A SHORT REVIEW OF THE PUBLIC HEALTH ADMINISTRATION IN GLASGOW.

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(*Concluded from* p. 110.)

However, we must get back to our descriptions. Here from a report of Dr. Kennedy, a police surgeon, in 1843, "All the closes in the Briggate are kept in a most abominable manner. I may particularly mention No. 101 or Miller's Close, 87 or the Glue and Size Close, 65 or Scanlan's Close; but if a prize were to be given for abominations of all kinds, Miller's Close deserves it." Dr. Smith, another police surgeon, said, "The tenements which I have visited . . . are more fit for pig styes than dwellings for human beings. The entrance to these abodes is generally through a close some inches deep with water or mud or the fluid part of every filth. At night whole families sleep in one bed, and as there are several beds in each apartment, several families are made to occupy it. In short, of the moral degradation, grossness, and misery of these people no adequate description can be given." What does illness in a place like this mean? Dr. J. B. Russell in a careful study of the vital statistics, with special reference to the Briggait and wynds in 1886, found that 25 per cent of the illness in that district was treated at the public expense. Of those who died, 37 per cent were interred at the expense of the ratepayers. Of the children, 10 per cent were born in the Maternity Hospital, and 45 per cent through the attention of nurses supplied from that or similar institutions. He found that it sent large contingents to industrial homes, reformatories, day feeding schools, free breakfast tables, &c.; he called it "a sort of running sore upon the body of the community." I have spent some time and perhaps multiplied those indictments against our sanitary morality, but it was absolutely necessary to make clear the origin of the two scourges of this period, typhus fever and cholera. Now, we know how they arose, How were they treated? By treatment, of course, I use the term in its broadest sense, not what drugs and animal comforts were prescribed, but rather what means were adopted, not only to stamp out the present epidemic, but to prevent their recurrence in the future. Well, in one word, cholera

disappeared when the city stopped using the sewage-polluted water of the Clyde for domestic use and started to use the pure Loch Katrine. For the rest there was no treatment. How could there be when it was not realised by the people themselves that the sole and only cause of these diseases was bad water and filth plus overcrowding. It pleased them better to call them "a visitation of Providence," so the treatment simply became the panic treatment of each epidemic. Boards of health were formed, funds were hurriedly collected, not realising how much better it would have been to have paid a moderate premium for safety, than to have been mulcted in such heavy damages.

As we have heard, those various commissioners and the local police surgeons were pointing out the cause and advocating the remedy, but they themselves were powerless; they could only awaken the citizens to the general danger in allowing the wynds and closes to exist; as long as the general body of citizens were willing to have those plague spots in their midst, the first essential to satisfactory treatment was absent; for though the fever or cholera might start in the closes, once started, it was no respecter of persons, and touched with the icy hand of death the dweller in Blythswood as well as the unfortunate of the slums. It overflowed from the wynds. It insinuated itself into the Royal Infirmary; it occupied 60 per cent of the beds in the Royal. It compelled the directors to build the fever block. Then, as Dr. Russell put it, "In due time the disease began to decline, it shrank within the capacity of the Royal Infirmary; the temporary hospitals were pulled down. The doctors, nurses, and fumigators who had not been buried were paid off, a report of the receipts and disbursements was submitted, and the board or committee ceased to be. The play was over, the old properties were not even stowed away, they were burned."

Away back in 1547 we saw a definite anticipation of prevention, which is the keynote to-day in the treatment of all diseases. Here we have no such thing; all that was done was, as the Act put it, "relief to the sufferers and the safe and speedy interment of those who died." The one advantage which cholera possessed was that for its treatment (so-called) sheds or shelters might be erected and medical attendance, drugs, food, &c., might be provided from the rates, whereas with fever there was no help but such as came from voluntary sources or that fund of mystery, the Common Good. On one or two occasions during the past few years the weekly death-rate of the city has touched the phenomenally low figure of

