Remarks on Workhouse Hospital Management, by—

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Having been Medical Officer for a period of five years to a large Workhouse Infirmary; the idea of describing the work generally suggested itself to me as a fit subject for a Thesis. This is a branch of professional work that is usually very little considered or ignored by Medical men in general; and yet these hospitals contain cases full of interest to the physician or Surgeon who wants to study some of the rarer forms of disease of long standing, the sufferers from which from this fact are debarred from being in-patients in our voluntary supported hospitals.

One broad fact will at once become apparent in connection with paupers in general. That is, they as a class do not possess the stamina either of mind or body, that the ordinary population of the country have. Paupers as a rule are recruited from the class of people who have not the energy to fight the battle of life manfully, and when adversity or sickness comes: having very likely in more prosperous times been improvident; come on the ratepayers for support and are drifted eventually into the workhouse; whereas a rule having once been, they most likely remain, and soon look upon it as their home. Another class is; what for want of a better word, I may call the; <u>Ne'er do well</u>, who pretty equally distribute their time between periods of vagrancy, occasional incarceration in prison and residence

in the Workhouse. A third class, but from my experience a much smaller one are they who in old age, or from circumstances over which they have no control are obliged very much against their will to go to the house.

I would here point out what I consider a very grave mistake; the bringing up of children in the house. This system only tends to perpetuate pauperism; the children when grown up in a great many cases drift back. The boarding-out system of pauper children is infinitely superior and much less expensive. Many people for a small weekly sum are only too glad to take a pauper child to bring up, If this is accompanied with proper inspection by officers appointed by the Guardians; I believe in a few years your habitual pauper would become a thing of the past.

A workhouse hospital should differ in no respect from an ordinary general hospital. The Wards should be airy, lofty, and have a cubic space of not less than eleven or twelve hundred feet for each bed. I should suggest the Cottage hospital plan as the model for a workhouse infirmary; as you would be enabled to classify your cases better.

One thing is very important; that is; Observation Wards. All paupers before being admitted to the house are submitted to the Medical officer for inspection; whether ill or not. After careful examination you send them if fit to the house,

or in well marked forms of disease to the respective wards.

In doubtful cases I always keep the patient for a few days in the observation ward, and by taking this precaution, I have in many cases averted what if the child had been sent to the school would have caused an epidemic of Measles or Scarlet fever amongst the children; And in one case of a man, a tramp would most likely have resulted in Small Pox becoming general in the hospital and most probably from there to the house. I always examine new children when admitted to see if Vaccination has been performed, and if there is not a well marked Cicatrix Vaccinate them.

As regards Nursing there is usually more or less difficulty. Pecuniary considerations have always great influence with boards of Guardians, and as a rule the Nursing is not on the footing it should be. The obvious duty of a medical officer is to insist on having trained Nurses, and in this contention he will be backed by the Local Government Board.

In my hospital I have three separate blocks of buildings. The first and largest being the General hospital with accommodation for eighty patients with Convalescent days rooms. One floor is entirely taken up with midwifery cases, to which no other cases are at any time admitted.

The second block is the Skin and Lock wards with accommodation for forty patients. One ward of this building I reserve for cases of ophthalmia

amongst the children, which I am sorry to say is frequently prevalent. The third block is for infectious diseases with accommodation for thirty patients.

Besides these buildings there is attached to the body of the house the lunatic and imbecile wards.

Taking a review of the work. I will begin with the general hospital, where all classes of diseases not venereal or infectious are admitted. The preponderence of cases are those of Chest affections, Paralysis, Scrofula, Ulcerated Legs, Surgical cases and Gangrene. The first class of cases presents nothing uncommon and ranges from cases of acute or Chronic Bronchitis to advanced cases of phthisis pulmonalis. The treatment of this class calls for no special remarks. I make it more a question of appropriate diet, of which I will speak afterwards, the exhibition of Tonics, Cod liver oil, and general treatment of individual cases as each may require.

