

WORKSHEET FOR KS3 AND GCSE HISTORY Pre-NHS (1750-1947)

The healthcare landscape of Hackney

Hospitals are the places where the community meets medicine. These buildings tell us a lot about society and its values. Hackney, like many other poor and densely populated urban areas, has an important healthcare history that is largely unknown to its residents.

The first hospital in Hackney

In 1280, the first hospital was set up in Hackney to treat leprosy. The Kingsland Leper Hospital was situated to the southwest of the junction of Kingsland Road and Balls Pond Road. Locally it was known as the Lock Hospital, and was one of ten leper hospitals established by the City to London to treat leprosy – a disease that affects the upper respiratory tract, skin, nerves, limbs and eyes. From 1549, the hospital was run as an isolation house for St Bartholomew's Hospital in Smithfield. The last recorded case of leprosy in London was in 1559. From then on patients were sent to Kingsland with a variety of diseases. Rising costs forced St Bartholomew's Hospital to close the Kingsland Leper Hospital in 1760, ending a 500 year history of caring for the sick.

Workhouse infirmaries

In the mid- to late-1700s both the parish of Shoreditch and Hackney opened workhouses providing shelter for the poor. Workhouses were not prisons – the inmates were allowed to come and go – but they were terrible places with many inmates sick or infirm. By the mid-19th century both the Hackney Union Workhouse and Shoreditch Workhouse had built separate infirmaries to try and isolate sick inmates and prevent the spread of infectious disease – cholera, smallpox and fever were very common diseases. During the Victorian period there was little in the way of effective treatment or cure with many inmates dying. Infirmary staff were not trained as nurses but perhaps the availability of water, food and a bed marginally improved your chance of a full recovery. In the 20th century both of these workhouse infirmaries developed into Hackney Hospital and St Leonard's Hospital.

Specialist and voluntary hospitals

The increase of medical specialism was a 19th-century phenomenon. There were a number of reasons for its development during this period. Firstly, there was a growing acceptance that hospitals needed to provide treatment for cases like pregnancy, child health, venereal disease, cancer and other incurable diseases. These types of conditions and illnesses were on the whole not treated in general hospitals. Some did have special wards but most people were left to find 'comfort' at home, or at the workhouse. A second factor in the rise of specialist hospitals was the belief that in order to advance scientific research and medical training places needed to be built where specific ailments could be studied on masse. Thirdly, many doctors

recognised the opportunities for both economic and social advancement by specialising with many developing lucrative private practices.

Hackney had a number of specialist hospitals including the Mothers' Hospital, the Royal Infirmary for Diseases of the Chest, the Eastern Fever and Smallpox Hospital, and the German and French Hospitals – set up for the needs of two specific immigrant groups. The Mothers', opened in 1894, was a maternity hospital for unmarried women. Managed by the Salvation Army, a Christian charity, the Mothers' provided a safer alternative for childbirth. Many poor and unmarried women in Hackney would end up giving birth in the workhouse, as there was nowhere else to go. The German Hospital, founded in 1845, was set up to treat the large community of poor Germans in the borough at the time. It was noted for its unique nursing provision staffed by Protestant Deaconesses from the renowned Kaiserswerth Institute in Germany – a place visited by Florence Nightingale in 1850 and 1851 to receive training. Located on the site of the Homerton University Hospital the Eastern Fever and Smallpox Hospital, which was opened in 1869, was funded by the Metropolitan Asylums Board. This central body was set up to treat infectious diseases and insanity – the scourge of 19th century life. This hospital can be seen as an early precursor to a state-funded medical system akin to later National Health Service, which was set up in 1948.

How did the people view hospitals?

In the 1800s hospitals in were places to avoid. They were 'gateways to death' entered only by the desperate and destitute.

"The fact that patients had to pay a deposit on admission – to cover burial costs – probably did little to make them more popular. Patients who could not afford this money still found it difficult to resist admission, as there were few other options for medical care. The view of hospitals as places of last resort fuelled repeated efforts over the centuries to clean them up and improve patients' chances of recovery."

