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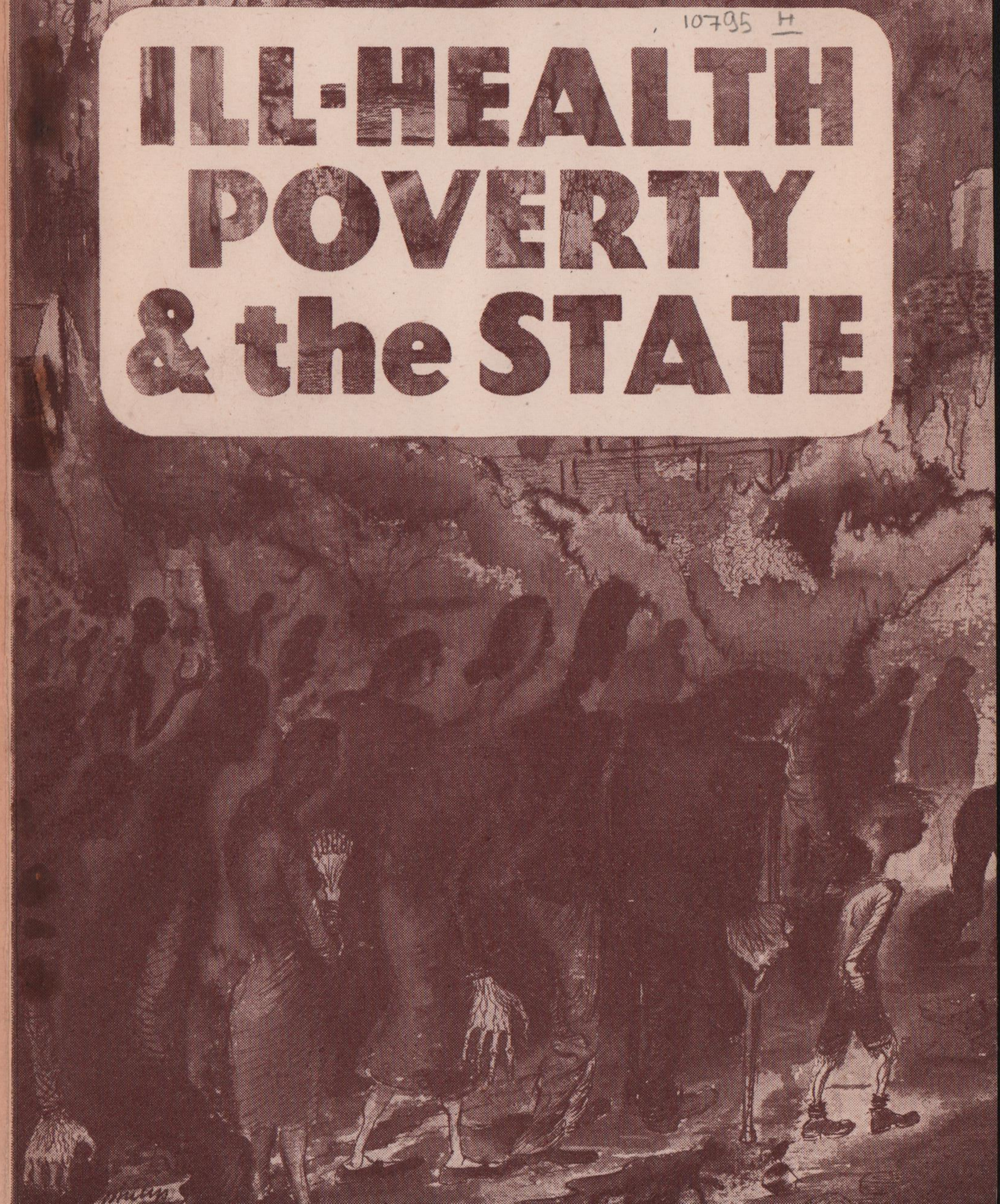

Ill-Health, Poverty and the State

by

JOHN HEWETSON,
M.A., B.M., B.Ch.

"I have now to prove that society in England daily and hourly commits what the working-men's organs, with perfect correctness, characterize as social murder; that it has placed the workers under conditions in which they can neither retain health nor live long; that it undermines the vital force of these workers gradually, little by little, and so hurries them to their grave before their time. I have further to prove that society knows how injurious such conditions are to the health and life of the workers, and yet does nothing to improve those conditions. That it *knows* the consequences of its deeds; that its act is, therefore, not mere manslaughter but murder."

FREDERICK ENGELS : *Condition of the Working Class in England in* 1844.

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ERRATUM

P. 66 *In the Table heading:*
for, "PERCENTAGE EXCESS OF CLASS I OVER CLASS V"—
read, "PERCENTAGE EXCESS OF CLASS V OVER CLASS I"
and in the bottom line of the table:
for "408", read "406".

CONTENTS

Chapter One

ILL-HEALTH AND POVERTY

> "Everywhere men are beginning to ask not only why there are so many sick people, but why there are so few healthy ones, and what might be done to improve the chances of health for all."—*Prof. John Ryle.*[1]

EVERYONE is more or less aware that there is a "health problem." In all discussions about a National Health Service or Comprehensive Social Insurance Schemes it is realized that the health of the people who live in this country leaves something to be desired. Indeed it is probable that these very schemes are intended to allay the very widespread, if vague, uneasiness about the general state of health.

Although this uneasiness is only too well founded few people realize how extensive present day ill-health actually is, and still fewer how intimate is the connexion between ill-health and the conditions of poverty in which the vast majority of the inhabitants of this country—and, indeed, of the world at large—are compelled to live. Factual surveys and registration statistics have now placed beyond all dispute the fact that a great proportion of the diseases which cripple man's activity and social usefulness become increasingly frequent as the social scale is descended. In other words, the weight of ill-health bears far more heavily on the poor than on the rich.

Despite the fact that this unjust situation has now been widely recognized, it is disturbing to find that those who best know the facts—the medical profession, and, more important, the politicians—are unwilling to take more than a superficial view of them. For years now they have known that poverty creates illness; yet they continually try to stall off the abolition of poverty with piecemeal reforms. Meanwhile, ill-health remains.

And this has been going on for nearly a century. The facts outlined in this pamphlet are not new. The general position was pointed out by the early socialists who attacked the inhuman conditions in which the working class was forced to live and work, and it was well known to the reformers of the last century. These words, written more than seventy years ago, might well be applied to the

[1] Prof. John A. Ryle *"Education for Health": Lancet,* 3 June, 1944.

situation to-day:

> "And yet mankind are by no means sufficiently alive to the enormous and incomparable magnitude of the evils of poverty. If a war or a pestilence threatens us, everyone is excited at the prospect of the misery which may result; prayers are put up, and every solemn and mournful feeling called forth; but these evils are to poverty, but as a grain of sand in the desert, as the light waves that ruffle a dark sea of despair. Wars come, and go, and perhaps their greatest evils consist in their aggravation of poverty by the high prices they cause; pestilences last their appointed season, and then leave us: but poverty, the grim tyrant of our race, abides with us through all ages and in all circumstances. For one victim that war and pestilence have slain, for one heart that they have racked with suffering, poverty has slain its millions; and not slain alone, but first condemned them to drag through a life of bondage and degradation."[2]

Poverty is still the lot of millions, and attendant upon it come sickness, lowered health, and premature death. It is the aim of this pamphlet to outline some of the facts about present day illness, and to relate those facts to the social and economic system under which we live. The facts themselves are indescribably grim. Yet if one permits one's imagination to fill in the details, to try and picture the amount of pain and misery and frustration caused by ill-health, one's anger at the society which creates and permits such a volume of suffering is almost stifling.

Nevertheless, the situation has its favourable aspect. Anger is called forth because the misery and ill-health caused by poverty are preventable. "If preventable," one can say, like the English king, "Why not prevented?" For with the resources which men can call on to-day, there is abundance in the world for everyone, and poverty could be completely eradicated. With its disappearance, the vast body of human sickness would also disappear, and the sheer weight of the problem of ill-health which to-day pre-occupies the intricate system of hospitals and clinics and insurance schemes would be reduced to a mere fraction of its present day proportions. The problem of ill-health therefore is not finally insoluble. It will be shown, however, in the following pages that the problem cannot be solved within the structure of capitalist society with its rigid division of men into few rich and many poor. The important fact to grasp is that the problem of ill health will not be solved by any measures which fail to solve the problem of poverty.

[2] *The Elements of Social Science,* by a Doctor of Medicine, Eleventh Edition, enlarged, 1873, p.331.

Chapter Two

THE PREVALENCE OF ILL-HEALTH.

> "There are more voluntary associations in Great Britain for the relief of distress than in any other country in Europe, yet we, or many of us, are curiously content to allow abuses to continue under our very noses."—
>
> John Newsom: *Out of the Pit.* 1936. p.xvi.

IF one looks at the faces of the people one sees around one on buses or tubes, or in crowded streets, one cannot help noticing what a large number of them look pale and ill. And almost all of them look tired and spiritless. In the poorer districts of the larger towns this evidence of ill-health is especially obvious, and becomes increasingly so with age. There is a world of difference in the appearance of the young mother in a working class district compared with women of similar age among the well-to-do; and this difference increases through middle age into later life. In the summer, no one can fail to notice the difference in the quality of the skin of working class bathers at a popular "lido," and those of the men and women at fashionable seaside resorts. Where these latter have a tanned, satiny appearance testifying to glowing health and energy, the former have a transparent, inelastic, almost bluish texture which eloquently proclaims the contrary. And in hospital practice one is forced to recognize what a large part cosmetics play in maintaining a superficial appearance of health.

Such signs of ill-health are evident to anyone who uses his eyes. Yet how frequently in recent years have we heard self-congratulatory accounts of the good health of the nation during the war, how often is the "healthy" present compared favourably with the insanitary past! Reactionaries and even reformers succeed in closing their eyes to the palpable fact of poverty and sickness, deferring radical attacks on the problem of ill-health to the indefinite future on the grounds of "inevitable progress" and "the tremendous advances of recent years" and such like catch-phrases. Yet the present century, and especially the last ten or fifteen years, have seen an accumulation of evidence which completely shatters this supine complacency. The intimate connexion between ill-health and poverty can no longer be disregarded. Nor can there be any justification for the half-hearted measures of mere reform. The

immense volume of present-day disease requires to be tackled by attacking its principal cause—the poverty in which the vast majority of the peoples of the world live.

* * * * *

WHAT is the nature of this evidence which has been accumulating during recent years? At one time it was possible for those who never went into the slums of the individual towns to be ignorant of the conditions under which the bulk of the working class live. But in 1870 the Education Act compelled the children of the poor to go to school instead of allowing them to remain hidden in their overcrowded quarters. The extent of the ill-health amongst them immediately became obvious to the local authorities, and attempts were made to ameliorate it.

Further evidence of the prevalence of ill-health was provided by the examination of recruits for the army. So poor was the human material that presented itself, that the minimum height for infantry recruits, which had been fixed at 5ft. 6in. in 1845, had to be reduced in 1872 to 5ft. 5in. In subsequent years the minimum had to be reduced still further: to 5ft. 3in. in 1883, 5ft. 2in. in 1897, and as low as 5ft. in 1902[1]. This manifest deterioration in physique caused alarm even to the Government. The general trend was confirmed by the investigations of the Committee on Physical Deterioration. Its downward course has to be borne in mind as a caution against too much optimism aroused by the much-quoted fall in general mortality and morbidity statistics over the past eighty years.

The medical examination of conscripts for the last war (1914 to 1918) gave a much more complete picture of the physical condition of the male population, and revealed a very high percentage of physical defect. During the year ending November 1st, 1918, the National Service Medical Boards examined 2,425,184 recruits. Of these, no fewer than 31.5 per cent. were placed in Grade III, and 10 per cent. in Grade IV. The official Report[2] defines these grades as follows:—

> "*Grade III.* Those who present marked physical disabilities or such evidence of past disease that they are not considered fit to undergo the degree of physical exertion required for the higher grades. Examples of men suitable for this grade are those with badly deformed toes, severe flat foot, and some cases of hernia and varicose veins. . . . The Third Grade will also include those who are fit only for clerical and other

---

[1] J. Johnston, M.D., "Wastage of Child Life," 1909.
Drummond and Wilbraham, "The Englishman's Food," 1939.

[2] *Ministry of National Service Report on the Physical Examination of Men of Military Age by National Service Medical Boards from November 1st, 1917, to October 1st, 1918. Published in* 1920. Quoted by M'Gonigle and Kirby. *"Poverty and Public Health,* 1936."

sedentary occupations, such as tailoring and boot-making."

Grade IV was even less exacting :

"*Grade IV*. All those who are totally and permanently unfit for any form of military service."

In the London Region, the National Service Medical Boards examined 160,545 recruits during the period January to October 1918, who showed an even greater degree of unfitness than the country as a whole. 37.4 per cent. were placed in Grade III, and 11.1 per cent. in Grade IV—48.5 per cent., or *nearly every other man*. therefore, was suffering from some fairly gross physical defect. Moreover, these recruits were all young or middle-aged men who would be expected to form the healthiest section of the community. The physical state of the remaining sections was in all probability even worse.

The Report sums up these results in the following terms, unemphatic, but sufficiently revealing :

"These results may be summarised by saying that medical examination showed that, of every nine men of military age in Britain, on the average three were perfectly fit and healthy; two were on a definitely infirm plane of health and strength, whether from some disability or some failure in development; three were incapable of undergoing more than a very moderate degree of physical exertion and could almost (in view of their age) be described with justice as physical wrecks; and the remaining man was a chronic invalid with a precarious hold on life."

These revelations were not, of course, peculiar to the British Army alone. Similar conditions prevailed all over the world. A League of Nations' Report[3] states that military doctors regard malnutrition as the main cause of these defects. Nor are recent examinations of recruits reassuring. It was found as a result of the examination of 49,000 recruits in Belgium in 1931, that physical fitness had declined as compared with the pre-1914 statistics. In Finland, usually regarded as an exceptionally fit and athletic nation, 21 per cent. of recruits were rejected. In this country in 1936 the rejection rate was even higher, averaging 48.2 per cent. for the whole country, and reaching 58 in parts of Lancashire. About 70 per cent. of the applicants were in employment and about half were between the ages of 18 and 21; that is to say they were drawn from the healthiest sections of the community.[4]

Evidently, the physical deterioration remarked at the time of the Boer War has not been materially stemmed, notwithstanding the advances in medical science and the growth of National Health Services. Nor is this surprising since the poverty which is the root cause of this physical unfitness is still just as prevalent as ever.

[3] Final Report of the Mixed Committee of the League of Nations on the Relation of Nutrition to Health, Agriculture, and Economic Policy. Geneva, 1937. p.78.

[4] R. M. Titmuss: *Poverty and Population,* 1938, pp. 131, 132.

In more recent years Dr. Scott Williamson and Dr. Innes Pearce of the Peckham Health Centre examined 1,530 men, women and children. In only nine per cent. did they find nothing wrong. Eight per cent. were diseased and were under treatment. Eighty-three per cent. had something wrong and were doing nothing about it. These observers[5] remark that "the majority are unaware that they are less than perfectly healthy," thus testifying to the low standard which most people accept in matters of health. It is to be noted that the families who attended the Pioneer Health Centre were comparatively well off, and by no means represented the poorer sections of the workers.