The cases of paralysis that come under my notice are nearly always Chronic. Recent cases I seldom see unless an inmate of the house may happen to have an attack of Cerebral hemorrhage.

One case of paralysis I think is interesting that of William Lee aged 35 years, unmarried who was admitted to the hospital in the summer of 1880 almost completely paralysed as regards Motion in his lower extremities. Sensibility was also greatly impaired. The history of the case as given by himself was: that two years before

he noticed that his legs were numb and frequently prickling. This continued for some time till his walk was affected and he could not follow his employment that of a mill operative. He put himself under medical treatment and continued so for some months having as he told me, been galvanized daily, I suppose with the Constant Current. On admission his body presented an emaciated appearance. His Chest & abdominal organs were apparently healthy, appetite poor, bowels constipated, but no involuntary emission of urine. He presented all the appearances of a well marked case of Locomotor Ataxy, having the feeling of constriction round the body. As he could not stand I had no opportunity of examining his gait. I ordered him Strychnia & and Iron and as he had been submitted to the action of the electric current with no apparent benefit I did not order it. He Continued in the same state for about two months. One day I asked him if he had ever suffered from Venereal disease and he told me he had, about ten years before, but he got better in a few months. He had had at that time a sore throat and an eruption on his body.

Supposing from the history I had to deal with a case of tertiary syphilis of the Spinal Cord, although no other tertiary symptoms were present. I ordered him five grain doses of the Iodide of Potassium three times a day. Salivation resulted in a week. The medicine was discontinued after six weeks and

and he was given the potassio tartarate of Iron. He slowly improved and since that time I have at intervals given him a course of the Iodide always with the result of inducing salivation. At the present time four and a half years from admission he is still in the hospital, and is able to go about and act as wardsman. His walk is shuffling, and he has difficulty in ascending the staircase putting his heels down and dragging himself up by holding the rail with his hand. Sensibility is apparently perfect in his lower limbs, he complains of no pain, he has also increased in weight about two stones, and eats and sleeps well.

In this case undoubtedly there was some sclerosis of the posterior aspect of the spinal cord, a syphilitic affection of the neuroglia; tertiary syphilis peculiarly affecting the connective tissue of deep seated organs

Scrofulous diseases as I said before are very common. I treat patients as a rule with Iodine, Iron and Cod liver oil. I have had several cases of Caries of the Vertebrae from scrofulous disease of the bodies of the bones. Good food, Good Nursing, and absolute cleanliness with the above remedies are all that I consider such cases require. I do not think it good practice in these cases either to bring the spine as far as possible into the normal healthy position by suspension and the application of plaster of Paris bandages as in Sayers method, or in cases that have existed for some time even to use these bandages to maintain

the spine in Statu quo. If you get such cases in the first stage I think the latter procedure very valuable as we see exemplified in Cases of hip Joint disease where we keep the joint & limb immovable by a splint. The Cancellous tissue of the vertebrae is being thrown off as pus; the plates of the bodies tend to approximate and anchylose at the anterior aspect. I think it very unwise to disturb this process. Nature in this case wisely providing for a spontaneous cure.

Ulcerated legs are the bane of a workhouse hospital and form a larger proportion of Cases than any other form of disease. Where the ulcer is long standing and Callous and no special pain attending it I usually strap it up with plaster and if the patient is otherwise fit make him do light-work in the ward. Iodoform is invaluable as a dressing for ulcers particularly if there is any foul discharge. It keeps the sore antiseptic. Whenever I need to poultice an ulcer I always lightly dust the surface of the poultice with iodoform. The great thing thing is to get the patient fit as soon as possible for light-work. I have it strapped as soon as I can do so. An ulcerated leg is the most convenient form of disease an able bodied lazy pauper can have. I on one occasion found a man whom I had discharged mis storing the surface of a recently healed ulcer of the leg by rubbing it with the bristles of a clothes brush.

The vast proportion of such cases being due to a varicose state of the veins, rest and tonics are indicated with appropriate local treatment; either stimulant or depressent as individual cases require. Skin grafting is very valuable in many cases but from various causes I have not hitherto employed this method much.

