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Patients at the London Homoeopathic Hospital, 1889–1923

Social profiles and clinical characteristics

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Abstract
Social profiles and clinical characteristics of patients at the London Homoeopathic Hospital in the period 1889–1923 are described, based on documentary research. The main sources are 300 volumes of manuscript case notes from this period, discovered in the LHH basement in 1992. Annual hospital reports from 1899 and 1919 provide further illustrative material. Examination of these documents revealed rich information related to medical diagnoses and outcomes of hospital treatment, length of hospital stay and social characteristics such as occupation. Changes over time were identifiable and this is of special interest as the period covered the First World War and an era of marked change in both traditional and homoeopathic medical practice.

Introduction

This account of continuing research into the history of the London Homoeopathic Hospital (LHH) is part of a series of papers based on analysis of primary sources from the hospital. 300 volumes of manuscript clinical records dating from 1889–1923 were discovered in the basement of the hospital in 1992, providing original information on individual patients and their treatment. The discovery has stimulated a series of investigations into the history of a hospital which was the first, and formerly the largest, homoeopathic hospital in the world. Previous papers based on analysis of the clinical records, annual hospital reports and minutes of meetings, have centred on nurses practising at the hospital[1] or physicians and homoeopathic treatment,[2] whereas this paper will focus on the most important but frequently neglected group—the recipients of health care.

The London Homoeopathic Hospital

Homoeopathy was introduced to Britain in the first half of the 19th century by Dr Frederick Hervey Quin. He was a physician trained in the homoeopathic system in Germany by Dr Samuel Hahnemann (the 'father of homoeopathy'). Quin's aristocratic connections helped him to develop the first homoeopathic private practice in Britain, which became extremely successful. This encouraged him to open a dispensary for the poor. When this project failed he turned to the idea of a hospital,[3, 4] which proved successful. The funds, coming largely from his aristocratic patients and supporters, were sufficiently plentiful to enable Quin to purchase a house at 32 Golden Square, Soho, which became the first hospital. The first patients were admitted on 10 April 1850. According to the first Annual Report,[5] 156 in-patients and over 1,500 out-patients were treated in the first year. The hospital had many aristocratic supporters[4] who were enthusiastically referring the 'deserving poor' for the treatment which was fashionable for the upper classes. There were 8 other homoeopathic hospitals in England at the end of the 19th century.

Traditional versus critical hospital history

Traditional hospital history is associated with laudatory accounts of 'great men'. These are often eminent physicians or hospital administrators. They tend to be written either to celebrate the life and death of such persons, or the anniversary of the hospital they founded or in which they worked.[6] Characteristics of such accounts tend to be: celebration of successes, uncritical admiration of individuals, stress on prestigious people and a tendency to treat

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FIGURE 1. Children's Ward, London Homoeopathic Hospital, 1903.

patients as 'diseases'. Social history, however, is more critical and theoretical, examining the real life of ordinary people. Risse (1986)[7] emphasizes the importance of a thematic approach to hospital history, looking at each group of people involved in the work and life of the institution.

The life and experience of the wealthy tend to be recorded in history. Echoes of their lives reverberate in literary sources, for instance in private letters and case notes from private medical practice. The history of poor people relies on more unpredictable sources: material is found accidentally or from oral history and historical analysis tends to be opportunistic, relying on non-representative samples.

The London Homoeopathic Hospital was one of many independent voluntary hospitals that had mushroomed in Britain since the 18th century, evidence of both public and private philanthropy in response to a growing need for hospital accommodation for the poor. Research on patients at the London Homoeopathic Hospital provides an important opportunity to learn about the experiences of the poorer members of British society. The LHH records provide a wealth of material on hospital-based homoeopathic practice and how it was changing. The records also reveal unusually detailed information about patients, due to the homoeopathy-specific method of patient history taking and observation.

