

Book Reviews

England's First State Hospitals and the Metropolitan Asylums Board, 1867–1930, by GWENDOLINE M. AYERS, London, Wellcome Institute of the History of Medicine, 1971, pp. xxvii, 370, illus., £6·30.

England's first state hospitals, 1867–1930. The title arrests attention. Is this really so? The refounding of the royal hospitals by Henry VIII springs at once to mind. When Henry restored to the citizens of London the hospitals that he had acquired, he undertook to pay £500 towards the maintenance of St. Bartholomew's, provided that the City should contribute the like amount. Was not this hospital, maintained by the king and the corporation, a State hospital? There were other hospitals that Parliament had sanctioned by enactment. As long ago as 1592–3 county treasurers were appointed to distribute the product of a rate to be levied by the justices for the relief of poor soldiers and sailors. The treasurers were responsible for the building and maintenance of hospitals for the aged, impotent, lame and blind, and in 1597 the Poor Law Act empowered church wardens and overseers of the poor to build hospitals on waste lands, the funds to be raised by the taxation of every inhabitant of lands. It was probably the sanction of this Act which made it possible for parishes to erect pest-houses during the plague epidemics of the seventeenth century. After the Reformation the hospitals in some towns were regranted to the corporation in a similar manner to St. Bartholomew's of London. Thus St. Bartholomew's of Gloucester was restored to the corporation by Elizabeth on condition that forty poor people, a physician and a surgeon, were there maintained. Further stimulus was given the building of workhouses and hospitals by the Poor Law Act of 1722, and when the new Poor Law came into operation in 1834 the guardians of the newly formed Unions took over many workhouse hospitals. These were usually combined institutions—workhouses with sick wards. It was the dreadful conditions prevailing in the wards of these sick wards which, when they were eventually exposed, led to the passing of the Metropolitan Poor Act in 1867. The purpose of this act was to provide separate management of certain categories of the non-able-bodied poor by the creation of hospitals and dispensaries. Against strong opposition, the Bill was passed through parliament by Gaythorne Hardy who was strongly supported from behind the scenes by Florence Nightingale and Joseph Rogers, a poor law medical officer. Almost immediately after the passing of the Bill, the Metropolitan Asylums Board was constituted, with responsibility for all the rate-aided poor suffering from smallpox, fever or insanity. Next year the London parishes were grouped for the purpose of hospital care into six 'sick asylum districts', each of which was to erect a joint asylum for the general sick. A previous Act in 1844 (7 & 8 Vict.c. 101 s.41) had empowered the Commissioners of the Poor Law to group parishes and unions in the metropolitan area into districts for the provision of district asylums for vagrants, and had also provided for grouping of parishes for the provision of schools. No effective action seems to have been taken under this Act.

The Metropolitan Asylums Board, sixty strong, was constituted of forty-five members elected by the Guardians and fifteen nominated by the government through the Poor Law Board. In the constitution of the Board we get the first example of the principle of central government nominating individuals on local boards of manage-

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ment, which has persisted in the medical services of the country ever since. To execute its remit the Asylums Board set up five committees; three for the management of smallpox cases and those suffering from fever and insanity; the other two were the general purposes and finance committees. In this large volume, Dr. Ayers, drawing largely on their minute books, traces the affairs of these committees. The Metropolitan Asylums Board was answerable at first to the Poor Law Board and then to its successor the Local Government Board; during its last ten years it came directly under the newly formed Ministry of Health. Its comparatively short life therefore saw great changes in medical administration as well as in medical thought.

The work of the Board in the early years was heavy, hospitals for mental diseases had to be built, and opposition from residents near the areas chosen was as marked then as now. Smallpox, which frequently attained epidemic force in the early years, presented grave problems. Fevers, enteric and typhus, were rife at times. All these had to be dealt with, and with greater understanding of the cause of infection fresh problems arose. Was diphtheria a fever? Could the Board's hospitals admit cases under the terms of the Act? Diphtheria was a new experience in London having been absent for many years. The Local Government Board ruled that it was not a fever and was supported in its opinion by an extremely obtuse ruling by Sir William Jenner, the President of the Royal College of Physicians.