The regular inspection of elementary school children has provided a large volume of evidence regarding prevailing ill-health. In addition, special examinations have been from time to time carried out and have illuminated the question still further.

In a Board of Education Survey[6] (1927) of an unselected group of 1,638 London elementary school children aged 5 (i.e. at the age when they first come under the eye of the School Medical Officer), 87.5 per cent. showed one or more signs of bony rickets; 66.1 per cent. showed two or more signs of bony rickets; only 12 per cent. were wholly free from rickets; 83.4 per cent. showed some abnormality of the nose and throat; 67.1 per cent. had some degree of adenoids; 93.8 per cent. had decayed teeth; 88.2 per cent. had a certain degree of bad development of the teeth. A great proportion of such defects are attributable to inadequate food.[7]

Again, such ill-health is not peculiar to England : similar results were reported from France, Poland, Jugo-Slavia, the United States, Norway and Sweden. The League of Nations Committee on Nutrition (1937) remarked that "dental caries frequently result in abscesses at the roots of the teeth. From these abscesses, disease producing organism frequently enter the blood and set up infectious processes in the joints, kidneys and other sites. Dental caries lays the foundations for much serious ill-health." One does not need statistics to tell one that the teeth of the majority of workers are bad; everyday observation is enough.

Equally serious testimony to the widespread existence of disease among working class children is provided by studies on Rickets, a disease in which the bones do not develop properly because of deficiency of calcium and Vitamin D. That is to say, rickets

[5] Pearce and Scott-Williamson, "Biologists in Search of Material." 1938. p.24.

[6] Second Interim Report of the Board of Education Committee on the Causation of Enlarged Tonsils and Adenoids. London. 1931.

[7] Et. Burnet and W. R. Aykroyd, "Nutrition and Public Health." League of Nations : *Quarterly Bulletin of the Health Organization*, Vol. IV, No. 2. June, 1935.

occurs only when there is a lack of these essential foods from the diet.

In a careful investigation conducted by J. W. MacIntosh at Durham, out of 2,676 children examined, 83 per cent. were found to be definitely rickety, and 11 per cent. slightly rickety. Only 6 per cent. were entirely free from rickets.[8]

Rickets is important not only as an index of poverty, but also because it exerts far reaching effects. One writer states that: "Rickets is still the primary cause of much ill-health and a high infant mortality, which does not figure in the mortality rate. The victims are numbered among deaths due to measles, whooping cough, diarrhœa, etc."[10]. Rickets, moreover, also carries its ravages into adult life. In women it causes a contraction of the pelvis which results in much difficulty in childbirth. "A greater call on surgical interferences is therefore made on childbirth under such circumstances, and this not only means greater distress to the mother, but also an increase in the liability of these women to puerperal fever, one of the commonest causes of death after childbirth. This is one of the best examples that can be given of the importance of prevention when dealing with a common and widespread disorder. Surely an essential point in any attempt to diminish this serious state of affairs is first to ensure fully developed and perfectly formed pelvis bones in childbearing women by proper feeding of female children and adolescents. If this were attained, surgical help in childbirth would be much less needed and there would undoubtedly be a diminution in maternal mortality." This remark of the League of Nations' Committee on Nutrition by itself provides an unanswerable indictment of the effects of poverty on health.

Rickets is pre-eminently a disease of poverty. It would be almost true to say that it never occurs amongst the children of the well-to-do. Some idea of its ravages can be gained from the fact that in a working class town (Burnley) the maternal mortality reached 14.57 as against 1.32 for a predominantly well-to-do town (Bath, 1934).[9] Completely to cure rickets it is only necessary to have foods containing enough calcium and Vitamin D. The terrible prevalence of this disease, whether in a severe or a slight degree, indicates that such food is lacking for a majority of children in this country.

Juvenile Rheumatism (rheumatic fever, rheumatic heart disease, chorea, "St. Vitus' Dance") is another disease causing invalidism and premature death which is very common among the

[8] G. C. M. M'Gonigle and J. Kirby, "Poverty and Public Health." 1936.
[9] G. D. H. and M. I. Cole, "The Condition of Britain." 1937.
[10] A. G. Hamilton in a letter to the *Lancet,* 1935, I, 294.

working class, and may properly be classed as a disease of poverty. Amongst the well-to-do it is comparatively rare. Thus out of 1,000 children attending the Out-Patient Department of King's College Hospital, the incidence of juvenile rheumatism was 13.1 per cent., as against 0.7 per cent. of 700 children seen in private practice—that is, it is nineteen times more common amongst the poor.[11] (Glover[12] states that it is thirty times as common among children of the poorer class in industrial towns as among the well-to-do.)

Reliable statistics are lacking, but estimates have been made by various authorities for the number of people who are killed in this country by rheumatic heart disease every year. Glover (1927) estimated the figure at 25,000; Miller (1928) estimated 20,000; Wilkinson (1934) 12,000—30,000. Morris and Titmuss,[13] who quote these estimates, themselves put the figure more conservatively at 10,000 (1938). In any case, it is apparent that the toll of lives lost from this cause is immense, while the invalidism and incapacity it causes are incalculable. And one must bear in mind that the fact that the incidence of juvenile rheumatism is low where the standard of living is reasonably high indicates that the disease could be practically eradicated.

Morris and Titmuss stated that:

> "There is general agreement on the broad issue that juvenile rheumatism is intimately related to an unsatisfactory social environment. . . . The upshot seems to be that all these factors, damp and overcrowding, malnutrition and fatigue, lack of sunshine and holidays, inferior medical care, inadequate clothing and leaky boots are responsible—the whole life of the underprivileged child. . . . Among infections in this country, juvenile rheumatism is probably the greatest cause of sickness and disablement. It causes 2 per cent. of all deaths in England and Wales, 10 per cent. of all between 5 and 45. Mortality is declining, though more rapidly in children than in young adults. Regionally, and in the county boroughs, the death-rate varies widely and rises with the degree of poverty. . . . *The facts elucidated strengthens the view that the whole complex of poverty is involved in the production of juvenile rheumatism.*"

A recent American writer supports these conclusions, and suggests that the most important poverty-factor in the causation of juvenile rheumatism is malnutrition—inadequate food.[14]

Not only diseases but accidents also fall more heavily (in proportion) on the working class. Thus a far higher percentage of working class children must be killed on the roads than children of

[11] Coombs, *Lancet,* 1927, I, 579, 634.
[12] J. Alison Glover: *Lancet,* 1930, I, 499, 607, 733.
[13] J. N. Morris and R. M. Titmuss, *Lancet,* 1942, II, 59.
[14] J. F. Rinehart, "Rheumatic Fever and Nutrition." *Annals of Rheumatic Diseases,* III, No. 3, May, 1943.

the well-to-do.[15] The latter have gardens to play in and their mothers have leisure to look after them themselves, or can afford to pay someone else to do it. Workers' children have only the streets to play in, and their parents are too busy to give them the full attention they need.

Similarly with burns, which are peculiarly horrible in children and, if at all extensive, are very frequently fatal. In an investigation[16] into the circumstances of a series of burns in children treated in Edinburgh, it was found that burns occurred much more commonly in the poorer districts of the city. Such accidents are almost always due to the children being inadequately watched, and to cooking pots, etc., being too accessible to them. Such factors obtain where living conditions are bad; and as with street accidents, working class mothers, because of overwork in the home, or actually having to go out to work while the older children look after the younger ones, have far less opportunity of keeping a thorough watch on their children than the wives of professional or business men.

Conditions of poverty, furthermore, do not fail to exert their effect in cases of mental illness affecting workers, for the difficulty (usually amounting to impossibility) of altering environmental conditions makes effective treatment extremely difficult and disappointing. Wilhelm Reich, who conducted free psychological clinics in Vienna for the working class population, points out the frequency of psychological illness among workers and attacks those "who try to do away with the neuroses by calling them a 'disease of bourgeois ladies'." The same writer goes on to say: "The neuroses of the working population are different only in that they lack the cultural refinement of the others. They are a crude, undisguised rebellion against the psychic massacre to which they are all subjected. The well-to-do citizen carries his neurosis with dignity, or he lives it out in one or another way. In the people of the working population it shows itself as the grotesque tragedy which it really is."[17]

In short, there is not a single aspect of poverty which does not add its weight to make the lives of the working class more hazardous and unhealthy than those placed in more favourable circumstances.

[15] "Lt.-Col. J. A. A. Pickard, General Secretary of the National Safety First Association, states that 'Children under the age of eight are being killed at the rate of two a day.' Further, 'Of persons killed on foot, more are killed between the ages of three and seven than at any other age.'"—*News Chronicle*, 16.11.37.

[16] A. H. Wilkinson, "Burns and Scalds in Children," *British Medical Journal*, 1944, I, 37.

[17] Wilhelm Reich: *The Function of the Orgasm*, New York 1942, p.57.

Chapter Three

CLASS DISTRIBUTION OF ILL-HEALTH

"Since the high incidence of apparent malnutrition is not found in the children of better class families, it is due to preventable causes.—*Dr. J. C. Spence.*[1]

ILL-HEALTH, therefore, is not only very widespread; it is unevenly distributed, the poor being much more prone to illness than the rich. In a depressed area such as Merthyr Tydfil, in South Wales, for example, the general death-rate in 1935 exceeded that of a well-to-do district, such as Epsom and Ewell in Surrey, by 166 per cent. This class difference in mortality is recognized by the State, for the Registrar-General publishes detailed information, based on the Census returns, concerning the figures for different social groups. He splits up all men aged 20 to 65 into five social classes according to their occupation. Class I consists of the well-to-do; Class V of the very poor. The following table[2] shows their relative death rates :

Social Class	Relative Mortality In 1921-23	Relative Mortality in 1930-32
I. Professional, &c.	82	90
II. Clerks, Shopkeepers, &c.	93	94
III. Skilled Manual Workers	94	97
IV. Semi-skilled Manual Workers ...	99	102
V. Unskilled Manual Workers ...	124	111

(The average adult mortality is taken as 100.)

It will be seen that mortality rises as the degree of poverty increases. In 1930-32, the mortality among unskilled workers was 23 per cent. higher than among the professional classes.

Among children the death rates in the different social classes are even more striking :

PERCENTAGE VARIATIONS IN THE MORTALITY OF INFANTS OF VARIOUS AGES.[2]
(1930-32)

Social Class	Under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	1-2 Years
I	72	43	37	28	28	31
II	90	65	56	52	49	50
III	96	93	89	87	87	87
IV	106	108	112	113	113	108
V	108	131	143	148	151	158
Ratio of V to I	1.5	3.0	3.9	5.3	5.4	5.1

[1] Annual Report of the Medical Officer of Health for Newcastle-upon-Tyne, 1933.

In 1930-32 the death rate for infants less than one year old was more than twice as great for children of Class V parents as for those in Class I. But not only does mortality increase with poverty (i.e. as one looks vertically down the columns of the above scale) at all ages shown; in the poorest class, mortality increases with each month up to one year old whereas it decreases in all the top three classes. Under one month old, infant mortality is only half as great again in ClassV as in Class I; but from the sixth month onwards the mortality is five times greater among the poorest than among the well-to-do. Their environment of poverty kills them.

That there is a relationship between poverty and child death rates is by no means a new discovery. The following was written thirty-five years ago :

> "That poverty *per se* must be reckoned as one of the factors in the destruction of infant life is shown by the infant death rates of the different social classes. The late Dr. Drysdale, Physician to the Metropolitan Free Hospital, London, *many years ago said that while* 8 *per cent. of the infants of the rich died, the death rate among the very poor was often* 40 *per cent.* Comparisons between these extremes show regular gradations, and that the death rate rises the lower we descend in the social scale. In Bethnal Green, for instance, it is nearly twice as high as in Belgravia."[3]

Writing of Infantile Gastro-Enteritis a recent editorial comment in the *British Medical Journal*[4] remarks : " 'Infective enteritis or diarrhœa' among children under 2 years of age, with a death roll of 2,000 to 3,000 every year, ranks second to pneumonia as a killing infection in infancy. The majority of deaths occur in the first year of life. . . . It has long been recognized that gastro-enteritis is predominantly a disease of artificially fed infants living in urban poor class districts."

To anyone who works among them, it is obvious that the poverty into which these children are born, and which our economic system compels them to endure, also undermines their health and kills them off. Yet poverty is the main feature of our social system now just as it was thirty-five, or three hundred and fifty years ago. Full health is an idle dream so long as poverty persists.

Still more striking figures illustrating the effects of poverty are obtained if we examine the death rates from various different diseases. Analysing the Registrar-General's Report on Occupational

[2] H. M. Vernon, *Preventive Methods for Improving National Health.* British Association for Labour Legislation, 1939. See also the same writer's *Health in Relation to Occupation.* 1939. p.198.
[3] J. Johnston, M.D., *Wastage of Child Life,* 1909, pp.46-7.
[4] *Brit. Med. Journ.,* 30th September, 1944.

Mortality a recent writer declares:

> "The Report divides the population into five social classes on the basis of occupation given in the 1931 Census returns. The professions are placed in Class I, skilled workers in Class III, and unskilled workers in Class V, with two intermediate groups. The following facts from the report are among the most significant from the point of view of social medicine. The mortality rates of diseases of the respiratory system, ear and mastoid disease, valvular heart disease, and gastric and duodenal ulcer, and the infant mortality rates increase steadily as the scale is descended, so that the rates are approximately twice as high in Class V as in Class I. In pregnancy and childbirth the death rate is 50 per cent. higher in Class V than is Class I, and in the second year of life the death rate in Class V is five times that of Class I.
>
> The Social distribution of some of the commoner forms of cancer is often overlooked, although this report demonstrates a definite relation between social grade and cancer of the 'exposed' sites. Death rates from cancer of the tongue, tonsil, jaw, pharynx, œsophagus, stomach, larynx, skin and uterus are approximately twice as high in Class V as in Class I."[5].

Similar observations have been made by other authorities.[6] Of frequency of infection with Tuberculosis, it has been said that it is "usually high among the poorest classes of densely populated cities where pulmonary tuberculosis is rife, the standard of hygiene low, and the milk supply defective, but tends to be lower where living conditions are better and phthisis (active pulmonary tuberculosis) less common."[7]

It is not therefore surprising to find that the death rate from phthisis and pneumonia is twice as high among the poor as among the well-to-do, whilst that from bronchitis is five times as great.[8] And even greater class differences than this are found. "The infant death rate from bronchitis and pneumonia in Class V in Durham and Northumberland exceeds that of Class I for the whole of England by 953 per cent."[8] This means that if the standard of living of these Class V children in the north were raised to that of the children of the professional classes, nine out of every ten who at present die from these common illnesses would be saved.

It is important to stress that these class differences occur in diseases which are common. The extent of the avoidable loss of life can be gauged from the statement of the Chief Medical Officer to the Ministry of Health in his Report for 1933 that diseases of the respiratory and digestive systems accounted for *more than one-third of all illnesses* in the insured population of England and Wales during that year.