The homoeopathic view of patients

Homoeopathy is based on Hahnemann's theory of 'like curing like': substances that cause illness can also cure it, but only if there is an exact fit between the type of medicinal agent, its dosage and the patient. Homoeopathic practitioners accept that no 2 people are alike and that the mind of the patient is as important as her/his body. There are as many reactions to physical, mental and emotional phenomena as there are individuals. The homoeopathic practitioner looks for both extraordinary and ordinary characteristics in individuals. Homoeopathic interviews, in addition to gathering the usual clinical information which constitutes patient's medical history, including current symptoms, serve to

explore what sort of a person the patient is: a description of the patient's temperament and reaction to influences such as climate, diet, environment, an account of likes and dislikes, dreams and fears.[8]

Period of investigation

The research period, 1889–1923, is of particular interest as it covers decades of enormous social changes, including the effects of the Great War. Medical practice was entering into the new scientific era: this was a time of conflict between the old art of medicine and the new science. There was also the long-standing conflict between homoeopathy and orthodox medicine discussed by Nicholls.[9]

In this paper an attempt is made to find evidence-supported answers to some frequently asked questions. Who were the patients? Where did they come from? What were their family backgrounds and their jobs? What did they look like and how did they behave? What kinds of illnesses were they suffering from and why did they come to the homoeopathic hospital for treatment?

Methods of investigation

Information about patients presented in this paper has been gathered from a number of sources and analysed by different methods in order to provide complementary data. These consisted of clinical notes recorded on a regular basis while patients were treated in the hospital and other supplementary material, chiefly annual hospital reports.

1 *Preliminary examination of the 19th century material.* During this phase of research one entire volume for each available year was analysed, providing information on patient demographic characteristics including occupation, and on the types of presenting ailment. This sample of 500 records was analysed manually ('manual sample' [MS]).
2 *An overview of the total case note sample.* A representative sample of volumes was selected to provide the best possible spread of years and consultants. This consisted of the earliest and latest volumes available for the whole sample and for the sample of volumes available for each of the leading consultants. A systematic selection of case records was reviewed within each volume. This varied from every third to every tenth, depending on the size of a volume, number of other volumes available for each consultant, special interest, or the quality of information available.

A computer was used to analyse the numerical data on patients' age, sex, and length of hospitalization ('computer sample' [CS]). 1,426 patient records of 28 consultants were analysed, with 379 records of patients who were admitted to the hospital in the first 11 years for which data were available, i.e. 1889 to 1899; 485 for patients who were admitted in the following 11 years—1900 to 1910; and 562 records for patients admitted between 1911 and 1923.

3 *Examination of hospital reports.* These provided information on the types of medical problems presented by patients treated at the hospital. 2 reports were found which were published within the period of our study. The 1899 report consisted mostly of case studies and qualitative reports from specific wards written by senior physicians. It provided rich information on individual patients and types of treatment. The 1919 annual report consisted mostly of statistical and financial data [AR].[5, 10]

Summary of findings

Although specializing in homoeopathy, the London Homoeopathic Hospital was very much like any other general hospital in that it was open to patients with every type of presenting ailment. Medical and surgical treatment was offered to adults and children. By 1899 specialization was well advanced, with services available for patients with nervous diseases, diseases of women, diseases of the eye and of the skin, and ear and throat and problems related to dental conditions. By 1920 many new services had been developed. A paediatrician was appointed in 1895 and Dr Tyler, who specialized in caring for the 'mentally defective', was appointed in 1913. Antenatal services had also evolved within the hospital. These developments formed part of an expansion in services with plans to 'improve the nation's health' following the end of the Great War.[10]

Detailed accounts of patients, 1889–1923

Hospital regulations were listed in the annual reports and in the Laws of the Hospital. These included rules about admission of patients and articles which they needed to bring

with them, including linen, towels, flannel, soap, brush and comb, nightdress, tea, butter and sugar. On admission, patients were obliged to pay a contribution for breakages and losses. Visiting of patients was severely restricted.[11] There was also stark reference to the need for relatives or other responsible persons to guarantee the removal of the patients' bodies should they die in hospital.

Age and sex of patients [CS]
The mean age for the whole sample of patients was 30 years, with the youngest patient a few months and the oldest 84 years of age. A quarter (26%) of the whole sample were children aged up to 14 years and the great majority (68%) of patients were aged 15–64. Only 5% of patients were over 65. Almost two thirds of all admissions were women (63%). The mean age for women was 32 years and for men 28 years. The age and sex composition of the patient sample remained very similar during the period under consideration. Although women still outnumber men as hospital admissions at the present time, the age composition is very different with patients of both sexes being much older.

