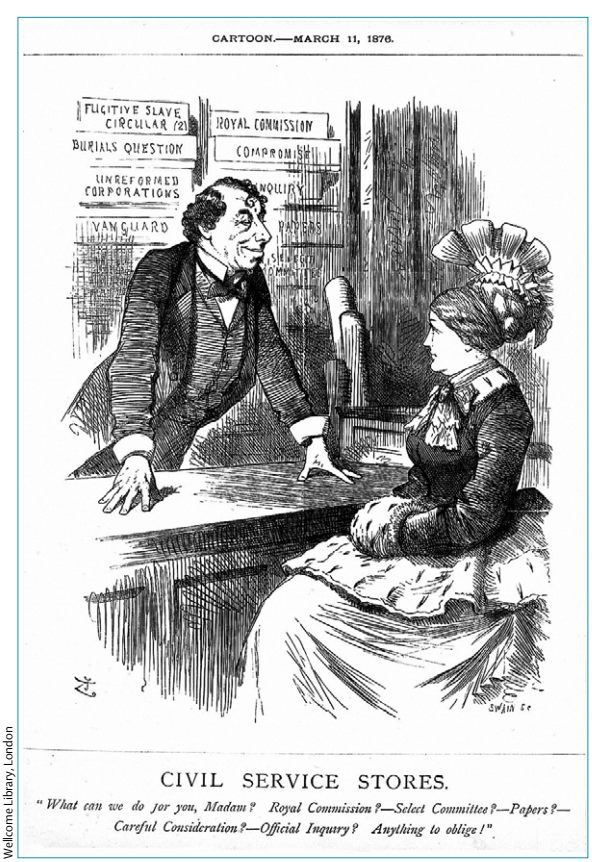
The Art of Medicine

The crusade against out-relief: a nudge from history

The UK's Coalition Government has begun a series of reforms of the welfare state to tackle the annual deficit at a time of recession. Yet, the language and policy aims seem at times re-animated ideas from the end of the 19th century. From the 1870s until the end of the 19th century, the Conservative Party came to dominate English politics. Benjamin Disraeli's fame as Conservative Prime Minister in the 1870s is well documented, but it was Robert Cecil, Third Marquess of Salisbury (Lord Cranbourne), who prevailed over the opposition in the final two decades of the 19th century. He was one of Britain's longest-serving Prime Ministers, but is best remembered for inaction and halting welfare reform.

In the 1870s, England entered a recession and the Conservatives instigated a policy to cut-back welfare expenditure and diminish reliance on poor law out-relief—non-institutional benefits paid to the poor in their own homes from taxation. The crusade against out-relief included cutting medical extras and payments to lone mothers, widows, the elderly, the chronically sick, and people who were disabled or had mental illness. By removing essential funds for nutrition, housing, and medical care, the crusade lowered the health of many families and increased the number of individuals who could no longer be supported at home. Yet unintentionally, this crusade strengthened the hand of liberal reforms and helped set in motion a reaction at the turn of the century that would ultimately lead to the welfare state and the creation of the National Health Service in the UK.



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"Civil Service Stores" cartoon in *Punch* (1878)

In 1871, the English Poor Law Board was absorbed by the more powerful Local Government Board that governed public health and welfare in England and Wales until 1919. The Board argued that out-relief "had considerably increased, and been given more lavishly than it used to be, and that had led to increased pauperism". Inspectors convened regional conferences to encourage local administrators to remove out-relief and encourage the population to be more self-reliant. Among the cuts, inspectors wanted "strict regulation and curtailing" of medical extras, including midwifery orders, and to ensure that women with illegitimate children should not receive medical relief during sickness. They also called for "closer testing and checks on the widespread faking of sickness and abuse of the system" by the sick poor. Working closely with the Charity Organisation Society, administrators investigated applicants, rewarding the thrifty "deserving" poor with philanthropic aid, while "idle" claimants were discouraged from relying on benefits.

Ignoring such factors as industrial boom and bust or temporary and seasonal employment, the Speaker of the House of Commons, in 1876, criticised dependency: "The agricultural labourer has come to rely upon out-door relief as his pension in old age—a most evil habit, injurious alike to master and man. The effect of this system of out-door relief is to deter men from saving." Ratepayers warmed to the policy. By the 1880s, the Victorian obsession with thrift and self-help had taken hold across the spectrum of England's voters and influential society. The Leeds Charity Organisation branch, for example, sought "systematic" distribution of charity and the total withdrawal of relief, except for incarceration or hospitalisation. Thus, "they would profit both by the diminution of the rates and by the increase of the habits of thrift and self-support. Out-relief is a main cause of inebriety and pauperism."

