From Poor Law Institutions to geriatric hospitals in the South West of England, 1930s-1970s

MARTIN GORSKY*

Why, despite the universalist aspiration of the British welfare state, was institutional care for poor older people so frequently condemned as inferior in the mid-20th century? This paper seeks an answer for the period between about 1929 and 1970. In the pre National Health Service (NHS) years, a dynamic phase of local government reform might potentially have raised quality, and after 1948 there were also hopes that a new start could be made: this was after all the era in which geriatric medicine first emerged as a specialty. The research on which the paper is based is a regional case study of South West England, specifically the counties of Somerset and Gloucestershire and the cities of Bristol, Gloucester and Bath. This approach, I argue, permits access to relevant quantitative and qualitative evidence obscured in national sources. Also, the prior historiographical concentration on urban experience has hitherto produced a distorted picture.

With respect to the pre-NHS period, the key finding is that in contrast to the expansive municipal medical services targeted at the broader population, medical care for older people experienced only a slow pace of change. Here, the assumptions, administrative structures and material inheritance of the Poor Law impeded progress and constrained resources. This can be viewed most graphically through the material and financial history of the workhouses and workhouse infirmaries, in which the vast bulk of what was then dubbed ‘chronic care’ (effectively a synonym for care of older people) was located. Unlike the few municipal poor law hospitals which were upgraded into acute general hospitals for the whole population, following the 1929 Local Government Act, the ex-Poor Law stock remained under-developed. Analysis of local expenditure data suggests that these were excluded from the rising public health investment noted elsewhere, and this played out in poor staffing levels, outdated infrastructure, poor dietaries and so on.

The immediate post-war history of hospital care for older people in Britain also emphasises a detrimental Poor Law legacy. Despite Bevan’s optimistic signals, the processes by which Victorian workhouses became the basis of geriatric hospital provision under the NHS were extremely slow, as the South West evidence demonstrates. This was despite the presence of local geriatric champions similar to Marjory Warren in London or Lionel Cosin in

* Address for correspondence: e-mail: Martin.Gorsky@lshtm.ac.uk
Oxford, and some initial interest by the regional NHS leadership. Moreover, demographic pressures of population ageing, rising morbidity levels, and hence health system demand were widely discussed. The Hospital Plan of the early 1960s, with its promise of reappraisal and substantial capital investment, also might have augured deep change. However, although legislative and medical developments provided opportunities for local actors to discard the ‘legacy’, their success was limited.

This requires explanation. Theoretical perspectives from the literature are introduced including political economy approaches and the historical sociology of the medical profession. Analysis of resource allocation decisions again shows a persistent tendency to disadvantage these institutions by comparison with acute care hospitals and services for mothers and children, even though new ideas about geriatric medicine had some impact locally. Quantitative and qualitative data are used to examine policies towards organisation, staffing and infrastructural improvements, suggesting early momentum was not maintained. Explanations lie partly with national financial constraints and partly with the regional administrative arrangements following the NHS settlement which perpetuated existing divisions between agencies. There is also some evidence that the leading regional interests of acute medicine tended to be privileged over those of geriatric care and militate against effective joint working with local government. Thus the complex health and social care needs of older people, particularly those lacking personal resources, tended to suffer.

[Dr Gorsky’s talk was illustrated with images from http://www.workhouses.org.uk/. Searching through this site will bring up a section on each Union, including various maps and photos.]