[5] John Pemberton: *Possible Developments in Social Medicine. British Medical Journal.* 11.12.43.
[6] John Ryle, Professor of Social Medicine in the University of Oxford, *British Medical Journal,* 20.11.43.
[7] P. D'Arcy Hart, quoted by C. E. McNally, *Public IllHealth,* 1935, p.171.
[8] R. M. Titmuss: *Birth, Poverty and Wealth,* 1943, p.77.

The Registrar-General's Report on Occupational Mortality simply confirms the every day observation that bronchitis is extremely prevalent among the poorer sections of the community. Yet how little this fact is regarded is ironically shown in the following quotation from a leading textbook of Medicine.[9]

> "Those subject to chronic bronchitis should live in a warm, equable and dry climate. In England, the South-Western districts are best, but it is advisable to winter further afield if possible, either on the Riviera, the North coast of Africa, or in Madeira. . ."

How different is the reality! Early in the war, the writer was talking to a young man who was imprisoned for breaking open his gas meter. "I was out of work and my wife had bronchitis, and we hadn't a fire. So I broke the padlock of the meter and put the money through again. I got six months. But at least the wife had a decent fire for a fortnight."

The Registrar-General's statistics do not overpaint the picture. Dr. J. C. Spence, acting on behalf of the Minister of Health, made a detailed examination of 125 children, 103 of whom came from unemployed parents in Newcastle-on-Tyne. He found that 36 per cent. were unhealthy or physically unfit, whereas very few defects were found in a similar group of 124 children drawn from professional families. The children of the unemployed were dependent on the State; their defects were largely the results of malnutrition.[10] There were amongst them, 17 cases of pneumonia, 32 cases of chronic or recurrent bronchitis, and 46 cases of measles. The professional class children, by contrast, had only 2 cases of pneumonia, 1 of pleurisy, 2 of chronic cough, and 6 of measles. Anæmia was common among the poor class children, four-fifths of them falling below a fairly low standard (a blood hæmoglobin level of 74 per cent.), compared with only one-sixth of the well-to-do children.

It is difficult, even so, to visualize what the disparity between the health of the rich and the poor really means. Some indication is given by the calculation of Richard Titmuss[11] that "54,000 deaths would not have occurred in the single year 1936 if the standard of health reached by the prosperous Home Counties applied to all England and Wales." This calculation relates only to preventable deaths. It compares the average level of the population, both rich and poor, living in a relatively prosperous district with that of the country as a whole. As Titmuss himself remarks[12] about this figure:

[9] Price's *Textbook of the Practice of Medicine*, 4th Ed., 1934, p.1,117.
[10] H. M. Vernon: *Health in Relation to Occupation*, 1939, p.131.
[11] Quoted by Major J. N. Morris: *Health*. The Association for Education in Citizenship, 1943.
[12] Richard M. Titmuss: *Poverty and Population: a Factual Study of Contemporary Social Waste*, 1938, p.57.

"The primary object is not to use some utopian standard of health but to assess *what has already been done in preventing premature death and* thereby to measure the extent of the surplus and unnecessary mortality in the North and Wales" (ie. the poorer areas). The saving of life would be far larger if the standard of life of the country as a whole were raised to that of the Registrar-General's Class I. But even when one has calculated the number of deaths which can annually be attributed to poverty, one has still left out of account the misery, pain, and chronic unhappiness which it inflicts on the majority of the men, women, and children alive to-day, a volume of suffering which can never be assessed.

Chapter Four

HOUSING AND OVERCROWDING

"Health is a purchasable commodity."—*Sir George Newman.*[1]

It will be seen from the foregoing chapters that poverty inflicts physical misery and premature death on the largest section of the population—the working class—while the well-to-do are to a considerable extent spared these sufferings simply by "virtue" of possessing wealth. Let us now consider some of the aspects of poverty more closely.

If you are well off you choose a capacious, sanitary and well-equipped house situated in an open district for yourself and your family to live in. But if you are poor you cannot afford to pick and choose where you live—you go where rents are lowest. During the winter of 1940-41, the prosperous districts of London became almost deserted, and the same thing happened during the flying bomb period in 1944; the inhabitants simply moved into the country when the air raids came, for no one would keep his family in a town during bombing raids if he had some safer haven for them. Nevertheless, not even the fact that the overcrowded districts of great cities become the objects of air attack can give the worker power to move. He and his family live in slums not because they like it, but because their income level *compels* them to live in areas where rents are low. Poverty ties its victims to the slum.

The effect of overcrowding in bombed areas is obvious; the casualty lists are proportionately increased. But quite apart from air raids, overcrowding in normal times causes a considerable number of deaths. Professor Mackintosh, Professor of Public Health in the University of Glasgow states :

> "It has been proved beyond dispute that slum dwellers show a consistently higher general death rate than the community at large. In Manchester, for example, this rate was over 17 in the clearance areas, and less than 13 for the city as a whole. The difference is all the more striking when you compare the slum areas with artisan districts and with housing estates to which slum dwellers have been removed. The latter is illustrated by the Wythenshawe Estate in Manchester, where

[1] In an annual report as Chief Medical Officer of the Ministry of Health. For a fuller discussion on the problems of housing see George Woodcock: *Homes or Hovels,* Freedom Press, 1944.

the comparable general death rate is 7.86; and the former by any industrial town you care to choose; you will find the slum death rate nearly double that of the average artisan district. Infant mortality, the slaughter of children, and the rate of pulmonary tuberculosis all tell the same dismal story. . . .

"Here is a simple little table from Glasgow showing the differences in houses according to the number of rooms. The figure of 100 is taken as a comparative number applied to the house of one room.

House of	General Death Rate	Pulmonary Tuberculosis Death Rate	Child Death Rate under 1 Year	Child Death Rate 1-5 Years
1 Room ...	100	100	100	100
2 Rooms ...	64	72	78	74
3 Rooms ...	44	52	61	44
4 Rooms ...	41	38	49	25"

Professor Macintosh continues:

"These death rates are only a feeble reflection of the mountain of sickness and unnecessary suffering among people who have to live under bad housing conditions. The sickness rate amongst the poor is much higher than in well-to-do families, and the amount of medical attention is substantially less. . . .

"Those who look upon health in the narrow sense of freedom from gross physical disease, do not understand the real sickness of the slum."[2]

These results are confirmed by official figures. "The Registrar-General found that the mortality increased considerably as the average number of persons per room increased, being 36 per cent. greater when the number was doubled."[3] Nor is this a new discovery on the part of the State. Already in 1917, the Royal Commission on housing in Scotland, speaking of the infant death rate declared: "The one room house also shows an increased disease-rate . . . diseases of digestion, diseases of the nervous system, diseases of the respiratory organs, measles, whooping cough, diphtheria, all show a higher death-rate in the one-room houses than in the two- or three- or four-room houses. To take one or two illustrations: one-apartment houses, the death-rate per thousand from diarrhœa was 25.3, as against 19.72 for two-apartment houses, and 10.48 for three-apartment houses."[4] Sir Leslie Mackenzie, who quotes the above facts in his book, *The Child at School,* published in 1926—nineteen years ago—declares with unconscious irony, "But the case against the one-room house need not be emphasized. It has been accepted by Parliament and the country. This means that the case against over-crowding is equally established. The gigantic schemes promoted by the various Governments for the better hous-

[2] J. R. Mackintosh: *Housing and Health. Three Letters to a Medical Practitioner, The Practitioner,* September, 1943.

[3] H. M. Vernon: *Preventive Methods for Improving National Health.* British Association for Labour Legislation.

[4] Sir Leslie Mackenzie, *The Child at School,* 1926, pp.25-26.

ing of the peoples of Scotland and England now occupy the public mind to a degree never known before. . . ."

The Governments still recognize the evil; Sir George Newman, formerly Chief Medical Officer to the Ministry of Health, wrote of bad housing:

> "There is diminished personal cleanliness and physique, leading to debility, fatigue, unfitness and reduced powers of resistance. A second result of bad housing is that the sickness rates are relatively high, particularly for infectious, contagious, and respiratory diseases. Thirdly, the general death rates are higher and the expectation of life is lower. *The evidence is overwhelming, and it comes from all parts of the world —the worse the people are housed the higher will be the general death rate.*"[5]

Here is one small illustration, among many, of what overcrowding means in practice. In Hull, the Medical Officer of Health reported that in 1928, out of 559 notified cases of tuberculosis, 134 were sharing a bed with two or more people who were still healthy.[6]

There can be no doubt of the baneful results of overcrowding, but care is needed when assessing its importance. It must always be remembered that overcrowding only occurs as a consequence of poverty, and that it therefore is accompanied by malnutrition. In Denmark, for example, tuberculosis increased during the last war as a result of food restrictions, although at that time there was no housing shortage. But after the war, when these food restrictions were removed, the tuberculosis death rate began to fall again, in spite of a prolonged housing shortage.[7] Conditions had separated the two factors—nutrition and overcrowding—and demonstrated the overwhelming importance of the former.

[5] Quoted by J. N. Morris: *Health.*

[6] G. D. H. and M. I. Cole: *The Condition of Britain,* 1937, p.106.

[7] Final Report of the Mixed Committee of the League of Nations on the Relation of Nutrition to Health, Agriculture, and Economic Policy, Geneva, 1937.

Chapter Five

FOOD AND ILL-HEALTH

"Although . . . the average level of industrial earnings in industrialized countries is relatively high, large sections of the populations are so poor, owing to the inequality of the distribution of the national income, that they are unable to purchase the requirements of a proper diet. Studies of food consumption at different income levels prove that malnutrition is most prevalent amongst those groups of the population, urban or rural, whose incomes per head are lowest."

League of Nations Report
on Nutrition, 1937.

IN the foregoing sections some idea has perhaps emerged of the extent of ill-health, and of the sheer weight of human suffering to which the working class has to submit. It will also be clear that *the problem of ill-health and premature death are directly related to poverty.*

It now becomes necessary to consider more closely the question of precisely why the working class suffer more and die sooner than the well-to-do? What factor in poverty is the principal agent in this colossal social murder which capitalism daily inflicts on wage workers? Reactionaries and reformists alike have their answers to this question; answers which may satisfy the intellectual and liberal, but which are often absolutely unintelligible to a worker or to anyone who considers the actual conditions of working class life. We shall consider these "solutions" in a later section of this pamphlet. Meanwhile let us have these conditions continually before our minds, so that we may approach the problem in a practical way, as though we meant to solve it.

When one has very little money in one's pocket it is not long before one begins to feel hungry. And since food is the first essential of life it would seem reasonable for a man, as soon as he receives his wages packet, to spend it first on food. He is anxious to ensure that his wife and children should get enough to eat. First things should come first. . . .

But in actual life as we live it in a class-divided society, such reasonable considerations do not apply. In practice, instead of being the first, food becomes almost the last item in working class expenditure. Before he touches his wage packet, the State has taken a cut in income tax paid in advance.[1] Then come certain expenditures which "must" be paid. Before the children can be fed, the landlord must be paid the rent. This is often a considerable item. "Families with incomes of 25/- to 40/- a week sometimes find it necessary to pay as much as 10/- to 13/6 per week for rent. The high relative cost of this item of expenditure reduces drastically the amount available for other necessities, including food."[2] Nor are these figures exceptional. In one investigation rent averaged 21.73 per cent. of total income; fuel and light 9.70 per cent.; weekly insurance premiums 4.55 per cent.; weekly medical services 1.72 per cent.; Household utensils 3.65 per cent.; clothing 10.63 per cent.; hire purchase 3.37 per cent. Thus just over 55 per cent. of the available income was spent on items apart from food "which cannot be classed as other than necessities, and the amounts spent under the various headings are not excessive :"[3] Another investigator found rents in a smaller series to average 34.7 per cent. of weekly income.[4] It is perhaps worth remarking that the Cost of Living Index of the Ministry of Labour is calculated on the assumption that rent only absorbs 17 per cent. of income!

How direct is the effect of rent on food expenditure was shown by an investigation in Czecho-Slovakia a few years ago. Low paid workers who lived in houses where rent restrictions were in force, spent 61 per cent. of their income on food, whereas workers of similar income living in unrestricted houses only spent 53 per cent. of their money on food.[5]

It may be objected that I have overstated the importance of

[1] This cut amounts to 9 per cent. of earnings, at a conservative estimate. "The total amount of income tax paid by persons receiving incomes of over £110 and under £550 a year in 1941-2 (*Hansard*, 23rd July, 1942), was £270,000,000. This was 9 per cent. of the total income assessed in this group and 8.9 per cent. of the total wages bill (White Paper, Cmd. 6347). 9.5 million persons in this group paid tax, and 4.5 million plus those with incomes under £110 a year paid no tax." *Wages in* 1942, p. 10 (Labour Research Department). Most workers would agree that since the introduction of the new Pay-As-You-Earn income tax methods, the figure is even higher.

[2] *Quarterly Bulletin of the Health Organization of the League of Nations*, Vol. I, No. 3, September, 1932.

[3] M'Gonigle and Kirby: *Poverty and Public Health*, 1936.

[4] G. P. Crowden: *Lancet*, 1932, I, 899.

[5] Final Report of the Mixed Committee of the League of Nations on Nutrition, etc. Geneva, 1937, p. 244.

rent in the family budget. I do not think such an objection is likely to come from working class men or women. Moreover, Dr. G. P. Crowden, in an investigation published in the *Lancet*,* demonstrated the powerful influence which rent exerts in the production of malnutrition:

> "There is good reason to believe," he wrote, "that proper nutrition is the most important condition for the maintenance of health and efficiency. Food is the primary factor which determines the state of nutrition of men, women and children. Hence it is of paramount importance to the national health that expenditure on items other than food in family budgets should not render it impossible for families of small fixed incomes per week to provide out of income an adequate diet for the family.
>
> ". . . the expenditure on rent alone, *which presumably must be paid*, renders it absolutely impossible for some of these families to purchase a physiologically adequate diet even on the basis of the minimum figure of 7/- per man value per week for food. This figure of 7/- per man value per week presupposes the most economic purchasing and household management for the mother in the family—an assumption which is rarely justified." (Our italics.)

Crowden instanced a sailor's wife with three children who had an allowance of 32/6 per week, and needed 19/1 per week for food alone to reach the minimum diet standard. "Yet they were committed to a weekly rent of 13/6 which left 19/- to cover food, clothing, fuel and other items such as washing and cleaning." He found that their actual expenditure on food "was 28 per cent. less than that necessary to purchase a physiologically adequate dietary." Another case was only able to expend an amount on food which represented 47 per cent. less than the minimum requirements. A third family with an income of 30/- had to pay 13/6 on rent, leaving 16/6 for the family. The minimum amount needed for food alone was 20/6.