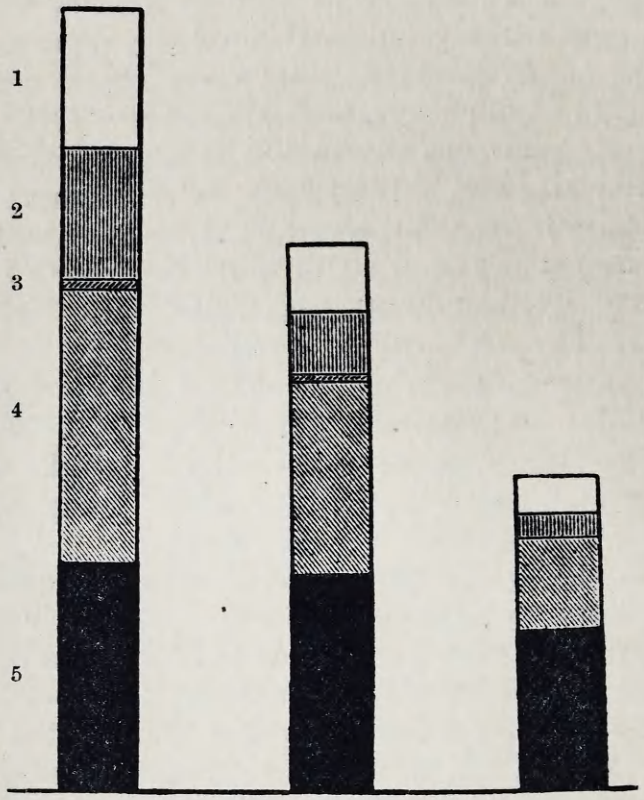
12 per 1,000. The various causes which have operated together to bring this most creditable state of affairs about should, properly speaking, be included in any review of the public health administration. How, after much tribulation, we came into our water-supply, without which a healthy Glasgow was not conceivable; the evolution of the systems of cleansing and sewage disposal, from the period when each householder was his own disposer, until to-day, when, with the completion of the Shieldhall works, our sewage disposal scheme may now be said to be complete; the operations of the Improvement Trust, the provision of parks and open spaces, the baths and washhouses, and so on. Considerations of time alone prevent me from dealing with those, so we will confine ourselves almost entirely to the actual steps which led up to all the complex machinery which is to-day familiarly spoken of as "the Sanitary." In 1857 a "Committee of Nuisances" was formed, and this was the first acknowledgment that the public health was worthy of the public care. Two years later Mr. (afterwards Lord Provost) John Ure submitted a scheme for the improvement of the sanitary conditions of the city. He proposed to appoint a new official —a medical officer—with a staff of inspectors, whose duty it would be to discover and remove nuisances and to take the oversight of infectious disease, all to be under the control of the Committee of Nuisances; and those proposals were approved of by the Town Council. Not only so, but those and other proposals, relative to cellar dwellings, overcrowding, sanitary conveniences, &c., were embodied in the Police Act of 1862. This enacted that "one or more medical officers must be appointed, and that one or more inspectors of nuisances might be appointed;" but while this Act created certain new offices, it did not specifically authorise the creation of officials to fill them; for instance, the duties of the inspector of nuisances and of common lodging-houses might be discharged by the chief constable, or any of his lieutenants, or by the master of works, who could, in addition, fill the offices of inspector of cleansing and inspector of lighting. Its vital importance lay in the virtual admission of the principle that if the citizen had obligations and responsibilities towards the civic state, the civic state or corporate body or municipality had no less obligations and responsibilities towards the citizen, and this principle being admitted the further development was natural and inevitable.

In the same year in which this Act was passed a Sanitary Committee was formed, and one of their first actions was to

appoint Dr. (afterwards Sir) William Tennant Gairdner, K.C.B., as the first medical officer of health to the city, with the five divisional police surgeons as his assistants. A special "non-medical" inspector was also appointed as the "sanitary staff." This official's "office," so to speak, consisted, as the late Dr. J. B. Russell tells us, "of the use of a desk in the room in the Central Police Buildings used by Dr. M'Gill in his capacity as surgeon to the police force." Next year (January, 1864) other three non-medical officers, selected from the police force for special sanitary duty, were added to the staff, and two shops, 59-61 College Street, were rented at £25 per annum and fitted up as "The Sanitary Office." In the autumn of the same year the first municipal disinfecting and washing-house was established at 66 High Street; a staff for fumigating and limewashing infected houses was organised and placed under the control of the inspector of cleansing; and on the 25th April, 1865, was opened in Townhead the first municipal fever hospital.