Gangrene is very common amongst the old and ill fed poor. I have in these cases both operated and left others to nature. The balance of opinion in such cases is to let them alone. Frequently when the lines of separation and demarcation in the foot are well marked, I take away the dying part with advantage as it expedites the cure. I will give a few details of one case. Thomas Sykes aged 64 was admitted on the 3rd of September 1884 suffering from gangrene of the great toe, he was otherwise in fair health. The gangrene slowly extended till the whole foot and lower part of the leg was involved, and as no line of separation was apparently going to be set up I determined as a last resource to amputate at the junction of the middle and lower third of the thigh, hoping to get above the obstructed part of the artery. I did so on the 12th of October using antiseptic precautions and dressed the stump with McGill's salicylic silk. I took it down for the first time on the fourth day, and found it looking very well

and apparently healing. It was dressed each day afterwards, but on the eighth day I noticed a greenish coloured look of the anterior flap. Gangrene had recommenced: the patient lingered for two weeks and died from exhaustion.

In the general hospital is the lying in ward. During the five years ending March 1883 the number of Confinements amounted to 144. The Maternal Mortality was two. The first fatal Case was that of Eliza Howarth aged 19 years, first Confinement; admitted on Thursday the 2nd of April 1883. Patient was confined the same day within four hours of admission. On admission, patient looked very ill, face a dull livid hue; pulse 126; Temperature 102°; tongue brown and furred; she was listless and did not wish to be taken notice of, and only answered questions when sharply spoken to.

After being Confined patient fell asleep for two hours, but was restless. Child was put to the breast but the mother did not in any way assist, and Considering her Condition, I directed the Child to be put on the feeding bottle. On Friday patient remained much in the same state, pulse 120. Temperature 102°. On Saturday patient Complained of Acute pain over the bowels, Vomited a quantity of green bilious looking matter, Pulse 130, Temperature 105°, Countenance anxious, tongue brown and very dry. Ordered hot poppy fomentations over abdomen, Enema of Soap water and Castor oil, ten grains

of quinine every four hours and in addition two grains of opium to be repeated in six hours if necessary.
On Sunday, temperature had fallen to 102·6°, still great tenderness over abdomen. Her diet had been simply milk and gruel since admission and as she was in an exhausted state I today (Sunday) ordered her half an ounce of brandy to be given ~~her~~ every three hours in her milk.
On making my visit to the hospital on Monday I was informed patient had died at 5·30 A.M. after an attack of vomiting. No P.M. was allowed by her relatives. After this death I gave orders for the ward to be closed and disinfected. Sulphur was freely burned in it, everything was thoroughly cleaned and no fresh cases were admitted.
Having a spare ward in Block No 2. I ordered the next case Sarah Raye aged 32 third Confinement to be confined there, this happened on April 20th fourteen days after the death of Howarth. The Case was a natural one and calls for no Comments, patient did well. The next case to be confined was Jane Clark aged 28, second Confinement, she was confined on May 21st in the usual lying-in ward, first time it had been occupied since Howarths death. Patient did well for the first twelve days. On the 13th day she complained to the Nurse of shivering, followed by acute pain of abdomen, accompanied with vomiting, Evidently suffering from acute peritonitis. I did not see

her till the following day June 4th, when she was dying. Nurse applied poultices and gave two grains of opium every six hours. After this death I again had the ward thoroughly disinfected, walls lime washed and shut up till June 28th at which date the next Confinement took place which had a satisfactory Conclusion, since then all the Cases have done well.

