees and salaries, would be largely increased.

I venture very seriously to press this point on those who are concerned for the private practitioner. The Majority Report of the Poor Law Commission proposes a great extension of "provident" dispensaries, to be subsidised out of the rates, membership of which, whether by paupers or subscribers, is to entitle men, women, and children to the right to choose their own doctors, and to free institutional treatment—a proposal which I find one medical man has summed up as "a public system, supported by public money, of free medical relief on a basis of contract practice."* What the private practitioner should insist on is the maintenance, intact, of his monopoly of the practice of those who prefer a "free choice of doctors." Any suggestion that the State Medical Service, or any collective organisation, should be allowed to offer this attraction, should be instantly negatived. And, further, it should be insisted on that, whilst no one who needs the services of the public doctor should be turned away, there should be drawn a definite line of demarcation between those for whom the community will provide medical attendance without charge, and those from whom, if they take advantage of the State provision, the local authority will enforce repayment at such a rate as will encourage them to choose their own doctor. In the plan of charge and recovery by the Registrar of Public Assistance, the Minority Report furnishes for the first time an effective means of maintaining the safeguard of the private practitioner.

The Relation of a Unified Public Health Service to National Character.

In conclusion, I must again emphasise the urgency of this reform from the standpoint of the "larger expediency" of

* "The Poor Law Commissioners and the Medical Profession," by a Medical Practitioner. (London: A. C. Fifield, 1909.)

improving not merely the health but the character of our race. However we may desire to safeguard the interests of this or that profession or section of a profession, the final decision will be based, or ought to be based, on whether or not the proposed reform will strengthen and ennoble the men and women who are subject to it. The Minority Report adopts this proposal of a unified and preventive medical service not only because it appears to offer the only practicable escape from the administrative dilemma into which the co-existence of two rival rate-maintained medical services has brought us, and not merely because, by extending the Public Health principle of "searching out" disease and dealing always with the incipient case, without the stigma of pauperism, it holds out the prospect of securing an incalculable improvement in public health and a progressive diminution in the present annual waste through sickness. We advocate this reform because we believe that we shall thus curb physical self-indulgence, increase the care of the child by the mother, the concern of the husband for the wife, and positively heighten the desire and capacity of all persons to maintain themselves. To "take the sick out of the Poor Law" is, as we now see, to put an end to what is inevitably a bad psychological reaction on personal character.

The Poor Law Authority—constitute it as you please, call it by what name you will—must always, just because it is a Destitution Authority, fail altogether in the important matter of supervision of the lives of its patients before and after the crisis of destitution. Unless a person chooses to apply for relief, no Poor Law Authority can touch him, or bring him under inspection or moral pressure, or even know anything about him. Immediately he chooses to take his discharge, he disappears out of the ken of the Poor Law medical officer, he cannot be followed up, his home and method of life cannot be kept under observation, and no sort of influence can be brought to bear to prevent him getting into such a state as will inevitably bring him to the workhouse again. Take, for instance, the destitution brought about by drink. Under the Poor Law—*under any Poor Law*—the drunkard cannot be touched until he is in a state of destitution. A man may

be neglecting his children, leaving his wife without medical attendance, or maltreating a feeble-minded child, and yet no Poor Law Authority can do anything to prevent the destitution that will probably ensue. It is only when the man is suffering from delirium tremens that he is taken into the workhouse, put into a clean bed with two attendants to look after him, dosed with the costly and agreeable morphia, and then, when he has recovered from his debauch and can return to his work, let out to begin his evil courses again. In fact, under the scheme of the Minority Report, with the Education Authority, the Public Health Authority, and the Lunacy Authority responsible for searching out the incipient destitution of the neglected infant, the sick wife, and the maltreated feeble-minded child, the drinking head of the family would be called to book long before he found himself in the comfortable quarters of the workhouse. Indeed, it seems apparent to me that once the Public Health Authority was responsible for searching out disease, one of the first diseases which would call for systematic prevention and cure would be alcoholism. With the treatment of sickness by the Public Health Authority there is, in short—through the machinery of the health visitors and sanitary inspectors, the municipal milk dispensaries and schools for mothers, the medical treatment of the children and the visits of the school nurse—no little opportunity for preventing, by inspection, by advice, by exhortation, by compulsory removal, and, where necessary, by prosecution, many of those practices of neglect and self-indulgence which now result in the waste and expense of disease.

NOTE.—The Minority Report leaves unaffected the existing endowed and voluntary hospitals and other medical charities; and (beyond affording to them, if they choose, an opportunity for stopping "hospital abuse") in no way touches their interests. No Local Authority would set up new hospital accommodation except for the cases that any existing voluntary hospital could not or would not admit. The Local Authority would have power to subsidise the hospitals, but only if these desired to be thus helped.

The National Committee to Promote the Break-up of the Poor Law,

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