Such, in brief, is the nucleus round which our elaborate sanitary administration has developed. One step led to another, although, even to non-medical minds, it must be obvious that the problem was far from being solved. We have now certain sanitary officials and a sanitary officer, but possibly even the newly appointed officials themselves hardly realised the aim, scope, and limitations of their new duties, and such powers as they possessed still had stamped on them the treatment of each emergency as it arose. The Act, however, only held good for five years, and in that time much was learned; above all, it was becoming recognised that all true treatment and the hope of the future lay not in cure but in prevention, not in dealing with some outbreak of infectious disease in a spirit of panic, not in making a great show in whitewashing certain closes or courts, not in compelling the removal of some nuisance which happened to be especially obnoxious, but in possessing powers to prevent the continuation of conditions which tended to undue liability to infectious disease. The new Act of 1866 authorised the erection and maintenance of municipal hospitals and washing-houses, made the appointment of a chief sanitary officer and assistants compulsory, authorised the compulsory removal of cases of infectious disease from common lodging-houses to the municipal hospitals, and this, in conjunction with the Scottish Public Health Act of the following year, put on a sound and established basis the central guiding and controlling authority of our public health service.

Perhaps the next set of contributing causes with which we should deal are those resulting from the operations of the Improvement Trust. The preamble of this Bill explains the reason of its being. It begins as follows:—"Whereas various portions of the city of Glasgow are so built, and the buildings thereon are so densely inhabited as to be highly injurious to the moral and physical welfare of the inhabitants," &c. The



(From Russell's "Public Health Administration." Block kindly lent by Corporation of Glasgow.)

FIG. 6.

1 Zymotic diseases.
2 Nervous and other diseases special to children.
3 Accidents and syphilis in children.
4 Diseases of the lungs.
5 Miscellaneous.

vital importance in these lines lies in the admission that the moral condition of a large proportion of the inhabitants of our great city was irrevocably settled by their physical surroundings. The Trust obtained powers to eject certain people from certain plague spots in order to improve their moral and physical welfare. No one, of course, would really insist that the mere transference of those unhappy people

from a bad, dirty, insanitary house to a decent clean house would itself create new aspirations or eradicate the bad habits which had become second nature. For these poor people are complicated problems. We must consider, not only their present condition, but we must recognise that they represent the result of successive generations of want and misery. Still there is no doubt that people brought up in such places, where cleanliness was necessarily absent, where common decency, from the very structure of their habitations, was utterly impossible, where one might as well look for figs on thistles or grapes on thorns as expect to find virtue and sobriety, to say nothing of refinement, flourishing on such unwholesome soils. Still I am quite convinced that it was a necessary step. It did not do all that was desired, or even all that was hoped for, but if it were only for the acknowledgment of the debt which the corporate city owed to these poor people, the step was highly satisfactory. The net result seemed to be to cause their redistribution into houses better suited to their size, further from the centre of the city, *i.e.*, into less congested areas, and to compel them to pay nearly 20 per cent more in rent, and, in general, to greatly improve the method of excrement disposal. Closely related to the operations of the Improvement Trust, and, in fact, a natural development arising therefrom, was the seeking of and acquiring powers to "ticket" certain houses. Before explaining what ticketed houses are, let me show you the direct relation between the size of any given house and the health of its inhabitants. To do this we again seek the help of a diagram. Here in Fig. 6 we have three columns of different sizes, the height of the column representing the comparative death-rate (the statistics, I may say, refer to 1888). The large column represents houses of one and two apartments, and has a mean death-rate of 27·74; the next column represents houses of three and four apartments, and has a mean death-rate of 19·45; and the third column represents houses of five apartments and upwards, and has a mean death-rate of 11·23. First of all, you notice how much more prevalent the zymotic diseases are in small houses than in large houses, how much more prevalent are diseases of children; how much more prevalent are diseases of the lungs. So we see that these three diverse forms of diseases are undoubtedly predisposed to by conditions which these people do not make, but which are made for them, and from which there is no escape. The system of ticketing houses was started under

the stimulus of typhus fever. The power to do it is contained in the Glasgow Police Act, and is an intimation to landlords and tenants alike that there is a limit to the number of persons who may be accommodated within a