I can offer no satisfactory explanation of these two deaths. The first Case Howarth was admitted in a typhoid state. She as I learned afterwards had been a prostitute with no settled place of abode; her parents having turned her away from home some time previous. Is it not probable that it was a case of typhoid fever; pregnancy being an Accidental but very material factor in the ultimate result? At any rate I considered it the safest plan to have the ward properly cleaned and disinfected. I may mention that we had no Erysipelas in the hospital, and the sanitary arrangements, the building being a recently erected one are as far perfect as drains and closets can be made. The Woman Clark I consider was a pure case of puerperal peritonitis, the Cause of which I cannot explain as she did well for nearly a fortnight and I had considered her Convalescent when she suddenly took ill. In the 144 Cases only three Women were delivered with the forceps. ^ other two were cases of Version, shoulder presentations. Another

operative measures were called for in the rest of the cases. This gives a low average of forceps cases but I think it not by any means exceptional. I have the impression the forceps are resorted to needlessly in many cases to save time in a busy practice. There is one other point I may note in connection with midwifery practice generally, the habit of forcibly dilating the os in a tedious labour. Midwifery authorities recommend in some cases the lifting up of the congested anterior uterine lip, when it is pressed down by the descending head behind the pubes. Undoubtedly this is often requisite and good practice, but the practice is sometimes carried too far, the fingers being inserted all round and the ~~lip~~ os carried back over the head. In such cases I am satisfied unnecessary laceration takes place and the raw surface more or less of which exists in all labours is greatly increased, and the consequent danger of septic poisoning pari passu magnified.

Skin diseases are very prevalent amongst the pauper class; the leading forms of which setting aside at the present those of a venereal type are – Itch, Impetigo and Eczema, the first and last we often find combined. The treatment of this class of cases is very simple, Sulphur ointment in most cases sufficing to effect a cure. Eczema usually yields to tonics and anti-gouty remedies, and in the vast majority of cases

by careful treatment and the application of benzoated zinc ointment to the eruption seldom become Chronic.

In the summer of 1880 I had an epidemic of Contagious impetigo, which lasted for many months and involved both the patients in the general hospital and the school children. It began first with a child, who was admitted. as there was no apparent disease about him, I sent him to the school. In a few days he was sent to me for inspection, suffering as I thought from pustular eczema of the face and hands. I put him into the general hospital, ordered him a saline aperient and afterwards a mixture of Ammonio ferri citras grs 5, Spirit of Nitrous ether minims 10 Bicarbonate of potash grains 5 with 2 drams of bitter infusion three times a day, and the eruption to be covered with benzoated zinc ointment. He recovered in the course of a fortnight; but this case was only the beginning of what proved to be a severe epidemic of Contagious impetigo. Very few cases in the hospital escaped and from there it spread to the school And the house. Some of the cases proved very obstinate to treatment. This is a disease which is Commonly described as mostly sporadic and seldom epidemic; but in my case it assumed the entire features of a severe epidemic. Nearly every Case which was admitted to the hospital in a few days was attacked. I had the wards

closed in turn and disinfected the walls being lime washed & painted, but still the Complaint appeared endemic. The guardians drew the attention of the local government board to the state of matters. They in turn sent down one of their medical officers to examine and report on it. All the measures we could suggest were tried but it was twelve months before the place was free from the disease.

This I have no doubt is a very exceptional state of matters, as I have not read of any similar epidemic. The patients had great relief from the body being gently washed with tepid oat-meal gruel, and on the removal of the Crusts a weak mercurial ointment of the ammonio-Chloride of Mercury 5 grains to one ounce of benzoated zinc ointment applied. Since that time all Cases of pustular Eczema, impetigo, & ecthyma which Come under my notice are rigidly isolated from other patients till perfectly well.

Venereal diseases Gonorrhoea and Syphilis are very Common. The first Class are usually very amenable to treatment. I always strictly confine the patient to the recumbent position, Keep the bowels well open with a saline aperient and treat them with one dram doses of Bicarbonate of Potassium every four hours. If the urine is kept alkaline the inflamed urethra very soon recovers. I usually Combine with this the introduction of a soluble bougie Containing one grain of iodoform. This soon