Presenting diagnosis [MS and AR]
Information about presenting diagnoses in the 19th century came from the manual sample. The 1889–1896 analysis revealed that the most common reasons for hospital admission were bronchitis (47 cases), rheumatism (41 cases); septic or bronchopneumonia (24 cases), TB, phthisis, consumption and morbus cordis (23 cases), and eczema (21 cases). Other frequently treated diseases were gastric ulcers, chronic gastritis, tonsillitis, diphtheria, chorea, pleurisy and anaemia.

Statistical information related to the whole hospital was available in the 1919 annual report only. This shows that the majority of in-patients were suffering from diseases of the alimentary system (343 admissions). The second largest category were female health problems (165 cases), followed by 'general diseases' (138), diseases of the respiratory system (115) and of the nervous system (86). Smaller numbers of patients were treated for diseases of the eye, nose and ear, circulatory system, urinary system, 'male genitalia', skin and subcutaneous tissues, glandular system and organs of locomotion and for injuries and deformities. During the Great War and in the years that followed the hospital admitted large numbers of injured sailors for treatment and convalescence.

Length of hospitalization [CS]
Average length of hospital stay was 34 days. The number of hospital days per patient remained almost the same at 31 and 32 days in the first 2 decades and increased to 38 days in 1911–1923. The longest period of hospitalization was recorded in the first decade (412 days). In the last decade one patient stayed at the hospital for 406 days. During 1900–1910 the longest recorded stay was 188 days. This contrasts sharply with today's practice of early discharge.

Patients at the LHH may have stayed in the hospital for longer periods than patients in other hospitals. It would appear that many consultants believed in prolonged hospitalization before treatment commenced in order for patients to build up strength before the trauma of major surgery. Special diet played an important part with both medical and surgical treatments and required long hospital stay. (AR)

Clinical outcomes [AR 1919]
Clinical outcomes were reported in the 1919 annual report. Patient outcome could be allocated to 1 of 4 categories: cured, improved, no change or died. According to the hospital statistics, outcomes were exceptionally good, with the largest proportion of patients cured or improved and only a small number dying. Outcome was best for women treated (usually by surgery) for 'diseases of the female genitalia': 74% were reported 'cured' at discharge and 19% 'improved'. Only 2% died. 65% of patients with a disease of the alimentary system were 'cured' and 20% improved. 5% died. 62% of patients with respiratory problems were reported 'cured' and 21% improved, but respiratory problems claimed most deaths at 13%. General diseases were 'cured' in 52%, improved in 30%, and caused death in 9% of patients. Diseases of the nervous system had the least favourable cure rate at 14%, but 52% of patients were thought to have improved, whereas 6% died.

It has to be noted that outcomes as published in the annual report were short-term measures which were recorded at the time of a discharge