The landlord must be paid simply by "virtue" of the fact that he owns the house. When the undernourishment of children leads to the results outlined in the earlier chapters of this pamphlet, it seems fantastic to pay money for rent where food is needed so urgently. Yet if the worker translates this humane and reasonable consideration into practice, he soon finds (like the man who broke open the gas meter to ensure his wife a fire during her illness) that the whole legal apparatus is there to enforce the claims of the landlord before the claims of humanity. If one places one's children's nutritional needs before the claims of property, one gets evicted. The landlord, in effect, blackmails his tenant by his power to deprive him and his family of another basic necessity, shelter. His power is backed by the Law and the State which employs policemen and even—in India, for example—soldiers to enforce the

landlord's "rights." The extent of malnutrition is well known to, is even admitted by, the Government; they know the relationship between poverty and sickness and death. Their own Registrar-General has proved it to them over and over again. Yet they deliberately choose to defend the landlord's power over his working class tenant, rather than the lives and health of workers' families.

In our society the rights of property are sacred, and take precedence over merely human considerations. In such a society, only a certain proportion of a man's wages can be spent on food, with the results we have described. Sir John Orr caustically remarks: "In animal husbandry, an optimum standard, far from being utopian, is regarded as good practice. Every intelligent stock-farmer in rearing animals tries to get a minimum diet for maximum health and physical fitness. A suggestion that he should use a lower standard would be regarded as absurd. If children of the three lower groups (i.e. the poorer sections of the population, comprising 22,500,000 people or half the population) were reared for profit like young farm stock, giving them a diet below the requirements for health would be financially unsound. *Unfortunately, the health and physical fitness of the rising generation are not marketable commodities* which can be assessed in terms of money."[6]

As we have seen, the Boer War and still more the war of 1914-1918 indicated that widespread ill-health prevailed in just those age-groups which would be expected to be the most robust. It was suspected even at the time that malnutrition was the chief cause of this ill-health. During the nineteen-twenties, however, nutritional science made rapid strides and firmly established the principles on which adequate diets should be made up. Sir Robert McCarrison, in India, fed groups of rats on various diets and observed their health. Those fed on the good diet of the Sikhs, showed no disease, while those fed on diets similar to those eaten by the poorer sections of the population in England—viz. white bread, margarine, over-sweetened tea with a little milk, boiled cabbage and boiled potato, tinned meat and jam of the cheaper sorts—were poorly developed and suffered from respiratory and gastro-intestinal complaints similar to those which the Registrar-General lists as commonest among the ill-paid English workers.[7] Corry Mann showed that the addition of milk to the diet of school-boys increased their average height and weight and their high spirits as well.[8] Investigation after investigation demonstrated the import-

[6] J. B. Orr: *Food, Health and Income,* 1936. Preface to the Second Edition. (Our Italics.)

[7] McCarrison: *Nutrition and National Health,* 1936, also *Brit. Med. Journ.,* 29.2.36.

[8] H. G. Corry Mann: *Diets for Boys during the School Age,* 1926. Medical Research Council, Special Report Series, No. 105.

ance of malnutrition in the production of ill-health.

During the last ten or a dozen years, however, the attention of several investigators has been directed towards the problem of assessing the proportion of the population whose diet falls below adequacy. These investigators for the most part conducted their researches not with the idea of full and vigorous health in their minds, but rather with so-called "minimum diets" on which a "minimum standard of health" could be maintained. They were concerned to estimate what fraction of the population achieved a diet which was sufficient to prevent gross disease. To some extent the magnitude of the problem compelled them to adopt this attitude. Sir John Orr[9] thus describes one such investigation :

> "Mr. Seebohm Rowntree did an investigation on the cost of living. He made out a cheap diet. To keep the cost of living as low as possible he left out all expensive foodstuffs. The diet contained no liquid milk and no butter. It was a diet on which neither you nor I would care to live. It was one on which it would be impossible to rear children in perfect health and yet he came to the conclusion that there were millions of our fellow countrymen who are so poor that they cannot afford even such a poor diet. The most unfortunate feature of the situation is that the families who cannot afford that diet are those with children."

Elsewhere[10] Orr made the following comments on Rowntree's results :

> "These millions contain a high proportion—nearly one half—of our children. He (Seebohm Rowntree) estimates that, even if the standard of living were brought up to that level (i.e., that required to purchase his milkless and butterless diet), about one-third of the children in Great Britain would 'during five or more of their most critical years be insufficiently provided for even according to the Spartan standard set forth in this book."[11] When, to this low standard of feeding, there are added the slum conditions in which these people are crowded, there is no need to look for hereditary factors, ignorance and carelessness of the mother, or any other cause to account for the high death-rate and the poor physique of the poorest third of the population.
>
> "It should be noted that this low standard of living, which would still leave one-third of our children below that standard for the first five years of their lives, was not a picture of the actual conditions. This is the *higher standard* which Rowntree suggested we should try to reach within five years."

Rowntree's investigations indicated the tremendous extent of malnutrition among the working class. But still more significant findings were described by Sir John Boyd Orr himself in his book

[9] J. Boyd Orr : *Nutrition in War,* Fabian Society, 1940, p. 6.
[10] Sir John Orr : *Fighting for What?* 1942, p. 28.
[11] B. Seebohm Rowntree : *The Human Needs of Labour,* 1937.

Food, Health and Income, published in 1936. He enunciated at the outset a principle of the first importance:

> "People have become accustomed to the use of a minimum diet for maintenance of life in calculating the cost of living, and it is well known that people can keep alive for varying periods on diets with varying degrees of deficiency. The level of the standard adopted here—the optimum—is not just to provide a diet which will keep people alive, but a diet which will keep people in health; and the standard of health adopted is a state of well-being such that no improvement could be effected by a change of diet. The standard may be regarded, therefore, as the minimum for maximum health." [12]

His survey, therefore, differed from all previous ones in that it had in view the question of *health* rather than the mere prevention of gross disease. In view of the general attitude towards the problem of health and poverty, this was a revolutionary orientation. That it should be so is at the same time a bitter commentary on the prevailing attitude towards the right of men to be adequately fed.

From this new standpoint, Orr proceeded to divide the population into six groups according to the income available per head per week.

Group	Income per Head per Week	Estimated Average Expenditure on Food	Estimated Population of Group Numbers	Percentage
I ...	up to 10/–	4/–	4,500,000	10
II ...	10/– to 15/–	6/–	9,000,000	20
III ...	15/– to 20/–	8/–	9,000,000	20
IV ...	20/– to 30/–	10/–	9,000,000	20
V ...	30/– to 45/–	12/–	9,000,000	20
VI ...	over 45/–	14/–	4,500,000	10
Average	30/–	9/–	—	—

On this classification the poorest groups consist "in the main of families in which there is a disproportionate number of children or other dependants per earner. It is estimated that half the persons in Group I are children under 14 and that between 20 and 25 per cent. of the children in the country are in the lowest group." This means that the greatest poverty is felt by the children under 14 in this country, that is to say, at the age at which malnutrition leaves its worst marks.

By an analysis of a large series of family budgets the amounts spent on various commodities in the different income groups was estimated. It was found that while consumption of bread and potatoes was almost uniform throughout the groups, consumption of the protective foods (i.e. those which protect against deficiency

[12] Sir John Orr: *Food, Health and Income,* 2nd Ed., 1936, p. 7.

diseases) rose with income. These protective foods include milk, eggs, fruit, vegetables, meat and fish. "Thus, in the poorest group, the average consumption of milk, including tinned milk, is equivalent to 1.8 pints per head per week; in the wealthiest group, 5.5 pints. The poorest group consume 1.5 eggs per head per week; the wealthiest 4.5. The poorest spend 2.4 pence on fruit; the wealthiest 1/8."

Finally, Orr analysed the diets from the point of view of their ability to maintain full health according to the standard laid down. He states his conclusions as follows: "An examination of the composition of the diets of the different groups shows that the degree of adequacy for health increases as income rises. The average diet of the poorest group, comprising four-and-a-half million people, is by the standard adopted, deficient in every constituent examined. The second group, comprising nine million people, is adequate in protein but deficient in all the vitamins and minerals. The third group, comprising another nine millions, is deficient in vitamins and minerals. Complete adequacy is almost reached in Group IV, and in the still wealthier groups the diet has a surplus of all the constituents considered. A review of the state of health of the people of the different income groups suggests that, as income increases, disease and death-rate decrease, children grow more quickly, adult stature is greater and general health and physique improve. The results of tests on children show that improvement of the diet in the lower groups is accompanied by improvement in health and increased rate of growth, which approximates to that of children in the higher income groups. To make the diet of the poorer groups the same as that of the first group whose diet is adequate for full health, i.e. group IV, would involve increases in consumption of a number of the more expensive foodstuffs, viz., milk, eggs, butter, fruit, vegetables and meat, varying from 12 to 25 per cent."

Sir John Orr's results were attacked—as might have been expected. But the Advisory Committee on Nutrition of the Ministry of Health reported that "The conclusions as to the broad trends of consumption of the different articles of food over the income groups appear to us to be likely to be in accordance with the facts. . . . In general we are satisfied that no better estimates of variations in food consumption could have been made from the available data."[13] We may, therefore, accept Sir John Orr's statement "that a diet completely adequate for health, according to modern standards, is reached at an income level above that of 50 per cent. of the population. . . . The important aspect of the

[13] Ministry of Health. Advisory Committee on Nutrition: First Report. H.M.S.O., 1937.

survey, however, is the inadequacy of the diets of the lower income groups, and the markedly lower standard of health of the people, and especially of the children in those groups, compared with that of the higher income groups."

Thus, this most thorough and detailed investigation, whose findings are accepted by the Government's own committees, has demonstrated that more than 50 per cent. of the population were under-nourished. Research had confirmed the evidence of our eyes.

One now begins to realize perhaps the implications of the occasional cases which get publicity in the popular press. Here are two such :

> "At Stratford Police Court to-day an Ilford mother was charged with attempting to commit suicide. For over twelve months, it was stated, *she had been trying to clothe and feed herself and six children on 7/9 a week.* Her husband, who had been ill for several months, died last November. . . . She was remanded for a week for a medical report.
>
> "Her 12-year-old daughter found her by a gas jet and for nearly twenty minutes a police officer applied artificial respiration before she recovered. She then said: 'I wanted to fling myself under the first car that passed. I have this feeling every three days and I often think I ought to take my own life and that of my children. We should be much better off.'
>
> " . . . the woman's husband died in November last after a long illness. She was receiving 32/6 a week, and of that 22/6 went in rent. Then she had to pay 2/1 for coal and was left with 7/9 to feed and clothe herself and six children. A month after her husband's death she was found wandering at Romford. Owing to her hardship she was in a distressed and delicate condition.
>
> " 'Let me go home, let me go home,' she cried as the Bench said she would be remanded." (*Evening Standard,* 2.3.36.)

Here is another similar but more recent case. Two women were arrested for shoplifting. The husband of one of them "was reported missing in 1943, and in April last she was notified that he had been killed in Italy. She was now receiving £2 4s. 8d. a week until the war office got full particulars of her husband's death and decided the amount of her pension." The other woman "had three children, aged eight, four, and three, and was receiving an allowance of £3 8s. 0d. a week." The magistrate said that their hard struggle was no excuse, though it was an explanation, and that *"if he fined them their children would probably have to go hungry.* He warned them that if they stole again they would go to prison." (*Evening Standard,* 12.5.44. Our italics.)

Chapter Six

TUBERCULOSIS

> "Every tuberculosis specialist is convinced that the appearance of tuberculosis before the twentieth year is due to two main causes: overwork and malnutrition."
>
> League of Nations Report on Nutrition, 1937.[1]

IT is now generally recognized that tuberculosis is a disease which is intimately bound up with social conditions. Dr. Aleck Bourne, for example, says in his Penguin, *Health of the Future.*

> "It may almost be claimed that a nation's incidence of tuberculosis is an index of its social state. It thrives in conditions of malnutrition, bad housing, overcrowding, and ill-ventilated dark surroundings. A high mortality or increase in the incidence suggests therefore, other things being equal, that social conditions are bad. The environmental causes of tuberculosis are so well known and its prevalence so widespread that it provides an outstanding example of scope for the application of preventive medicine, social services and social amelioration." [2]

This view is supported by detailed observations on the factors which influence the extent of tuberculosis. P. D'Arcy Hart and G. Payling Wright state that:

> "If the average income less rent *per head* can be taken as a measure of the differing extent of sub-optimal nutrition from one London borough to another, the relationship found between this social measure and the respiratory tuberculosis mortality in the two age-groups (i.e., women aged 15 to 24 and 25 to 44) examined suggests that in London boroughs at any rate sub-optimal nutrition is a factor in influencing the mortality from this disease." [3]

Richard Titmuss, in his book, *Poverty and Population,* quotes similar opinions:

> "At the Annual Meeting in 1933 of the Durham County Society for the Prevention and Cure of Consumption, Dr. O'Hara said, according to the press: 'Most of our children are suffering not so much from tuberculosis as from starvation. 75 per cent. of the cases admitted to the Society's Sanatorium were traceable to undernourishment.'

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[1] Final Report of the Mixed Committee of the League of Nations on *The Relation of Nutrition to Health, Agriculture and Economic Policy,* Geneva, 1937, p.77.

[2] Aleck Bourne: *Health of the Future,* Penguin Books, 1942, pp.28-29.

[3] P. D'Arcy Hart and G. Payling Wright: *Tuberculosis and Social Conditions in England—With Special Reference to Young Adults* (London: National Association for the Prevention of Tuberculosis, 1939), p.103.

> "The Medical Officer for Durham, Dr. K. Falconer, said in his Report for 1932: 'One is forced to the conclusion that want and impoverishment, following in the train of long-continued unemployment and low wages, are amongst the chief causative factors of such an unduly high phthisis rate'," [4]

Tuberculosis mortality has fallen very considerably in the past hundred years. Yet it is still an outstanding problem of national health. In 1935, C. E. McNally stated that "To-day tuberculosis is responsible for over 9 per cent. of the *total mortality* from all causes in England and Wales, and 45 per cent. of the total mortality between the ages of twenty-five and forty-five—that is, nearly half the deaths of men and women in the prime of life."[5] D'Arcy Hart and Payling Wright (1939) stated that "Respiratory tuberculosis in this country still causes more deaths than any other single disease among men and women, aged 15 to 24 years; its death-rate at this age is about two-thirds of that of all other diseases taken together."[6]

The significance of these figures lies, of course, in the fact that tuberculosis is a preventable disease. It is quite certain that if society were organized so that the material resources at hand were available to all instead of to the few, tuberculosis would almost disappear. In the Papworth Village Settlement for sufferers from tuberculosis, the children living with their tuberculous parents do not develop the disease in spite of this close contact. Sir Pendril Varrier Jones, the founder of the settlement, gives the following reasons for this immunity—reasons which are, in themselves, a speaking comment on our society: (1) Adequate food supply; (2) An adequate and prolonged parental income; (3) Freedom from anxiety; (4) No risk of unemployment after breakdown; (5) Proper housing; (8) Public opinion, which makes it possible to observe the necessary hygienic conditions without being laughed at. He sums up with the remark, "Economic conditions determine the spread or otherwise of the disease."[7]

In the main, therefore, the treatment of tuberculosis demands above everything else good and sufficient food, adequate rest, and freedom from worry. Because these necessary things are for practical purposes excluded in our society, tuberculosis is a disease which mocks the efforts of those who undertake the care of individual cases. A sufferer from tuberculosis is likely to be subject to difficult social conditions. He has probably been undernourished

[4] R. M. Titmuss: *Poverty and Population, A Factual Study of Contemporary Social Waste,* 1938, p.172.