Converts the inflamed urethra to an antiseptic state. Dr Pinger in his handbook of Therapeutics. Eighth Edition. Page 364 says "Iodoform must not be applied to inflamed tissues, it will increase the inflammation" This in my experience is scarcely correct, as I very rarely find patients complain of irritation from the bougie. If they do I stop it and wait till the acute inflammatory symptoms have somewhat subsided. Gonorrhoea is simply an acute inflammation of the urethra due to the contact of an acrid discharge containing bacteria. It reasonably follows that anything which will render the discharge antiseptic will kill the disease, and iodoform has been proved to be a powerful destroyer of germs. The great point in the treatment of this class of cases is to enforce Complete rest. You will thereby in a great measure avoid the risk of metastatic inflammation. I very seldom find it necessary to resort to the use of Copaiba, Cubebs, or astringent injections.

I enter on the subject of Syphilis with considerable trepidation, as dogmatic theories have been so laid down, that I am sure to conflict with authorities on some points. I believe as a matter of course in the duality of the Syphilitic poison, but in practice it is a very difficult thing to say that such a sore is a true Hunterian Chancre and such another a false one. I have seen cases which presented all the characteristics of a soft non-indurated spreading sore followed by sore

throat, roseola and syphilitic eruptions.
When you do find the small non-spreading indurated sore syphilis is sure to follow, but I maintain that the duration and virulence of the disease are in a great measure due either to personal idiosyncracy or general health, irrespective of any form of treatment.
One patient otherwise healthy suffers from a hard sore, this is followed by a severe attack of secondary syphilis, which is apparently very little amenable to anti-syphilitic remedies, runs a long course, and ends as in one case, that has been under my observation for five years in disease of the bones of the nose & palate, and a train of tertiary symptoms indicated by nodes on the tibiae and cephalalgia. Another case with an apparently equal primary hard sore presents very few secondary symptoms and recovers perfect health in the course of a few months. I believe that there are degrees of syphilis, the same as of any other infectious disease. Two persons to all appearance equally healthy are exposed to the contagion of a case of say scarlet fever, by contact with an individual suffering from that disease. One of them takes it in a very slight form scarlatina simplex; the other takes it as the worst scarlatina maligna, and yet the infecting cause in each case was the same. This I believe may in the same way be said of syphilis. Lane in his essay on syphilis says that he has known cases of true syphilis perfectly

recover and take the disease a second time, as a primary sore, so that one attack does not convey to the subject perfect immunity from a second attack of the disease.

As regards treatment I always give the patient one grain doses of Calomel with three grains of Dovers powder in a pill night and morning till the gums are affected. I keep the gums tender for three weeks by an occasional pill every day or second day and combine with this the inunction of Mercurial ointment to the axillae and inner sides of the thighs. I then discontinue the mercury and give tonics and watch the case carefully for symptoms. If these reappear I begin the mercurial treatment again. In the vast majority of cases this will suffice to effect a cure, but I always keep them under observation for some months after all signs of syphilis have disappeared. By law a workhouse medical officer has power to detain a case of syphilis whether the patient be willing or not; till he is quite satisfied that the individual will do no harm to the community by propagating the disease. A very troublesome concomitant of syphilis in women is the profuse growth of warts to the vulva and anus. One case I had of this in a woman four months pregnant. The growth presented the appearance of large bunches of red currants hanging down several inches between the thighs. The patient was put under chloroform

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and I cut them away with scissors curved on the flat. The masses weighed nearly twenty ounces. A good deal of bleeding resulted which was eventually checked by the application of a weak solution of Tincture of Iron. The patient did well, and was confined at the full time of an apparently healthy child.

Ophthalmia is a very common affection amongst pauper children. As a rule before admission they have been ill fed and lived in the worst possible hygienic surroundings. Good Nursing, absolute cleanliness, the use of weak astringent lotions combined in some cases with Wine of Opium or Tincture of Belladonna if there is much pain is sufficient to effect a cure

The saccharated Carbonate of Iron which possesses great blood forming power and is not astringent is a very valuable remedy for weakly Children I use it very extensively in three grain doses given with their food. Cod liver oil is scarcely less Valuable. It is very rarely necessary to use any lowering measures with these Children for inflammatory affections of the eyes, as a matter of routine however I administer in most Cases a dose of Castor oil or a few grains of Hydrarg. c Creta on admission. I will not enter into any detail of Cases of Corneitis and other affections of the eyes, as I have no special form of treatment to recommend. Opacities of the Cornea I usually treat by the dusting of the Conjunctiva with finely powdered Calomel, as practised in the Glasgow Eye

Infirmary when I was a student there. These cases in a vast majority of instances are of a scrofulous habit of body and call for Constitutional more than local treatment.