Philanthropy and charity, however, could not fill the void and institutional care drove up national expenditure. Some observers questioned the application of "hard-and-fast" rules being applied to all applicants, with *The Essex Standard* noting: "In theory, it is very easy to say—let the House be the rule for all able-bodied paupers, and Out-relief the rare exception, except for the aged and sick; but this is a rule which is utterly impossible to enforce universally." Opponents

suggested that hard-line crusading mistakenly targeted the respectable poor: the children of a widowed mother, for example, or the family of a temporarily sick labourer were sent to the workhouse, infirmary, or asylum. Schisms between state, private, and charity institutes were revealed as children, disabled people, and the sick turned to state institutions that were unprepared for such large numbers.

The government believed their poor-law infirmaries were well-equipped, over-staffed, and consuming taxation. However, beyond London's impressive hospital and dispensary system, a patchwork character prevailed across the nation. Non-state hospitals were generally better than poor-law infirmaries but only accepted patients who could afford private cover or were recommended by donors. Costly and impoverished patients with chronic health problems or contagious diseases, and maternity and obstetric care, were left to the state infirmaries. In turn, these hospitals were overcrowded and poorly staffed with untrained nurses and "wards men". Poor law doctors were paid low salaries under the pretence that they worked part time for the poor law and earned the bulk of their income from private practice. It was a farce and doctors who worked in the infirmaries were in a double-bind: they had to choose between their private and public patients and, needing the income from private patients, tended to gamble with their attendance on the poor. As the historian, M A Crowther, observed: "The conclusion which may be drawn from a study of the Poor Law medical service is that the model of professionalization which implies a growing loyalty to a central body, does not necessarily help in understanding the problems in sections of a profession where employers are diverse and loyalties divided."

Tacit agreement was reached between state employer and poor law doctor: assistants (mostly students) were allowed to treat the poor, while the contracted doctor gave his personal care to private patients. As a result relations between doctors and poor patients suffered. *Sick Paupers and Their Medical Attendants* (1878) was a typical reproach to the profession:

> "The systematic evasion of duty by many—we had almost said a majority—of Poor Law Medical Officers, has for a long time past excited feelings of indignation in the breasts of their more conscientious brethren—the office is generally applied for with a view to escape the proximity of an opponent, rather than with regard to the emolument. No sooner, therefore, is the holder installed permanently, than he sets about to arrange the manner in which he can escape the troubles of his office, and too often decides that the greater portion of his salary will be best applied to the payment of an Unqualified Assistant."

This pamphlet was published after a disabled boy died of "starvation" at the Isle of Wight infirmary and the official inquiry "excited the attention of the public". *The Isle of Wight Chronicle* blamed crusaders for forcing a widow into work and sending her disabled son to the Island's workhouse infirmary: "Had an amount of [benefit] proportionate to the peculiar requirements of the case been afforded…she would have much preferred to have kept him beneath her own roof." However, the Local Government Board found no link with policy and dismissed the infirmary doctor for neglecting to personally attend to his duties. "The medical officer and his deputy have been victimised", *The Lancet* claimed, adding: "We have no hesitation in characterising the case as a conspicuous instance of the way in which business is conducted by the Department." The case was representative of a deepening crisis in the "crusade" policy. According to the *Hampshire Independent*: "To attempt to allay public indignation or divert it into a false channel by making a scape-goat of helpless officials is a practice which we had hoped to be obsolete…we know enough of the working of that very compound body, the Local Government Board, strongly to suspect that the root of our late workhouse scandal is to be found in London."

By the 1890s, the general fervour for welfare cuts seemed to diminish. Throughout the late Victorian and Edwardian period, Liberal—and later, Labour—reformers raged against the "false economy" of a nation without welfare so that by the start of the 20th century, the tide had begun to turn. The people's health took centre stage when working class men, and some time later women, were allowed to vote en masse. The Medical Relief (Disqualification Removal) Act of 1885, the Old-Age Pensions Act in 1908, the National Insurance Act of 1911, and the formation of the Ministry of Health in 1919 were all milestones on the road towards the creation of the National Health Service in 1948. The British welfare state emerged, belatedly, after decades of haggling over the form it would take. As historian Elizabeth Hurren has suggested, the withdrawal of crucial benefits in the late Victorian era, "left contemporaries with concrete evidence and the political will to initiate welfare change, which was needed and could no longer be ignored…A century later politicians still struggle with the social policy yardsticks that the period bequeathed in changed but equivalent contexts: how much welfare is needed? What level of taxation is appropriate? Welfare discourse may have changed, but structural economic dilemmas endure." Needless to say, there is much about the current Coalition Government's proposals that hark back to crusading reforms at the end of the 19th century. Understanding what happened then would indicate that the doctor–patient relationship is jeopardised and the most vulnerable in society suffer when the cracks widen between philanthropic, private, and public medicine.

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Further reading

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