[5] C. E. McNally: *Public Ill-Health,* 1935, p.166.

[6] D'Arcy Hart and Payling Wright *op. cit.* p.2.

[7] Quoted from the Annual Report of the Chief Medical Officer, Ministry of Health, 1933, by J. R. M.: *Poverty and the Child,* Labour Research Department, 1935.

and working too long hours. Most probably the necessity of providing for an increasing family has driven him—especially if his wages are dependent on piecework—to this condition. Because of the need to go on working, he will neglect his early symptoms, and will only consult a doctor when he finally breaks down and is *unable* to go on working. By that time his disease is likely to be far advanced, and successful treatment proportionately difficult. The very conditions which favour the development of tuberculosis, therefore, in practice almost ensure that by the time treatment is undertaken it will be beyond the early stage which gives the best hope of cure.

Moreover, when the condition is diagnosed the social conditions of the patient and his family take a turn for the worse. He has to stop work, and the unemployment monies he may be able to draw by no means compensate for the loss of his earning power. While he is in hospital or sanatorium he is continually worried by the thought of the increasingly straitened economic situation of his family. For this reason he is always thinking in terms of getting back to work as early as possible, and so tends to accept the shortest possible period of treatment and rest.

Hence many sanatorium patients upon discharge are compelled to re-enter the wage struggle with their economic resources even more depleted than when they began treatment. Their social environment is, therefore, more unfavourable than ever. It is small wonder that in a large number of cases they relapse and have to re-enter the sanatorium once more. The social system makes their cure almost impossible. It compels a man to sell his labour in order that his family shall eat, even though his health demands that he should desist from work, and even though by working he is destroying his only capital—his power to work. Deaths from tuberculosis are truly murders perpetrated by the wages system.

Tuberculosis develops when resistance to the disease is lowered; usually, as we have seen, from overwork or undernourishment or both. When the wage earner in a family develops the disease, therefore, it is particularly important that his family, who, because of their close contact with him, are exposed to infection, should have their own resistance built up. Sir Pendril Varrier Jones' remarks about Papworth, quoted above, show how this could be done. Because of their close contact with infection the *needs* of the patient's family *increase*—especially their nutritional needs. But under the wages system their *means* immediately *decrease*. Because of the loss of earning power the family's standard of living goes down instead of up. "A recent enquiry into the household budgets of tuberculous patients in a London borough and in a large provincial town also suggests that many such families are unable at

the present time to purchase a diet adequate for normal health standards, let alone for the standards required in their special case."[7]

It is not too much to say that the social system under which we live creates the conditions in which tuberculosis flourishes; it ensures that treatment which should be undertaken early is in fact deferred to the last moment; and when a case is established it provides conditions for the disease to spread widely among the contacts. Yet it is clear from the Papworth results that the simplest method of controlling the spread of tuberculosis is to ensure an adequate standard of living and freedom from material anxiety for the population at large. Unfortunately our society (quite apart from its more spectacular features, like recurrent wars) is founded on poverty and anxiety which compels the great majority of the inhabitants of the world to compete with one another to sell their labour to a minority of bidders for amounts insufficient to secure even adequate nourishment. In such a world tuberculosis flourishes.

The justification for Government is said to be that it provides the State machinery in order to promote the well being of the nation at large. In fact, however, the State ensures the continued division of the population into workers and property holders by consistently protecting the interests of the latter against the former. Nevertheless, the State has to maintain at least the appearance of impartial concern for the welfare of all, and it is the main function of social reforms that they should lend colour to this illusion. In the last war, the number of new cases and the death rate from tuberculosis rose sharply despite a more or less consistent fall during the fifty preceding years. "This deterioration was mainly confined to young people and was particularly pronounced in the case of young women, among whom the war-time increase caused the death-rate in 1918 to be as high as it had been in 1890. The 1913 position was not regained until the middle nineteen thirties, the figures for pulmonary tuberculosis (at ages 15-24) being:

1913	...	...	102
1918	...	...	158
1934	...	...	99

A part of this serious increase was attributed by the Chief Medical Officer of the Ministry of Health to the greater industrial employment of women."[8] A similar rise has occurred in the present war, and as a result of the pressure of opinion, the Government devised a system of grants for tuberculous patients apparently designed to enable them to maintain their economic position and that of their dependants. This has been acclaimed as evidence that

[7] *The War, Tuberculosis and the Workers,* 2nd ed., 1942. Socialist Medical Association, p.5.
[8] *Ibid,* p.3.

the Government has at last recognized the duty of the State to step in and rectify the economic factors which give rise to tuberculosis. But the scheme exhibits once more the familiar meannesses of State-initiated reforms, and reveals no radical concern for the underlying economic problems of tuberculosis prevention.

In the first place the grants are limited to only one type (though possibly the most important) of the disease—tuberculosis of the lungs (pulmonary tuberculosis). The Ministry of Health's instructions[9] regarding the Allowances scheme states that:

> "The number of deaths from pulmonary tuberculosis since 1939 has been approximately 22,000 in 1939, 24,000 in both 1940 and 1941, and (as a provisional figure), 21,000 in 1942. Experience of the trend of the disease during the last war suggests that a fresh rise in the curve may yet be expected and that any complacency would be a mistake." (p.1.)

The Ministry, therefore, gives weekly grants of 27/- for a single person, 39/- for a married person, and from 12/- to 5/- for dependant children according to age. These allowances are made "conditional on the patient's undergoing the prescribed course of treatment, conforming to any advice given to him for preventing the spread of infection (so far at least as his housing and similar circumstances permit) and attending at the dispensary for examination as required. (p.9.)"

But there is a more important condition—the allowance is only to be given to those who are expected to recover and return to work. It is denied to those who are regarded as chronic cases, unlikely ever to return to work. Persons within the scope of arrangements for assistance are defined as follows:

> "The object of the treatment allowances now made available is primarily for the assistance of those who have to give up remunerative work in order to undertake treatment. The justification of the expenditure is the expectation that if those persons undertake treatment early, instead of continuing to work at the risk of breakdown, there will be an increasing prospect of restoring them to health and normal working capacity . . . it is clear that the purpose of the allowances (as described above), cannot be met *where treatment cannot do more than alleviate a chronic condition. . . .*" (p.47. Our italics.)

This means that in granting the allowance the Tuberculosis Officer has to decide first whether there is a prospect of cure. If there is, well and good. The allowance is a valuable and much needed adjunct to treatment. But if there is not much prospect of cure, denial of the allowance practically kicks the patient on to the scrap heap. Needless to say, sufferers from tuberculosis soon grasp the situation. When the tuberculosis officer tries tactfully to explain

[9]Ministry of Health, *Pulmonary Tuberculosis*: Memo 266/T.

why the allowance cannot be granted, the patient interrupts with the heartbreaking query, "Then my case is hopeless, is it doctor?" The State does not have to hear such questions, nor try to answer them; it is indifferent to the cruelty of its reforms.

Remember, it is not only the chronic cases who are denied the benefit of allowances; there is also the huge number of sufferers from non-pulmonary tuberculosis—just as much produced by economic causes, and just as much amenable to improvement by a raised standard of living. Yet they, too, are denied the allowances. The Government simply is not interested in removing the economic basis of this disease. The Ministry of Health's Memorandum speaks of ". . . the Government's policy of attacking tuberculosis *by early diagnosis and treatment.*" They make no attempt to remove the cause. Indeed it is easy to see what is aimed at in the scheme of allowances. *Pulmonary* Tuberculosis is very often infectious, because most patients blow out tubercle bacilli when they cough or even when they breathe. The allowance, therefore, is designed to take such a patient out of industry and so prevent him from spreading the disease. If, however, he is so far gone that he cannot work anyway, there is no danger of that, so he gets no allowance. The allowances are simply designed to prevent tuberculous people working. That is a good thing in itself—for his workmates; but it is not to be confused with a real policy of stamping out the disease by attacking its root cause—poverty. The very terms of the grants indicate once more that the State is only concerned to do the dead minimum. Once more one is disgusted by niggardly, cheese-paring reforms.

In conclusion, the following quotation from the famous Report on Tuberculosis in Jarrow[10] expresses the hopelessness of attempts to abolish the disease within the framework of our social and economic system:

> "These findings lead to the considered opinion that poverty is to be regarded as a factor of prime importance in the causation of a high incidence of tuberculosis in Jarrow. . . .
>
> "It has been one of the objects of the enquiry to reach *conclusions of practical value* in reducing the incidence of tuberculosis in the area investigated. The chief conclusions *which can be applied in practice* are as follows."

These are set out thus: (1) Housing regulations; (2) Education in regard to diet; (3) Increased use of milk; (4) Increased use of maternity and child welfare clinics and increased liaison between them and the tuberculosis departments. The writer, Dr. Bradbury,

[10] F. C. S. Bradbury: *Causal Factors in Tuberculosis,* National Association for the Prevention of Tuberculosis, 1934. (Italics are ours.)

goes on to add, however :

> "Unfortunately these measures affect only a small fraction of the population who are exposed to infection with tuberculosis, *but it is not within the province of this report to suggest measures for the relief of poverty, which appears to be the chief, though not the only factor, in preparing the way for the onset of tuberculosis in the areas studied.* It is well known that those in good circumstances and robust health may become the victims of tuberculosis, but the relative rarity of this occurence serves to emphasize the importance of poverty as a predisposing cause of tuberculosis."

The above was written about ten years before the State made its feeble and insincere gesture of allowances. Its lesson has been completely disregarded. It is not within the province of the capitalist state to "suggest measures for the relief of poverty"—much less for its abolition. It remains for the Social Revolution to do that.

Chapter Seven

REFORMISM IN PUBLIC HEALTH

"Men increase in stature and their growth is more rapid according as, other things being equal, their country is rich, comfort is more general, dwellings, clothes and especially food are of better quality, and as the troubles, fatigues and privations of infancy and adolescence are reduced: in other words poverty, or rather the circumstances which accompany it, produce people of small stature and retard the age of complete development of the body."

L. Villermé, 1829.[1]

"The medical mind has been extraordinarily slow in grasping the fact that poverty and wretchedness are the *fundamental causes* of most disease."

W. R. Aykroyd:
Human Nutrition and Diet, 1937.

IN the previous sections two main facts have emerged; first that the bulk of ill-health in this country is due to a preventable cause, poverty; and, second, that one element alone in the complex of factors of which poverty is composed, malnutrition, prevails in the lives of more than half the population. In the field of health, therefore, there is immense room for improvement.

But when it comes to taking action, the question of the abolition of poverty is sedulously ignored, and politicians and even medical men take refuge in pointing to the great strides which have been made during the past century in the fight against disease. The drop in the mortality of most of the killing diseases has indeed been startling, as the following table shows:[2]

Deaths per 100,000 of the Population from	In 1871 to 1880	in 1937
Tuberculosis	2,880	690
Scarlet Fever	720	9
Measles	380	26
Whooping Cough ...	510	43

[1] Quoted by René Sand: *Health and Human Progress*, 1935, p.82.
[2] From Sir Edward Mellanby: Rede Lecture, 1939, "*Recent Advances in Medical Science.*"

In the forty years prior to 1937, the Infant Mortality fell from 156 per thousand to 53 per thousand. These figures are extremely gratifving. Yet, on analysis, they yield no ground for complacency.

Two main methods whereby health can be improved, and the fight against disease carried on, suggest themselves to anyone who considers the problem; on the one hand there is the continual advance in medical science, in the knowledge of disease processes and their treatment; on the other, measures of public administration to remove environmental conditions which cause or favour the development of disease. One has only to think of the great expansion of knowledge as to the cause of diseases which Pasteur's work made possible; of the development of surgery since Lister, of pathology since Koch and Virchow. These men and many more laid the foundations half a century or so ago upon which the whole structure of modern medical science is built. Modern medicine has been made possible by the devotion and genius of such men and thousands whose names are buried in medical journals. Their achievement shows what progress is possible when men desire it and work for it.

Governmental achievements in the field of public health are, by contrast, meagre. Where it is simply a question of laying drains, or extending hospital accommodation a certain amount has been done. Such work has eliminated the plague which used to be a scourge of town life, and in the last hundred years certain diseases, such as typhoid, cholera, typhus, smallpox and malaria, have been virtually eliminated in England. Thus typhoid, which in 1900 killed over 5,000 people in this country, caused only 206 deaths in 1937.[3] These achievements—made without any inroads on the class positions in society—were not brought about nevertheless without the most vigorous opposition from some ruling class circles. In 1842, just over a century ago, Sir Edwin Chadwick, speaking for the Poor Law Commissioners in their report on the Sanitary Condition of the Labouring Classes, enunciated the great principle that prevention of disease provides a more important method of advance than the treatment of established disease. Nowadays everyone accepts the principle that anyone who falls ill is entitled to free treatment. Yet for years the poor law was administered on the principle that the poor must not be encouraged to be ill by the knowledge that they could be treated free at the expense of the State. One writer (Arthur Young) observed that "everyone but an idiot knows that the lower classes must be kept poor or they will never be industrious."[4] Similarly the *Times* conducted a campaign against proposals to improve drainage in towns, remarking in 1858 that "The English people would prefer to take the chance of cholera

[3] Mellanby, op. cit.
[4] R. M. Titmuss: *Birth, Poverty and Wealth* (quoted by).

rather than be bullied into health." "Freedom of the Individual" has always been invoked by reactionaries as a means of bolstering up the *status quo*. Problems of urban sanitation could, however, be overcome without any change in the fundamental relationship between capital and labour. It is quite otherwise when it comes to removing poverty.

In 1844, Frederick Engels wrote:

> "When one individual inflicts bodily injury upon another, such injury that death results, we call the deed manslaughter; when the assailant knew in advance that the injury would be fatal, we call his deed murder. But when society places hundreds of proletarians in such a position that they inevitably meet a too early and an unnatural death, one which is quite as much a death by violence as that by the sword or bullet; when it deprives thousands of the necessaries of life, places them under conditions in which they *cannot* live—forces them, through the strong arm of the law, to remain in such conditions until that death ensues which is the inevitable consequence—knows that these thousands of victims must perish, and yet permits these conditions to remain, its deed is murder just as surely as the deed of a single individual; disguised, malicious murder, murder against which none can defend himself, which does not seem what it is, because no man sees the murderer, because the death of the victim seems a natural one, since the offence is more one of omission than of commission. But murder it remains." [5]

Written one hundred years ago, this indictment is still true to-day. The statistics of the Registrar-General prove that poverty drives thousands of men, women and children of the working class to premature deaths every year; yet the attack on poverty finds no place in the programme of the Ministry of Health, not even in the new "National Health Scheme." Schemes allegedly designed to *mitigate* the effects of poverty—yes. But no fundamental attack on poverty itself. Attempts at reform are tried more or less half-heartedly, but no radical attack is made on the problem.*

Moreover, such reforms as have been instituted have not even sprung from any disinterested desire on the part of the Government that people should be happy and healthy, but rather from fear lest the state be deprived of adequate cannon fodder during wars. The relationship of Health measures to recruiting statistics has been pointed out by many sociologists. Thus the high percentage of rejections for the Army during the Boer War, led the Government to set up a committee of enquiry, which issued its Report on Physical Deterioration in 1904. Sir Charles Booth's Survey of London Life and Labour of ten years before, or Mr. Seebohm Rowntree's revelations regarding the condition of the working class in York (1900) had occasioned the Government no concern. But

* This was written before the recent General Election: it is, however, just as true of a Labour Administration as of a Conservative one.