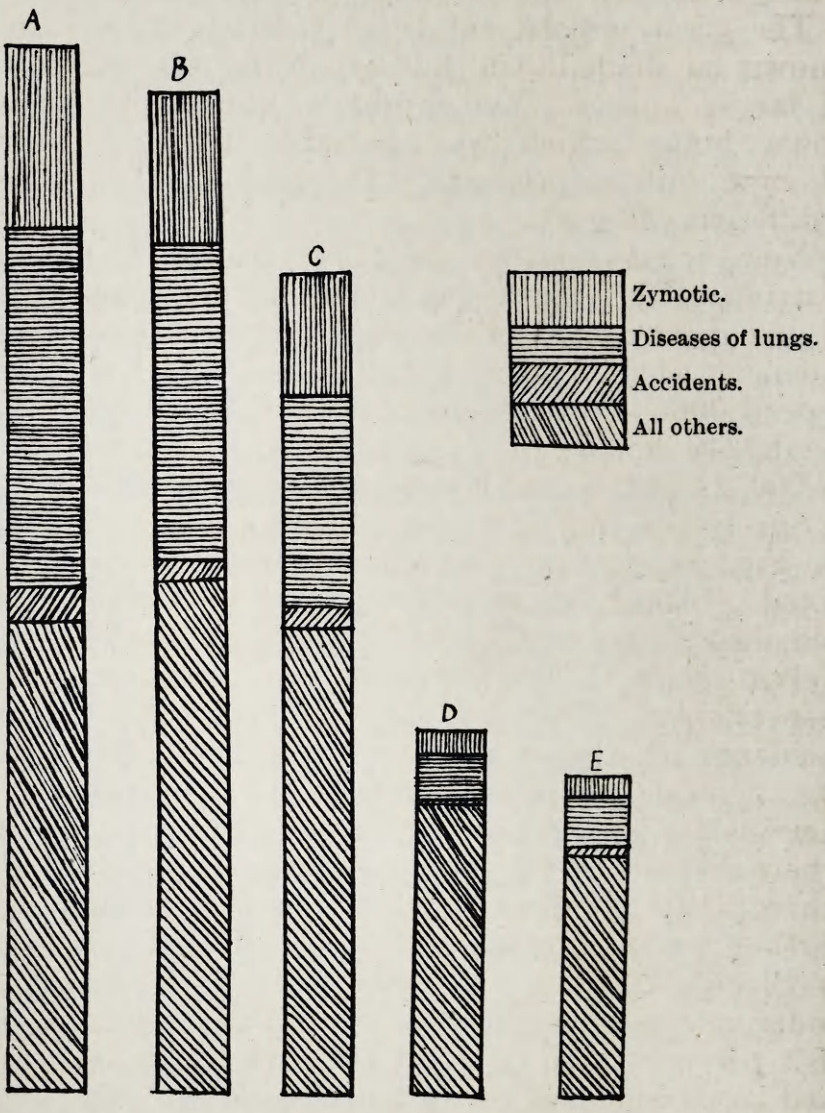


FIG. 7.

A Blackfriars.
B Cowcaddens.
C City.
D Pollokshields.
E Kelvinside.

given space. The power is discretionary—properly so, I think—and consists in being able to affix a ticket, generally of metal, on the door of certain houses containing not more than three rooms, and not exceeding in total cubic content 2,000 cubic feet, exclusive of lobbies. The ticket states the

total cubic contents and the legal number of occupants. Originally the allowance was 300 cubic feet per adult person, now it is 400 cubic feet, but it should be at least 600 per adult. The houses are liable to be entered night or day, and the number of inmates checked, and if there be any transgression the offenders are prosecuted.

The great majority of those ticketed houses are what are known as made-down houses, or houses which were parts of larger houses. You might, of course, have had a made-down house which was passable from a sanitary point of view, but unfortunately the bulk of them were in quite a different category.

Now, what relation do these places bear to the other districts of the city to-day? Pollokshields contains 41 houses of one apartment, 2,545 houses of five apartments or upwards, a density of 14·3, no ticketed houses, and has a death-rate of 8 per 1,000. Cowcaddens contains 2,122 houses of one apartment, 249 houses of five apartments or upwards, a density of 200, 2,834 ticketed houses, and a death-rate of 22 per 1,000.