I have very little to say about the cases in the wards for infectious diseases. Cases of Scarlet fever, Measles, and Typhoid fever are in all cases strictly excluded from all communication with any other parts of the building. The great point is to keep the patient during Convalescence long enough in the hospital till all danger of his proving a centre of infection is gone. This is particularly the case with Scarlet fever. I have in one or two instances been obliged to detain Cases of this disease for three months, the process of desquamation being very much prolonged.

It may be interesting in connection with Scarlet fever to relate the following circumstances as showing the manner of propagation, and the different Virulence of the poison in different subjects.

On making my visit three years ago last Winter to the hospital I found two Children, tramps, newly admitted. The one suffering from malignant Scarlet fever, the other evidently the same although there was no rash or diphtheritic state of the throat. The latter died in three hours after admission evidently felled by the intensity of the Scarlet fever poison. The first, the boy with the rash lived only 24 hours. I had had no cases of Scarlet fever for three months previous to this either in the workhouse

of my private practice. A curious circumstance was that in twelve days from the date of my visit to these children my own little boy aged twelve months was taken a little bit sickly. I examined him, there was no sore throat and only the faintest red blush on the Chest. As he was teething at the time, I did not afterwards take any special notice of him. The weather was cold and he had not been out of his Nursery for some weeks. About three weeks afterwards my attention was called to the fact of his skin peeling off; and I then saw that he had suffered from scarlet fever although I myself was unaware of it. The child had all the time enjoyed his usual good health. I had no other cases subsequently in my practice. Undoubtedly the infection was conveyed by me to the child from the tramp children at the workhouse. The period of incubation was markedly correct. The strange thing appears, that the virus being as it was, so fatal in the two cases should be so harmless in my own child. No other cases followed this.

As regards treatment of fevers there are no special form. The main points are careful watching and appropriate food. Milk in all cases being the first & best form of diet.

After the dismissal of the cases from a ward, I always have it disinfected & the walls lime-washed.

Harmless lunatics, and imbeciles when able are allowed plenty of out-door exercise, and fit cases are

employed on the land. I give directions in summer to have them taken out one afternoon a week for a walk in the Country under the Care of an attendant. It brightens their spirits and does them a great deal of good. The weekly holiday is eagerly looked forward to.

A year ago I revised and amended the whole dietary tables. This was submitted to and approved by the local government board and adopted in the house & hospitals. A printed copy I herewith enclose. The dietary of the sick of course is not confined to the hard and fast lines here laid down. Medical extras in the shape of Beer, Spirits, Wines, Eggs, Chops, Chickens &c being ordered whenever thought necessary. It may be of interest to state the amount per head expended in alcoholic drinks for a year. This during the last twelve months amounted to eight shillings and one penny halfpenny per head per annum amongst the sick in the hospital. Certainly not an excessive amount.

In drawing this paper to a conclusion, I may supplement what I said of the pauper class in the beginning. Many there are of them who have been reduced to their present state by untoward circumstances which have driven them to live on the money drawn by taxation from the country at large. I might reverse the picture and paint the bold, the artful, and the bad,

but it is always wise as a physician to contemplate the brighter side of human nature; to smile at its weaknesses, but to pity and conceal its faults; and we who are called to be "Lordly fellow Worms" of those beneath us should do well ere we judge them too severely to remember that as our lot is cast in comparatively pleasant places, so should we make allowance for those venial errors which too many amongst us are apt to visit with the severity due only to great Crimes.