Another problem which vexed the board in its early days was that all persons admitted to its hospitals became paupers and as such lost their civic rights. The danger of smallpox made it imperative that cases should be isolated; the threat of pauperization was an unnecessary hinderance to the achievement of this. Only those, and there can be few today, who have seen confluent smallpox can appreciate the alarm that that dread disease can arouse. So great was the opposition from local residents against the placing of smallpox hospitals in their neighbourhoods that the board was constrained to requisition old ships, the old wooden hulks by then discarded by the Navy, for conversion into hospitals. As time went on other sanitary authorities adopted the same method and these old smallpox ships came to be moored in the river mouths of nearly every port: they remained rotting and uncared for well into living memory.

The Metropolitan Asylums Board moved with the times, and as one public health problem succeeded another the Board kept step. Laboratories were opened; tuberculosis and venereal diseases hospitals were built or started in existing buildings; an ambulance service for the metropolis was organized and a river ambulance instituted to carry smallpox cases to the hulks. The medical officers carried out research projects on the large mass of material at their disposal. The statistics of morbidity and mortality compiled by the Board were more complete than those of the Registrar General. During the first world war many of the Board's hospitals were placed at the disposal of the War Office and the great flood of refugees from Belgium and France that came into this country in the early stage of the war were temporarily housed and fed by the Board.

Dr. Ayers has studied a large amount of material from many sources but her account of the work of the Board relies mainly on the minute books of the Board and its committees, and this account is very much a history of administration and administrators; good as far as it goes, but in the words of one of the more articulate

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of recent Ministers of Health, 'Hospitals are for people'. We seldom get any glimpse of what the hospitals were really doing and what the condition of the wards in which the patients were nursed was like. When under the Local Government Act of 1929 the Metropolitan Asylums Board handed over its functions to the newly constituted London County Council, what was then the condition of the hospitals that the new authority took over? Did they require a great deal of improvement, or did they deteriorate? There is much that we should like to know on which Dr. Ayers is silent. Recollections of those who knew these hospitals soon after the take-over are possibly not entirely reliable but in their minds there remains an uncomplimentary picture which bears no comparison with the condition of the voluntary hospitals of that period.

This massive account of the work of the Metropolitan Asylums Board is most thorough and will be of great interest to those who wish to follow the growth of the administrative machinery of the greater London Council.

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The Correspondence of Henry Oldenburg, ed. and trans. by A. RUPERT HALL and MARIE BOAS HALL, Madison, University of Wisconsin Press, 1965-(in progress), vols. IV-VI (£4.75 per volume), vols. VII-VIII (£9.50 per volume), 1967-71.

The first three volumes of this invaluable source-book for the history of science and medicine in the seventeenth century have already been reviewed at some length in these pages (1968, 12, 208-9), where attention was drawn to the medical importance of many of the letters. Volumes IV-VI show a marked increase of interest in biological matters, especially comparative anatomy and physiology. The controversy which arose from the earliest attempts at human blood transfusion in 1667 is well documented here in correspondence between Jean Denis of Paris and Oldenburg, who upheld English claims to priority. In this set of volumes is also to be found the remarkable correspondence with Marcello Malpighi, for whom the Royal Society was an inspiration and support during difficult years at home when he was pursuing his researches into embryology. The controversy over the physiology of reproduction between Timothy Clarke and Regnier de Graaf may also be followed here and we can see why the originality of de Graaf's work was challenged. In subsequent volumes the researches into natural history begun by Ray and Willughby and continued by the young Martin Lister provide material for a number of letters, supplemented by discussion of the work of Jan Swammerdam and Thomas Bartholin. The French physician Moyse Charas discussed his special preparation of theriac and alludes to the disputes between the physicians and apothecaries of London. But many others, too numerous to mention, also appear here. Robert Boyle naturally figures prominently in all the volumes, but we find also Sir Thomas Browne and his son Edward, Highmore, Glauber, John Graunt, Van Helmont, Richard Lower, Christopher Merret, Pecquet, Walter Needham, Petty, Steno and Sylvius (de le Boë)

The high editorial standards established in the earlier volumes are scrupulously maintained, and there is little doubt that when this edition of Oldenburg's correspondence is completed it will be taken as a model for all future work of a similar nature.

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