Surely the moral is plain. Or look at it in another way. In Fig. 7 are five columns representing certain wards as noted. Blackfriars and Cowcaddens with their high densities and death-rates of 23 and 22 respectively, Pollokshields and Kelvinside with low densities and death-rates of 8 and 7 respectively. The key or index further illustrates the incidence of disease in these localities. Blackfriars, where the zymotic diseases comprise 17 per cent of the total. Kelvinside, where they comprise 2·3 per cent. Blackfriars, where diseases of the lungs comprise 32 per cent. Kelvinside, where they comprise 18·6 per cent. If one examines it further with reference to the age of death, it is found that in Blackfriars 23·5 per cent of the total deaths took place under one year, in Kelvinside 9·3 per cent; in Blackfriars 18·2 per cent died over 60 years, in Kelvinside 49·5 per cent died over 60 years; or to put that in its true perspective, in Cowcaddens only 18·2 per cent were spared to die over 60 years, as against nearly 50 per cent in Kelvinside, which were spared to die of truly natural causes. I mention these facts lest we be lulled to sleep by the pleasing reflection that the general health of the city has vastly improved; lest we forget that we have still areas with a density of 200, and a death-rate of 23.

Now, you say, "Having pursued this subject from Dan even unto Beer-sheba, what is it all about?" I think it was Lord Morley who said, "I do not in the least want to know what

happened in the past, except as it enables me to see my way more clearly through what is happening to-day." For I would not have you imagine that the subject stops here. I put it to you as men of business, what would you say if, having some investment, unremunerative in its early years, and just as you looked for the anticipated return the investment simply became non-existent? If the city, or country, or empire had certain investments, say, in the form of children, unremunerative in the early years—not only unremunerative, but actually upon which there has been a very considerable expenditure in the form of clothing, feeding, educating, and training, the anticipated return being the discharge of all the multifarious obligations which the citizen owes to the complex cosmos which we call "the State"—now I put it to you in its form of grossest commercialism, is it good business, if after there has been this large capital expenditure, to treat these investments in such an almost criminally negligent manner that they are allowed to disappear or die, when they might have been retained and yielded their return in the form of communal service; or if the men and women (also investments), each of whom has an average of sixteen days' illness per annum, have, through the persistence of insanitary and non-hygienic surroundings, perhaps that period extended to seventeen, eighteen, or twenty days per annum—not only so many more days in which they have ceased to be producers, but during which they never ceased to be consumers? Now, I again put it to you men of business in its form of grossest commercialism, "Is this the manner in which to treat a profitable investment?" I put it to you as philanthropists and social reformers, if, when you enter one of these single apartments, and have your sense of delicacy outraged, your notions of propriety flouted, your whole moral being insulted in a brief visit, what must it be to be born there, to live there, to die there? How can you go there and expect sober men and virtuous women? Said Dr. Russell, and he knew all about it, "If grapes grew and ripened in the slums of Glasgow, or the orange and myrtle were as luxurious and plentiful as daisies and thistles in the fields, people would say 'it is a miracle,' and yet we go confidently in search of delicacy, refinement, and high-toned morality amid physical circumstances which are equally inimical to those finer growths and efflorescences of the moral nature of man." I put it to you as imperialists —are these the materials with which to build a lasting empire? For never forget that these one- and two-roomed houses at the end of a dark lobby, up a dark stair which

opens off a sunless pit or court, are filled with restless, unhappy, unsettled mortals, who are thoroughly aware of the great contrast between their own miserable condition and the unspeakably happier state of their more fortunate fellow-mortals. Above all, remember that, while theories and learned treatises on social and economic discontent may stir the intellectual circle, the only lever which moves the masses and influences those restless dwellers in slumdom is not theory, but material misery. A hungry, ill-clad, badly-housed labourer is a discontented, unsettled citizen, ready to grasp at any straw, prepared to accept any scheme which promises better things. And how could it be otherwise? For what interest have these people who live in a district with a density of 200, with an infantile death-rate of 190 and a general death-rate of 23, what interest have they in desiring the continuation of things as they are? What is civic patriotism to a dweller in one of these back lands? What is pride of empire to an artisan with a grown family in a single apartment? And so you see what momentous problems underlie such commonplace words as sanitation, housing, cleansing, and so on.

I have endeavoured to sketch, briefly and roughly, the road along which we have travelled in our journey to sanitary perfection. When we shall reach the desired goal I cannot say; but this I do say, that the nearer we do approach to sanitary perfection and all that term implies, the more secure does the foundation become on which we rest—morally, socially, municipally, and nationally.

And surely the attainment of such an end is a consummation devoutly to be wished for by everyone whose civic confession of faith is bound up in our own familiar words, "Lord, let Glasgow flourish."