[5] Frederick Engels: *The Condition of the Working Class in England in* 1844.

recruiting figures were another matter. In 1906 the School Meals Act was passed, and a few years later Lloyd George introduced his National Health Insurance Scheme. (Even then, and even now, the acts regarding the provision of meals in schools for necessitous children were not made compulsory on the local authorities. They were merely permissive, so by no means all local authorities provided them. In 1911, 200,000 elementary school children in England and Wales were receiving free meals; but in 1935-36 only 143,000 children—one in thirty-eight of all elementary school children in England and Wales—were getting free meals.)

In 1914-18 the conception of a C3 nation became current, and again the recruiting figures were startling. In 1919 a Ministry of Health was set up for the first time. In 1935, 62 per cent. of recruits for the army were rejected on physical grounds. The same year saw the National Government inaugurate its rearmament programme. Two years later they launched a Physical Fitness Campaign. It is not therefore surprising that so many writers have observed that it takes the fear of war to make a government take any interest in the health of its subjects. As an unemployed Durham miner remarked ten years ago: "I don't know, war is horrible and a waste, but you get something to do and usually enough to eat, and you have friends with you and you feel you are of some use—but you're a bloody fool really, because they don't really want you, and they don't really think you're a hero or they would not let you go on the scrap-heap when its all over. Look at me, one of the poor b——s who made the world safe for democracy, what has it done for me? . . . It is clear that it was only when I was asked to kill or be killed that I had a chance to live."[6] The concern for health and adequate nutrition came suspiciously during wartime after all those years of peacetime neglect and indifference.

It may be argued that the relationship between poverty, malnutrition and health has only recently been recognized. Yet Sir Jack Drummond[7] could write of the Interdepartmental Committee on Physical Deterioration (set up in 1904 as a result of the recruiting revelations of the Boer war—that is, 40 years ago) that:

> "The revelation that thousands of young children were living on starvation diets came as a considerable shock to the Committee, particularly when they were emphatically assured by leading educational authorities that a great part of the instructions in the Board schools was being wasted because the wretched little boys and girls came to school so hungry that they could not profit by the teaching. The Committee was forced to realize that a hungry child must be fed before it can give its mind to lessons, and they therefore turned their attention to the task of devising schemes whereby it would be possible to provide

[6] Quoted by John Newsom: *Out of the Pit,* 1936.

[7] Drummond & Wilbraham: *The Englishman's Food,* 1939, p.490.

meals for necessitous children. This part of the enquiry led to an interesting revelation, namely, that the London School Board had considered but shelved a memorandum on the subject five years earlier. One recommendation that it contained was: 'That where it is ascertained that children are sent to school underfed it should be part of the duty of the authorities to see that they are provided, under proper conditions, with the necessary food'."

Even before the turn of the century, therefore, the needs of the situation had been recognized.[8] But no radical action was taken. It would be possible to quote many more sources to show that the extent and effects of malnutrition were widely recognized before the last war, but the following quotation from Dr. Johnston's book, *Wastage of Child Life,* published in 1909, suffice to destroy any defence of State inertia on the ground of ignorance of the facts. After outlining several investigations (for example, in Blackburn, London, and especially Arkle's investigation in Liverpool—all of which pointed to the same conclusion—that poverty brings inevitable ill-health to the growing child) Johnston declared: "Here, then, lies the key to the seeming mystery, viz., Feeding. The physical abnormalities, alike with the intellectual, are, in the main, due to one cause, viz., underfeeding or starvation—starvation of the body and starvation of the nervous system—producing the emaciation, the stunted growth, the anæmia and mental torpor, so characteristic of so many of our poor children."[9]

In addition to this testimony of a private investigator, Sir George Newman, Chief Medical Officer to the Ministry of Health and to the Board of Education at the time, stated in 1920 that not less than a million children of school age were so physically or mentally retarded, defective, or diseased as to be unable to derive benefit from the State education provided.[10] Knowledge of the prevalent malnutrition existed more than forty years ago and has for long been known to the State; it is against this fact that one must consider present day malnutrition, and assess therefrom the effectiveness or otherwise of reformist measures.

Sir John Orr's results showed that nearly a quarter of the country's children were contained in the lowest of his income groups; yet in 1935 only one in thirty-eight of elementary school children were getting free meals. And recent investigators have

[8] The Socialist, H. M. Hyndman, for example, in a letter to the *Times,* 17th November, 1886, urged "feeding children gratuitously in all board schools, *in order to check the physical deterioration only too noticeable among the infants of the rising generation.*" (Our italics.)

[9] J. Johnston, M.D.: *Wastage of Child Life,* 1909, p.11.

[10] George Newman: *Public Opinion in Preventive Medicine,* p.5.

shown that undernutrition is still a considerable obstacle to educational work."[11]

Nor is it difficult to see why. The Board of Education lays it down that free meals shall only be provided to those children whom the School Medical Officer classifies as malnourished. But the standards laid down by the Board are, to say the least, far from exacting. Consider the following remarks from the Board's 1936 Report, bearing in mind Sir John Orr's findings of the same year:

> "When, therefore, again in 1936, we find that of this great sample of 1,726,755 elementary schoolchildren 10.5 per cent. are classified as of slightly subnormal nutrition and 0.7 per cent. as of bad nutrition, it must not be directly inferred that 11.2 per cent. are underfed or improperly fed. It may be so, but attention must be drawn to the fact that in any child population, however well circumstanced and fed, a proportion of, perhaps, 4 per cent. will appear subnormal in nutrition."

The clear inference which it is intended should be drawn from this is that only some 7 per cent. (i.e. 11 less 4) of elementary schoolchildren are underfed,[12] a view which is at variance both with everyday observation and with surveys like Rowntree's and Orr's.

But in addition to limiting the provision of free meals to those children who are so grossly undernourished as to qualify by this starvation standard, the operation of the School Meals Act is hampered in other ways as well. Thus the cost of the meals must be borne by the rates. It follows that the boroughs which are most in need of school meals, i.e. the poorest, are exactly those which are least able to afford the cost from the rates. Since the provision of meals under the Act is not compulsory but only permissive, it is inevitable that full use of the power it conferred upon local authorities is very seldom made. In effect, the Act merely shifts the burden of doing something about widespread sub-starvation from the State on to the local authorities—without any attempt being made to enable those areas which are poorest to make use of the Act. This Act, writes one authority,[13] "granted powers enabling Educational Authorities to provide meals for children in attendance at public elementary schools who were 'unable by reason of lack of food to take full advantage of the education provided for them'. . . The ultimate aim of the Act was the promotion of education among the poorer sections of the community; and it is probably correct to

[11] See Charles S. Segal: *A Penn'orth of Chips, Backward Children in the Making,* 1939.

[12] For a full discussion of the inadequacy of the standards of nutrition laid down by the Board of Education, see the British Association for Labour Legislation's *Report on Nutrition* (1938), p.31, *et seq.*

[13] I. F. Mackenzie (Deputy County Medical Officer, Hertfordshire): *Nutrition and Scholastic Attainment, Brit. Med. Journ.,* 1944: II, 205 (12.8.44) (our italics).

say, from a study of the antecedents, that the means to attain this end which those who framed the Bill had in mind *was the prevention of actual hunger rather than the correction of a defective nutrition.*" Like so many reforms, the School Meals Act looks well as a "progressive measure," and it did something, no doubt, to allay the indignation aroused by the findings of the Committee on Physical Deterioration. But its effect in mitigating underfeeding may be said to be trivial.

The State's attitude is also well shown by the fact that where the parents are receiving public assistance or unemployment benefit, the cost of the school meals received by their children is deducted from the P.A.C. or U.A.B. grants. "In many areas Public Assistance Committees in assessing *the means* of applicants for transitional payment took into account the value of meals provided at school, so that the mother had often to choose between school meals and a little extra money. The Government refused to issue any instructions to local Authorities to ignore school meals. The Regulations issued in December, 1934, by the Unemployment Assistance Board prescribed that all meals beyond a certain number shall be taken into account in assessing an applicant's needs."[14] Some provisions laid down by the State are so absurd that they have to be ignored in practice. "In theory, a local education authority must charge to the parent of any child receiving school meals or medical treatment a sum not exceeding the cost of such provision, unless it is satisfied of the parent's inability to pay. In practice, however, this enactment is largely neglected, partly on account of the difficulty of assessment, and partly because it would defeat its object by preventing the poorest children from receiving the benefit."[15]

This niggardliness is almost incredible when one considers the miserable scale of unemployment allowances. Dr. H. M. Vernon wrote that: "Unemployment is the most frequent cause of poverty, *for the allowances made to unemployed persons under the various Government schemes are seldom sufficient to maintain health.* This is well shown by the recent investigation which was reported to the National Conference of Labour Women in 1936. Details of 1,000 family budgets were obtained, 476 of them from unemployed households. It appeared that over half the families on standard benefit, and two-thirds of those on the means test, spent 3s. 6d. or less per head per week on food, or about half the minimum figure fixed by the Committee of the British Medical Association."[16]

[14] *Nutrition and Food Supplies,* Labour Party, 1935, pp.18-19.
[15] G. A. Auden: *The State and the Child,* in *Diseases of Infancy and Childhood*: ed. Leonard Parsons and Seymour Barling, 1933, Vol. I, p.31.
[16] H. M. Vernon: *Preventive Methods for Improving National Health,* p.41 (British Association for Labour Legislation).

The provision of milk in schools free to necessitous children has probably done more good. But, once again, its potential value is severely restricted in practice, in a manner which also shows up particularly well the State's attitude towards such problems. Once again, the cost has to be borne out of the rates, and serious limitations to the possible benefits which the Milk in Schools Scheme could confer arose from the very origin of the Scheme.

Milk in schools was initiated in 1927 by the National Milk Publicity Council, not by the Government. But in 1935 it was taken over by the State on the initiative of the big milk combines, who saw in the sale of liquid milk to schools, even at reduced prices, a more satisfactory market for their surplus milk than in turning it over at rock bottom prices to industrial undertakings for the manufacture of buttons, electric light switches, etc. Under this new scheme (The Milk Act of 1934) one-third of a pint of milk was made available in schools for a halfpenny, instead of for one penny (the price charged by the National Milk Publicity Council). This reduction in price resulted in an immediate increase in sales of milk in schools. After seven months 48.7 per cent. of elementary school children were taking the milk. However, by March, 1935, the number had fallen to 44.9 per cent., and only rose to 45.6 per cent. in 1936. "It is quite clear," wrote Drummond, "that 'saturation point' was soon reached because a large proportion of the parents decided at once whether they could or could not afford a halfpenny a day for their children, while the school medical officers had little difficulty in selecting the necessitous cases that obviously needed the extra nourishment. The reduction in numbers in the last two years represents an effect of the general rise in prices that has occurred. It has obliged a considerable number of parents to withdraw their children from the scheme because even so small a sum as a halfpenny a day is more than they can afford from their slender means."[17]

Once again, therefore, the benefits of the scheme are denied to just that section of the child population who most need them—i.e. those children whose parents are too poor to afford a halfpenny a day. The only exceptions are those who are so grossly ill-fed that they qualify under the very low standards of the School Medical Board. Nor is this all; the children do not get the milk

[17] Drummond and Wilbraham: *The Englishman's Food,* 1939, p.547. See also Ministry of Agriculture and Fisheries, Economic Series No. 44, 1936, pp.109-110. "Any increase in the retail price of milk is bound to be a matter of moment to consumers, and particularly to those whose budget allowed for only a small quantity of fresh milk even before the rise in price. *The price increases have necessarily had their greatest effect on the poorest consumers—that is, on those whose consumption was already far below the general standard for the country.*"

during school holidays but only during school term, the excuse being given by the authorities that they must drink it at school. The suggestion that the milk could be delivered by the milkman to the child's home is refused on the grounds that "such an arrangement would give no guarantee that the milk would not be drunk by some other member of the family than the schoolchild." To defeat such a terrible contingency, the child has to do without altogether!

The attitude of the State was even more brutally shown in another instance. In 1934, the Cambridge Borough Council decided to grant free milk to all children coming from families with incomes below a certain level. Such a measure would clearly remove some of the anomalies outlined. Yet this reasonable and humane step received a sharp rebuke from the Board of Education and a reminder that such action was a contravention of the regulations which at that time permitted the authorization of free meals and milk only on "a system of medical selection by the authorities and medical officers."[18] Under pressure of a storm of protests the Board of Education authorized the provision of free meals or milk on the recommendation of teachers. Drummond and Wilbraham comment: "One cannot escape the conclusion that the Board of Education's rejection of the humanitarian principle that a fall in the income of a family below a certain level justifies the provision of free meals or milk (Board of Education Circular No. 1443) has inflicted unnecessary privations on a very large number of children at an age when their health is most likely to be damaged, possibly with lifelong consequences."[19]

The same writers point out other serious shortcomings in the repair of nutritional deficiencies. "There is no provision of milk for poor children of the pre-school age. The Medical Officer of Health for Newcastle-upon-Tyne pleaded years ago for an extension of the issue of milk—it could conveniently be done through the child welfare centres—for children from 1 to 4 years of age. He had, like many others, found ill-health and physical unfitness more

[18] *Board of Education Circular No.* 1437.

[19] Drummond and Wilbraham: *The Englishman's Food,* p.548. Here is another example which illustrates the Authorities' attitude. "When a student he was puzzled by the fact that farm produce was destroyed in Cambridgeshire while people went hungry in the North, where his home was. With two other students he determined to find out if there was any real difficulty in organising food supply better, and in their spare time they arranged experiments in transporting food direct from farms to unemployed clubs. To their surprise they were able to give higher prices to farmers, and much lower prices to consumers. *The big distributing firms did not rejoice at this, and the authorities refused permission for the experiments to continue.*" (From the publishers account of the author, W. W. Sawyer: *Mathematician's Delight,* Pelican, 1944 (our italics).

prevalent at these ages than during school years. There is no answer to justify a reluctance to provide essential nourishment at the most crtical stages of a child's growth and development."