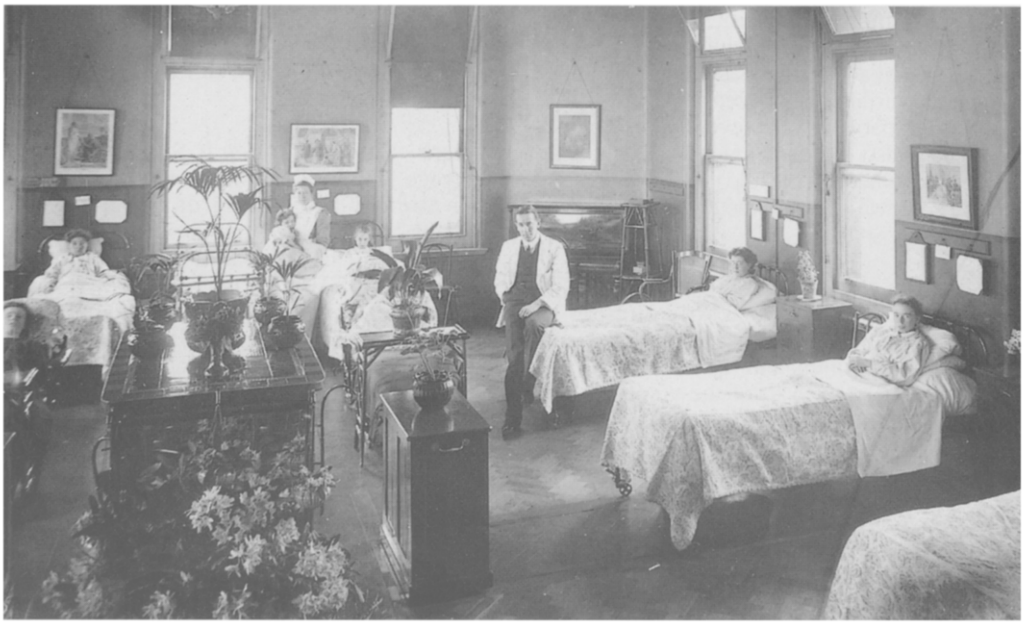

FIGURE 2. Bayes Ward (male surgical). London Homoeopathic Hospital 1903.

from hospital, and depended on the physician's judgement. 'Cured' or 'improved' would have referred to specific symptoms and not to full recovery from an illness. In order to attract voluntary funding it was in a hospital's best interest to provide statistical information that would stress its achievements: although there is no evidence for such practice at the LHH, it is not unlikely that some hospitals developed a policy of discharging patients on the verge of death in order to avoid unfavourable outcome notification. The policy of seeking to help as many of the poor as possible and to avoid admitting or retaining incurable patients as in-patients in 19th century hospitals was noted by Abel-Smith (1964)[12] and Granshaw (see Bynum & Porter[13]). Even considering possible inaccuracies in outcome reporting, the results can be judged as comparatively favourable as patients were admitted to hospitals at a much later stage of disease progression than at present.

Patients' occupations [MS and CS]
Patients' occupations in the years 1889–1896 were analysed from the manual sample. Most patients were in domestic service, either paid (such as servant, housemaid or parlourmaid) or non-paid (housewife). It is interesting, though not surprising in view of the voluntary hospital admission policy, that almost all in-patients belonged to the working class (housewives may be assumed to have been married to working men). The sample included a number of colourful occupations which mechanization has now made obsolete or very rare, such as a lace worker, lacquerer, fancy stationer, bamboo worker, book binder, fur curer, labeller, fancy-box maker, leather cutter, gilder, ostrich feather worker and boot maker.

Analysis of the 20th-century records [CS] revealed a shift away from domestic service and many of the occupations listed above were no longer in evidence. More lower middle class occupations were listed, such as clerks, office workers, telegraph workers and a probation officer. In the years of the Great War and thereafter a shift was noted towards a larger proportion of women being employed in skilled non-manual occupations, such as telegraph worker. A number of Royal Navy sailors were also treated at the hospital.

Medical history/family histories [AR 1889]
It is interesting to note that the majority of patients reported very little ill-health before onset of the ailment with which they presented at the hospital. Thus a patient aged 42 stated

that 'excepting a slight attack of variola at 16 years, she had never had a day's illness', and in the case of one aged 60, 'general health was good until 8 months before'.

Family histories have also shown unexpectedly high levels of self-reported health and robustness in surviving infectious diseases. This can be illustrated by the example of a girl aged 3 who was the 6th of 7 children, all of them 'living and healthy'. She had survived measles and whooping cough and was now unwell following a bout of influenza.

Families with a history of tuberculosis were the exception to this pattern. Consumption tended to run in families and claimed the lives of many relatives, as can be seen in the typical example of a single woman aged 70 who herself was 'very robust and free from any sign of phthisis'. Her father died of old age at 85, but her mother died of consumption at 45 and consumption had also claimed the lives of her 6 siblings.

Case studies [AR 1889]

In the 19th-century annual hospital reports leading physicians at the hospital wrote reports on some of their most interesting cases, treated either as in-patients or in the out-patient clinics. Descriptions by homoeopathic physicians in 1899 paint a colourful picture not only of medical practice but of ordinary people and their lives at the turn of the century. Patients originated from all parts of the United Kingdom, and came to the homoeopathic hospitals either as their (or their employers') first choice, when other forms of treatment had failed, or by chance. Thus Miss X, aged 14, from 'Nowhereshire' was described as 'a very stout, well-developed girl, with fair straight hair, pale skin and obviously lymphatic temperament'.[9] Miss Y. from 'Somewhere Town', aged 16—a domestic servant—was pictured as a 'well-nourished girl of sanguine temperament and florid complexion'.[9] Miss Z, aged 20, was portrayed as 'a tall, well-nourished girl of sanguine temperament .... (with) .... healthy colour, though she conveyed the impression of being a neurotic subject'.[9] One child was described as having 'scanty hair, dry skin of an earthy tint, with veins marbling at the forehead'.[9]