By the 1920s and 1930s hospitals began to lose their former bad associations as places of 'last resort' before an inevitable and painful death. As their ability to cure illness improved, due to developments in surgery, medical diagnostics and treatment (such as radium treatment for cancer) even the rich, who were usually treated at home, saw the benefits of being treated in a hospital. Voluntary general hospitals also began to shake off negative connotations like poverty, infection and death. In the 1930s local government started to develop former workhouse infirmaries, like Hackney and St Leonard's, into general hospitals. These were places were aimed at everyone.

How did people access treatment?

Before the introduction of the NHS hospitals were not free and healthcare was badly managed, inconsistent and bewildering due to the range of institutions providing different kinds of care and treatment. Hospitals were funded by 'subscriptions' or



donations from wealthy people, but as new technologies and procedures developed the cost of healthcare increased greatly. Most donations only covered 10% of the hospital's total expenditure.

Some people had health insurance paid for by their employer whereas others were 'means tested' by an almoner who worked at the hospital. An almoner was a cross between a social worker and a financial administrator who would decide a fee that was based on patients' income and savings. For the poorest in society this would often mean that they would either receive no treatment, or could only afford the most basic course of treatment, or the shortest stay in hospital.

Mr Somerville Hastings and the Socialist Medical Association

Somerville Hastings was born in 1878 in Wiltshire. He was the son of Henry George Hastings, a Congregationalist minister, and Ellen Ward. Hastings won a medical scholarship to University College and the Middlesex Hospital in London.

After the First World War Hastings emerged as an important figure on the medical left. As well as being a Labour MP for Reading he also became a leading member of the Labour Party's public health advisory committee. By the 1920s he had formulated what were to remain his core beliefs – a vision for a health service that was to have an integrated hospital system with salaried medical personnel, and no private practice. Free and comprehensive services were to be organised around health centres, with an accompanying shift from curative to preventive medicine.

In 1930 Hastings helped form the Socialist Medical Association, which was affiliated to the Labour Party in 1931. As its founding president, a position he retained until 1951, he expended considerable energy, particularly in the Association's crucial pre-war and wartime campaigns on socialist medical politics. He was often the Association's delegate to the Labour Party conference, and was instrumental in having the party commit itself to a national health service. He wrote and lectured extensively on his vision of a socialised medical service, and travelled abroad to study foreign medical systems and meet other socialist doctors.

In 1932 he was elected to the London County Council (LCC) which was Hastings's most successful and important venture into politics. In 1934, after Labour took control of the LCC, he became the chair of the Hospital and Medical Services Committee. For the next ten years he held what was a very important position within the Council. The LCC had recently taken over the management of all hospitals and health centres, and was the largest provider of hospital beds in the country. His influence was to be felt in Hackney as the LCC improved hospital provision at both Hackney and St Leonard's Hospital with new facilities and buildings for staff and patients.

During the Second World War the influence of Hastings and the Socialist Medical Association increased. He was one of the three original association representatives on the British Medical Association's medical planning commission; and he was chairman of Labour's revived advisory committee on public health – a body responsible for formulating proposals for a national health service. It seemed possible that Hastings's vision of a socialised medical service would be realised, given his heightened influence in labour and medical politics.

He claimed publicly that the post-war Labour government's National Health Service was in large part attributable to the work of the Socialist Medical Association. Hastings deserves acknowledgement as a pioneer of socialised medicine. He was a lifelong Christian and teetotaler, and seemed to lead an austere life. Hastings typified the altruistic, middle-class Christian socialist of his time. He died

Questions

- 1. What was the first hospital in Hackney? What illness did it treat?**
- 2. What is a workhouse? Why did they have infirmaries?**
- 3. What other hospitals were in Hackney during the 19th century? What did they treat?**
- 4. What did the poor do for healthcare?**
- 5. Why was Somerville Hastings an important figure in the history of healthcare?**
- 6. Do you think healthcare should be free? Explain your answer.**