These criticisms are all based on the natural feeling that every man, woman and child has a *right* to full nourishment and health. Such a feeling is in line with the natural feelings of mutual aid which every normal person has towards his fellows. But whatever advances are made in the future, the facts of the last forty years shows quite clearly that the State closed its eyes for as long as possible to the facts. When it was forced to take action it did so more to allay discontent than from any humanitarian principles, and in carrying out more or less ineffective reforms shows more concern for property issues like rates than human questions like child or adult welfare. It has been pointd out,[20] "The State has not been the pioneer of social reform; it has merely registered the persistent demands of organized voluntary effort or given legal recognition to accomplished facts." It follows that it is quite futile to look to the State for any radical solution of the problem of nutrition. It has been defined as the "executive committee of the ruling class," and its concern for the property interests of that class, and utter disregard for the nutritional needs of the working class instanced above fully bear out that description.

Industrial Medicine provides a fertile field for reformist propaganda. At one time the employer took no responsibility for the health of his employees. Speaking before the Departmental Committee on Truck Acts (1908), Miss Gertrude Tuckwell, of the Women's Trade Union League, "gave evidence of a jam factory from which girls frequently had to attend hospital for burns, and had twopence deducted from their wages for every hour for which they were absent for that purpose. A severe burn meant dismissal. These girls were paid from 8s. to 10s. a week."[21] With the development of Workmen's Compensation, however, the protection of workers' health and the prevention of accidents became a matter of financial concern for employers and insurance companies. Hence conditions in industry as regards health began to improve. But only within limits. Sir Duncan Wilson, in his Report as H.M. Chief Inspector of Factories for 1938, said that "there is room for a far bigger reduction in injuries generally and this should be quickly attained by the exercise of greater care and more thought on the part of those concerned." Unfortunately workers whose wage packet depends on the speed with which they can execute their jobs

[20] Professor Fay. Quoted by G. A. Auden in *Diseases of Infancy and Childhood,* 1933 ed., Parsons and Barling, Vol. 1, p.30.

[21] A. W. Humphrey: *The Workers' Share, a Study in Wages and Poverty,* 1930, pp.30-31.

are thereby disabled from exercising "greater care and more thought." Employers also are mainly concerned with other matters which seem more important to them than the reduction of the accident rate. Professor Hermann Levy states:

> "Clearly something more than mere legislation and inspection, however good, is needed if safety is to be guaranteed, some form of organization which is in continuous being and continuously in touch with the local conditions. Such organizations as the National Safety-First Association, the Industrial Welfare Society and the Miners' Welfare Fund do their best to promote safety; but their scope is limited and they are voluntary bodies, dependent in the last resort on the goodwill of particular employers, and it is regrettably easy for no notice whatever to be taken of their recommendations. . . . Employers in general, and insurance 'media' such as insurance offices or mutual indemnity associations, are concerned almost exclusively with questions of premiums, claims and payments under the Workmen's Compensation Acts. *They are not interested in the prevention of accidents, as such, but in paying as little as possible for accidents, while complying with the law and the demands of the factory inspector.*"[22]

Such a situation is inevitable in a society in which every legal enactment is effective only in so far as it is in alignment with the profit interests of employers. Often there is open reliance on profit incentives for its relative efficiency. Here is Dr. Donald Hunter, the Director of the Department for Research in Industrial Medicine at the London Hospital, speaking to a Conference on Industrial Health Research on 28th September, 1944. The sentences italicized are of great interest:

> "It is beyond my comprehension that boiler makers for generations should have been content slowly to go deaf, *or that industrialists should have stood by while it happened.* Let anybody who is really interested in studying noise in industry put his head inside a boiler when a man is actually using a compressed-air riveting tool inside it! The noise defies description. *I imagine that industry would soon get rid of such noises if business reasons necessitated this.* My department wants the co-operation of industrialists in these matters. Think of the gross social disability of boiler makers' deafness. I spoke to one man in a boiler works who never goes to the cinema, nor does his son who is following in the same job, simply because they cannot hear the sound track!" [23]

But it is not simply a matter of more or less inadequate legal provisions to safeguard the workers' interests; the actual machinery of protection often acts against the workers instead of compensating them. Professor Levy declares: "It is a regrettable fact that once a worker has been seriously injured and only retains a part of his

[22] Hermann Levy: *War Effort and Industrial Injuries,* 1940 (Fabian Tract Series No. 253), p.8 (our italics).

[23] Dr. Donald Hunter, speaking at a Conference on Industrial Health Research held at the London School of Hygiene and Tropical Medicine, 28th September, 1944. H.M.S.O., p.9 (our italics).

former capacity for work he must, even in his reconditioned state, face almost insuperable difficulties when looking for work."[24] This is because employers are unwilling to take on such a man because he might have another accident and so would cost the firm another claim. Levy points out that a man who has lost one eye may be entirely incapacitated by an accident to the other one.[25] He quotes Dr. D. C. Norris, Medical Officer of the Bank of England and the Metropolitan Water Board: "In examining applicants for employment, one is accustomed to pass only those who are free from any major defect, *and many firms require that no one should be passed unless he is a first-class life.*"[26]

What actually happens, Levy illustrates by quoting the evidence of Mr. Smyth of the T.U.C., as a Commissioner of the Royal Commission on Workmen's Compensation:[26]

> "I have particulars here of a man who was a steel dresser and he made a claim for compensation under the Various Industries scheme as a suspected Silicosis case. He was examined by the Silicosis Board on two occasions and certified as not having silicosis. In addition he was examined by an eminent professor on dust diseases in Sheffield. He also certified that he was not in any way affected. That man has not been able to get work since; he has secured jobs, but after being examined—this is his own statement—by the insurance company's doctors, the firm told him they did not want him."

That is the position of a man who is lucky enough to have escaped silicosis. This is a disease peculiar to certain trades (anthracite mining, certain types of quarry work, tool grinding, some pottery work and abrasive soap manufacture). Miners call it "Stone Lung." It is a tremendous business trying to get certified as a case of Silicosis and so get compensation for one's incapacity. Silicosis can only be acquired by inhaling silica dust over a more or less prolonged period; it can only be got, therefore, in certain occupations. One would have thought, therefore, that if a man has the disability, the symptoms and the signs of stone lung, and also had worked in one of these occupations, he would automatically be eligible for compensation. But the State thinks otherwise. Here is what a specialist on Workmen's Compensation has written about it:

> "Before he can get any money he has to be able to prove that he worked in the right sort of stone and has done the prescribed operation on that stone, and he may be called upon to show that the bricks on which he worked contained not less than 80 per cent. of free silica, and that he was crushing and not merely breaking them. He may also have to prove that he has been employed in the appropriate processes within

[24] Hermann Levy: *Back to Work? The Case of the Partially Disabled Worker* (Fabian Research Series No. 56), 1941, p.5.
[25] *Ibid*, p.8.
[26] *Ibid*, p.9 (our italics).

> a particular time and that the disease was due to his employment in the particular scheme under which he is claiming. He may be asked to prove a lot of other matters which ordinary people would consider irrelevant, and this sometimes takes so many experts such a long time that the man has died of silicosis before his case is settled." [27]

The particular situation became so bad with regard to Silicosis that the Government introduced a new scheme (The Coal Mining Industry (Pneumoconiosis) Compensation Scheme) which came into force on 1st July, 1943. But even so, its operation seems to be almost as bad, for there are the same delays. During the first year of the Scheme, the Silicosis Medical Board received 4,762 applications for certification. Of these, 1,328 were certified; 1,158 refused; *and* 2,235 *remained undecided still.*

We have seen that a worker who has been already the victim of an industrial disease finds himself at a disadvantage when he is looking for another job. He would naturally attempt, therefore, to conceal such previous illness from his new employer. But, says Professor Levy: "By Section 43, modification b, of the Workmen's Compensation Act, the employer is protected against the possibility of a worker failing to disclose previous industrial disease:

> 'if it is proved that the workman has at the time of entering the employment wilfully and falsely represented himself in writing as not having previously suffered from the disease, compensation shall not be payable'."

Levy goes on to describe how the Mineworkers' Federation informed the Royal Commission on Workmen's Compensation that this section had the effect of "encouraging employers to refuse to re-employ" workers who had once been affected by industrial disease:

> "The result is that such workmen are not allowed to return to the work in which they have been trained and are at the same time deprived of their right to receive compensation; and in our view, the only reason for this is that they have suffered from an industrial disease. Thus a workman is penalized by losing both his employment and his compensation." [28]

Thus a worker is faced with a long and possibly unsuccessful struggle for the recognition of his right to compensation for an injury or incapacity acquired in the course of his work. And even if he gets it, he may then find himself unable to get any other work. It is not surprising, therefore, that the man on the job looks at the reformist machinery of "compensation" with less enthusiasm than the philanthropic liberal do-gooders. The latter are always ready to advance such plans for patching up the social casualties, rather than sweeping away the whole structure of the wage and profit system which causes them. In former days there was a terrible disease among phosphorus match workers called "phossy

[27] W. H. Thompson: *The Trickery of Workmen's Compensation, Tribune,* 12.11.43.

[28] Hermann Levy: *Back to Work?* 1941, p.15.

jaw" in which the jaws and teeth were destroyed as a result of chronic phosphorus poisoning. It took a strike to draw official attention to this disease however.[29] The workers had to employ direct action on the job before the State would do anything to eradicate this disfiguring disease.

Even the Ministry of Health itself has been forced to recognize the mixed blessings of these reformist measures, for in its Memorandum to the Royal Commission on Workmen's Compensation, we read that "Cases have been brought to the notice of the Department, by Approved Societies or otherwise, where an insured person, through fear of losing his employment, not only refuses himself to claim compensation, but also is reluctant that action should be taken by an Approved Society on his behalf." [30] Comment seems needless.

Finally, a word of warning for the future. Reforms are being increasingly used to bind a worker still more firmly to the servile State. That reforms in Compensation, rehabilitation schemes, etc., will probably be used for this purpose can be inferred from the following statement from the head of an American motor works. "In giving employment to men physically handicapped and partially disabled," he said, "we do not consider that we are performing an act of charity. Provided that the work is suitable, the disabled man is just as good a worker as his more fortunate fellows; in fact, *by the very reason of his handicap he may prove a steadier worker.*"[31] Obviously he can get another job less easily than his "more fortunate fellows," and so is less likely to take the risk of dismissal for advocating better conditions, higher wage rates and so on. By no means an act of charity!

We see, therefore, that reformism in this field of health is often pernicious in its actual operation. What alternative presents itself? This emerges from the analysis we have already made. The attempts at reform through compensation, etc., are all shipwrecked because the main aim in production is not the welfare of the worker involved or even of the community at large; it is solely the question of profits for the shareholders. What could be done if this motive force in production were extinguished in favour of the aim of producing for use, for the good of all, is shown in the following quotation. It was written by a building worker more than half a century ago in the Anarchist paper *Freedom*:

[29] George Isaacs, Chairman of the Workmen's Compensation and Factories Committee of the T.U.C., speaking at the Conference on Health Research in Industry, September 28th, 1944: Report, p.19 (H.M.S.O.).

[30] Quoted by Hermann Levy: *Back to Work*? 1941, p.10.

[31] *Ibid*, p.7 (our italics).

"In the trade I am employed in—the building line—there is a great deal of hard and dirty work, which is quite unnecessary, e.g., carrying the hod, mixing mortar by hand, wheeling navvies' barrows, and other such work I could mention, which it has been proved could be done by machinery; only slaves in these cases are cheaper than machines, so machinery is not used.

"Again, in the painting line, it is very unhealthy and disagreeable to have to work ten or twelve hours in the midst of white lead and other poisons, not knowing from one day to another but that you may have the painters' colic; but if the hours were less and the men had time to be clean and to take an interest in their work, painting would become a pleasure instead of a drudgery.

"In the paper-hanging line it is a pleasure to hang good sanitary paper, and it is perfectly safe; but how many paper-hangers have lost their lives by the poisonous colour coming off the common paper, which makes paper-hanging unhealthy and disagreeable, and is used simply in consequence of the competition amongst manufacturers to undersell one another.

"In the plumbing line there is not much that in itself is disagreeable or unhealthy work. The hardship is to be working eight or nine hours a day amongst lead, and constantly handling it. That not only becomes monotonous, but often results in lead poisoning.

"Besides these particular evils I have mentioned as brought about in these special branches of my trade by the present system of organizing labour, there are others which apply to all branches of building, e.g., the fixing of unsafe scaffolding, using rotten boards and ladders, and being obliged to climb about without proper precautions; all of which go to make men's lives uncomfortable, and all of which we could put an end to if we could have a free use of capital and organize our own work. If a mere race for profit were not the object of the present organizers of industry the unhealthy, dangerous and disagreeable work could be almost entirely banished from our trade, and with the aid of improved machinery what remains could be easily planned and carried out by co-operation amongst ourselves. . . .

"Now in the painting line there are different kinds of work; some are dangerous, while others are quite safe. Yet even as things are, the men, *if left to themselves*, soon find out who is willing or who prefers to do the top work, and if none of them like it, they arrange to do it in turns; whilst, *if the master interferes*, it very often falls to the lot of one to do all the top work, and perhaps he is giddy or nervous or in some way the most unfit man for the job. Very often accidents occur in this way; but I have never yet seen a case where a man who is nervous has been compelled by his fellow workers to do anything dangerous. Indeed, the men are mostly willing to help or take the place of a nervous man who has got a dangerous job." [32]

[32] From *Freedom*; quoted by Havelock Ellis: *The Nationalization of Health*, 1892, p.233.

Chapter Eight

EFFECTS OF ACTUAL REFORMS

"In our busy life, preoccupied as we are with the numberless petty affairs of everyday existence, we are all too much inclined to pass by many great evils which affect Society without giving them the attention they really deserve. If sensational "revelations" about some dark side of our life occasionally find their way into the daily Press; if they succeed in shaking our indifference and awaken public attention, we may have in the papers, for a month or two, excellent articles and letters on the subject. Many well meant things may then be said, the most humane feelings expressed. But the agitation soon subsides; and after having asked for some new regulations or laws, in addition to the hundreds of thousands of regulations and laws already in force; after having made some microscopic attempts at combating by a few individual efforts a deep-rooted evil which ought to be combated by the combined efforts of Society at large, we soon return to our daily occupations without caring much about what has been done. It is good enough if, after all the noise, things have not gone from bad to worse."

P. Kropotkin:
In Russian and French Prisons (1887).

INACTION in social matters is usually justified by an appeal to the "inevitability of progress." So long as people feel that things are moving steadily towards better things they will be content to "let evolution take its course." The world industrial and agricultural depression of the early thirties dealt a hard blow at this comfortable attitude of *laissez-faire*. Ill-health visibly increased in those areas which were economically depressed. This is shown by the increased death-rates for children in distressed areas.

INCREASED DEATH RATE IN CHILDREN AGED 0 TO 5 IN DISTRESSED AREAS.[1]

Cause of Death	Percentage excess death rate in distressed areas in 1931-5. Male	Female
All Causes	35	39
Bronchitis	101	91
Pneumonia	53	52
Tuberculosis (all forms) ...	25	16

(Distressed Areas: Monmouth, Glamorgan, Brecknock, Northumberland, Durham, Lancashire and Cheshire, compared with the remaining counties in England and Wales.)