The following extract from the case study of another female patient demonstrates the human dimension of the clinical treatment and the importance the physician would attach to her subjective experience and suffering:

'AB aged 42, resident in "Somewhere Heath" and married for 20 years, never pregnant, dated (her) illness to the "eating of a mutton chop late in the evening of March 30th 1895". Next day her abdomen became swollen and painful. Tappings had been performed in 2 hospitals before the LHH, but the abdomen was still full of free fluid. (A) diagnosis of pelvic and abdominal carcinoma was made and more tappings and perforations were performed.' The patient remained 'cheerful and hopeful' at first, but later 'lost ground', becoming 'emaciated and nervous'. She 'dreaded' the repeated abdominal tappings. To obviate these her physician had himself devised a 'cannula with plug removable by patient at will'. This was reported to be 'of much comfort to the patient, and by being under her own control saved her much distress from the anticipation of repeated tapping'. Her physical health and psychological well-being were improved and in March 1896 she went to the country for 2 months and returned 'decidedly improved'. However, she died suddenly in August 1896 after a short illness brought on 'by a railway journey to Grand City .... her mother reported that until a week before death she was enjoying the country and seemed comparatively well. Then she began to have much abdominal pain .... and she expressed a wish to go home. On the 19th she drove seven miles to Small Town, changed at Little Hamlet and travelled on to Somewhere Heath and walked downstairs in her house. She then became very ill and was carried up to bed. In the night ... she was seized with excruciating pain, which caused her to draw up her legs. About 5 am the pain left her and she felt quite comfortable. She died at 7 am, being conscious up to the last.'

Many accounts gave more favourable outcomes. These are also characterized by high level of attention paid by doctors to patients' general well-being as compared to strictly clinical improvement. This is seen in an example of the description of a girl with tuberculosis who improved under treatment: 'Her hair became thick, colour came to her cheeks and replaced the earthy and waxy hue ... She is a healthy and even fat girl of 9, sharp at her lessons and often top of her school. Her gait is elastic and she romps and plays. A more satisfactory result it would be impossible to desire'.[9]

Summary and concluding remarks

Discovery of 300 volumes of manuscript patient records from 1889–1923 at what is currently the Royal London Homoeopathic Hospital NHS Trust provided an opportunity to explore this period of the hospital's history, also drawing on a number of other primary and secondary sources. Available documents paint a picture of a small, voluntary hospital in central London, which was unique in that it specialized in homoeopathy. The period covered begins at a time when there were homoeopathic hospitals, clinics and practitioners all over the country and when the method presented a real threat to conventional medicine. Patient care at the hospital expanded gradually in the 20 years from 1889 to 1923, demonstrating the popularity of its treatments and the growing need for hospital treatment for working and lower middle class patients.

The detailed accounts of patients' physical and social characteristics and everyday circumstances of their lives presented above provide a vivid picture, demonstrating a holistic approach to clinical care.

Although domicile was not recorded in clinical records, other relevant information was comparatively comprehensive. Accounts of patient occupations were more comprehensive in the earlier records.

Annual reports, which are published and consequently in the public domain, provided useful supporting material, e.g. related to homoeopathic consultations and to overall patient statistics, enabling a portrait of LHH patients to be presented that is based entirely on records found on the hospital premises and in the Homoeopathic Faculty Library in the early 1990s.

Radical changes in the methods of financing health and social care in the early 20th century affected the hospital, among them the 1911 National Insurance Act. The relationship between rate-supported/poor law and voluntary hospitals has been noted and identification of the 'deserving poor' who were entitled to care in the latter type of institution was increasingly effected through assistance from the new breed of hospital almoners. The growing availability of 'free' health care based on 'scientific' medicine weakened the hospital's ability to attract patients. Expansion ceased and for many years homoeopathy in Britain survived on the medical fringe. The end of the 20th century has, however, witnessed 'customer-led' rejuvenation of interest in homoeopathic ideas and practice and this could be reflected in tangible expansion of current in- and outpatient services as we enter the 21st century.

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