As a result of the slump, therefore, there was a certain demand for health reforms. But although the evidence for years had shown that poverty was the underlying factor in the production of the great mass of preventable ill-health, reformists still adopted the usual method of attacking the problem piecemeal, seeking to mitigate certain aspects of poverty one at a time while leaving the main structure intact. Such a gradualist method has been advocated since the beginning of reforms, on the plea of "realism." Despite reformist gradualism, however, poverty is still the lot of the majority of people in all lands, and still gives rise to the same results in sickness and premature death.[2] It goes without saying that those revolutionists who demand nothing less than the abolition of poverty are always branded as "Utopians." Now let us see how the "realists" went to work.

One authority has remarked that "The medical mind has been extraordinarily slow in grasping the fact that poverty and wretchedness are the *fundamental* causes of most disease,"[3] and this unwillingness to face the reality is general. In consequence, the first response to the obvious need for something to be done, was to consider the housing question but not poverty as a whole. The part bad housing plays in producing ill-health has already been discussed in an earlier section, but we can here consider the actual effects of housing reforms.

The possibility that such piecemeal reforms might do more harm than good had already been suspcted. Margery Spring-Rice, in her book, *Working Class Wives,* points this out. "The fact that school medical officers have remarked upon the deterioration in

[1] H. M. Vernon: *Health in Relation to Occupation,* 1939, p.129.

[2] Scotland sixty years ago had an infant mortality rate amongst the lowest in Europe. In 1934-38 "the infant mortality rate in Scotland compared unfavourably with that in other parts of the English-speaking world and all other countries in the west of Europe except Spain and Portugal." *Infant Mortality in Scotland* (Report of a sub-committee of the Scientific Advisory Committee of the Department of Health for Scotland), 1943, p.8.

[3] W. R. Aykroyd: *Human Nutrition and Diet,* 1937, p.160.

physical fitness of children who have moved from bad to good housing conditions, is a proof that the lower standard of diet necessitated by a higher rent is not offset by the healthier home environment, better conditions of rest, better ventilation, more open space round the house, etc."[4] Similarly the incidence of respiratory diseases was found to be higher in a rehoused area in Glasgow than in a slum area.[5] But the most convincing evidence of the futility of tackling poverty by mitigating only one of its components comes from a large scale experiment in Stockton-on-Tees.

In 1927 a slum clearing scheme was instituted at Stockton-on-Tees, and about two-fifths of the families living in a particular area were rehoused in a modern housing estate. Records for the five-year periods, 1923-27 and 1928-32, gave the following results for the rehoused area and for those families left in the slum. The standardized death rate per thousand in the area which was not cleared (i.e., the slum area) fell from 26.10 in 1923-27 to 22.78 in 1928-32. But among the families which had been removed from this same insalubrious slum to the model housing estate *the death rate rose from* 22.91 *per* 1,000 *during the period* 1923-27, *when they were in slum dwellings, to* 33.55 *in* 1928-32 *when they were well-housed!*

This unexpected result was found on analysis to be due to the fact that since they had to pay an average of 9/- per week in rent on the housing estate, as against 4/8 in the slum, there was less money available for food, after all other fixed and essential payments had been made. After these unavoidable expenditures on rent, fuel, light, clothing and insurances, doctor's club, etc., had been met, there remained for spending on food among these families only an average of 2/10½ per week per head, as against 3/9½ in the uncleared slum where rents were about half those on the estate. The disparity between these amounts available for food explains the 48 per cent. increase in the death rate of the rehoused families. That the amounts available for food in both cases were incredibly low is shown by reference to Orr's figures, and also to the fact that the standardized death-rate for Stockton-on-Tees as a whole—about 12.0 per 1,000, itself higher than that for the whole of England—was half that of the slum area and one-third that of the housing estate.

Only the bare outlines of this most important enquiry have been given here. Readers interested in the details should study

[4] Margery Spring Rice: *Working Class Wives,* 1939, p.153.

[5] C. M. Smith: *Housing Conditions and Respiratory Disease.* Medical Research Council Special Reports Series No. 192 (1934). The author makes certain reservations in the interpretation of these results.

the account given by M'Gonigle and Kirby in their book, *Poverty and Public Health.*[6] The enquiry shows clearly that attempts at reform within the structure of capitalist society may have results the very opposite from those intended. The whole conception was quite correctly ridiculed by Bertolt Brecht in *A Penny for the Poor* (the English translation of the *Drei Groschen Oper*): " 'Don't talk to me about social reforms,' he often used to say. 'I remember once there was a great outcry in the papers about slums being unfit for human habitation; they were unsanitary and unhygienic. So they pulled down the whole district and moved the inhabitants into a colony of beautiful, solidly built, hygienic houses up in Stockton-on-Tees. They kept very careful statistics and after five years compared the results. It then became apparent that, although the death rate in the slums had been 2 per cent., in the new houses it had risen to 2.6 per cent. They were very astonished. Well, it was simply due to the fact that the new houses cost from four to eight shillings more per week and the money had to be made up by saving on food. Our social reformers and humanitarians had never thought of that!' "

The social reformers had never thought of that! One could not ask for a clearer demonstration of the mischief caused by piecemeal interference. The reformer bends his efforts towards attacking secondary causes ("After all, we must begin somewhere!"); but within the rigid framework of class society and the wage system which both depends on it and forms its main support, such meddling merely disturbs an equilibrium. Improve one thing and worsen another—in this case a more essential one. Yet anyone in contact with the realities of working class life could have foreseen this result.

This example of the attempts at reform through housing producing exactly the opposite effect to that intended is not an isolated exception. Many other reforms which, on the face of it, should command the support of all progressive persons, are equally disastrous if applied within the capitalist framework. For example, there is the question of school leaving age. Up till recently children were required to remain at school until the age of fourteen. The Labour Party and other reformist groupings have long been campaigning for the school leaving age to be raised to sixteen. By the new government Education Bill of early 1944, the school leaving age is to be raised to 15 in April, 1945, and to 16 when teachers are available. (The Minister of Education has, however, recently intimated that it will be impossible for any change to be made in April, 1945, because there are not enough teachers yet.) This has been hailed as a great reform by most left-wing and liberal papers. The Anarchist paper, *War Commentary,* however, criticized the

[6] G. C. M. M'Gonigle and J. Kirby: *Poverty and Public Health,* 1936.

new proposals from a more practical standpoint than our armchair reformers :[7]

"On the face of it, this might seem to be a progressive measure, although there are powerful arguments against over-estimating the 'value' of State Education.[8] But leaving aside the general question, raising the school-leaving age can be criticised from quite another angle also.

"Until a child leaves school, he is unable to work and earn, so that he must be maintained out of the parents' or the grown-up children's wages. For this reason poverty is particularly onerous to large families. An investigation into a Birmingham Housing Estate in 1939 found that families living definitely below the poverty line 'constituted 3 per cent. of the families with one child, 11 per cent. of the families with two children, 27 per cent. of the families with three children, 55 per cent. of the families with four children, 60 per cent. of the families with five children, and 82 per cent. of the families with six or more children. A remorseless but significant gradation!'[9] And the Report went on to remark that 'the position of families now in poverty will improve in the future when the older children begin to work.' Similarly the Pilgrim Trust's Enquiry into Unemployment could state in 1938 with reference to the economic position of the unemployed that 'There comes a time, however, when the children begin to leave school, and to start earning; *and then the family's position begins to improve.*'[10] As soon as the children of such families (and it was calculated that 50 per cent. of the children in this country were undernourished) are allowed to leave school and earn, the nutrition of the family begins to improve. Such families are not likely to view with much enthusiasm the compulsory substitution of extra education at the sacrifice of bread which the new Education Bill offers them. Discussing the possible effect of raising the school-leaving age in her book *Working Class Wives* (1939) Margery Spring-Rice could declare: 'Undoubtedly the age at which a child is allowed to earn will be raised still further, and the laws regulating the care and health of the dependent child, *far from lessening the responsibilities of the parents, will continue to increase their obligations, financial and otherwise.*'

"To underline the irony of this 'progressive reform' which promises to starve the children of the working class still further, it may be remarked that Education Authorities have for long been aware of the fact that without adequate nourishment, children cannot absorb education which

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[7] *War Commentary—For Anarchism,* January, 1944.

[8] "It has been established, in the rural schools of America, that the average intellectual quotient of the children decreases by 10 per cent. between the ages of 10 and 14 years. In all countries, teachers, whose pupils belong to the working class, observe, after a few years, in many children a slackness in inclination for work and in concentration; later on, for want of a suitable environment, the adolescent and the adult rapidly lose the knowledge which they had previously acquired. At the age for military service, some youths who had passed through the primary schools could no longer read nor write. The fatigue of a purely manual occupation, the uncultured surroundings and the monotony of existence blunt the faculties which in more favourable circumstances might have continued to develop."—Réné Sand: *Health and Human Progress,* 1935.

[9] *Nutrition and Size of Family,* 1942.

[10] *Men Without Work.* A report on unemployment made by the Pilgrim Trust, 1938.

is therefore wasted on them. The Government cannot therefore plead ignorance. Perhaps these considerations will help so-called 'progressive' people to understand why the piecemeal, gradualist reforms which they condescendingly offer to the workers, are not greeted with outbursts of gratitude. Tinkering with this evil capitalist system is not merely futile, it is pernicious. Such experimentation in social reform is paid for in increased starvation and consequent illness for working class kids."

In passing, it is perhaps worth pointing out that as long ago as 1909 Prof. Karl Pearson pointed out in his book, *The Problem of Practical Eugenics,* that reforms such as the factory acts had the effect of penalizing parenthood by reducing the economic value of the child. Indeed, children became an economic liability instead of an asset. The child is a commodity whose supply is regulated by its economic value. Reformist social legislation is, therefore, in part responsible for the falling birth-rate which causes so much worry to the war-mongering governments of to-day.

It is commonly assumed by well-meaning reformers that the opposition they often encounter from the workers themselves is due to "inherent reactionary tendencies" which bring the philanthropist to despair. Workers, however, are compelled to look at reforms with a practical eye. They have fought against the employment of children because of the intrinsic ugliness of children having to slave in barrack-like factories and mills and other places of wage labour. But they also fight against it because child-labour introduces low-paid competition into the labour market. It reduces wages by increasing, and thereby cheapening, the available pool of labour. And every worker knows that when the child reaches an age at which adult scales of wages come into operation, the employer simply turns him off and takes on more cheap child-labour. So when working class parents permit their kids to enter employment at the age of fourteen they do not do so out of "reactionary ideas," for they know what is in store. The reason is that with more children being born, the family income is becoming increasingly inadequate, and they simply cannot close their eyes to the fact that the few extra shillings which the fourteen-year-olds bring in mean so much extra nourishment to the growing children. It is poverty, not parents' "greed" or "ignorance," which drives children prematurely into the dreary life of wage slavery.

The same holds good in the case of pregnant women. They do not work up till the last few weeks of their pregnancy because they are ignorant, or because they like it. It is simply because, under the wage system, unless they are working their income is reduced below the level at which it is possible to live. It is the same need that makes them go back to work within a very few weeks of their confinement, even though this means that they are unable to continue breast feeding the baby, and even though they have been

warned by the ante-natal clinic that a bottle-fed baby is much more liable to the dreaded "diarrhœa and vomiting" which ranks so high among the chief killing diseases of infancy. The writer has repeatedly asked mothers of babies with this illness why they gave up feeding them themselves; the answer in a very large number of cases is that the mother had to go back to work and so could not continue breast feeding. It has been suggested that a law should be introduced to prevent women from working for a month before, and a month after their confinement. Yet it is obvious that unless at the same time full wages are paid to the mother economic hardship will result, and the very women who are supposed to benefit by any such legislation will attempt to evade its provisions.

In addition to all this, much reformist talk is simply unrealizable. Thus it is often said that what is required is proper instruction in nutrition values of food, proper methods of preparing it, and the like. But many working class women who would like more cooked meals cannot afford the fuel or gas required. The popularity of fish and chips is in part due to the fact that they are already cooked and hot. As to the various Food Education campaigns, one can only point out to those who complain that working class mothers often "spend unwisely" that there is simply no way of spending, say, 15/- for a family of five, in such a way that good health results. The mother is compelled to think of how to fill her family's stomachs and so appease their hunger. To accuse her of "buying unwisely" is simply to add insult to injury, and reveals a cruel ignorance of social conditions.[11]

Political reforms which aim at improving health by legislation and Acts of Parliament are therefore merely, more or less, attempts to allay discontent. They either have no effect or actually prove deleterious. More serious reformers have been compelled to realize the part which poverty plays in the production of ill-health, and so put forward solutions which aim to apply economic remedies. Thus the famous P.E.P. report of 1938 on Britain's health declares that "to be effective, proposals should be made bolder. Whatever policy is selected the most efficient means of improving nutrition is unquestionably a rise in the real wages of the workers, with a consequent

[11] It is worth drawing attention, in this connection, to the remarks of the British Medical Association's Committee on Nutrition. The Committee wrote: "The average housewife with no expert knowledge of calories, proteins, etc., does, in fact, purchase by rule of thumb methods foodstuffs which broadly approximate to dietaries considered by physiologists to be satisfactory." But this is subject to "her purchasing power proving adequate to the needs of the family."

Lord Horder expressed the same view when he declared: "Look after the accessibility of food, and nutrition will look after itself." (House of Lords, 14th November, 1936.)

increase in the amount the housewife can spend on food."[12] Another writer is even more explicit :

> "The capacity of the parents to obtain good environmental conditions for themselves and their children inevitably depends on their material resources, and they are therefore very largely at the mercy of economic conditions. *If they earn low wages, and still more if they suffer chronic unemployment, they cannot possibly live a healthy life;* so the factor of wages forms, to many of them, the fundamental basis on which the adequacy of the social environment depends. *The greatest single factor for the improvement of the nation's health is therefore the provision of an adequate income for all members of society."* [13]

Yet, in a capitalist economy, when goods are only produced if there is a market for them, wages are determined by the scarcity or otherwise of labour, and bear no relation to needs.[14] It is obvious that a society which aims at fulfilling the needs of the men, women and children who comprise it, can only do so by organizing its productive forces according to human needs instead of the "requirements of the market." While goods have to compete in the world market, competition demands that costs be kept as low as possible, and therefore labour costs, that is, wages, will also be kept as low as possible. And ill-health will flourish.

The abolition of ill-health, therefore, requires nothing less than the abolition of the profit system of economy. Many liberal and labour reformers nevertheless cling to the idea that some patching of the system will do the trick, and put forward such ideas as family allowances. Family allowances are a reformist attempt to achieve payment according to need in some measure—but without destroying the capitalist system of payment according to the market value of labour. They claim to reduce the burden on large families by making allowances for the children. But almost all the advocates of family allowances place the burden of cost on to a contributory scheme which in effect will pay the large family by taking from the wages of unmarried or childless workers. Thus Sir William Beveridge, in a letter to the *Times* (12.1.40) says : "We cannot in this war afford luxuries of any kind, and it is a luxury to provide people with incomes for non-existent children." Of course the issue of Family Allowances only comes up at times when the cost of living has outstripped the rise in wages, and there is agitation for

[12] *Britain's Health* (P.E.P. Report, Pelican Books), 1939, p.177.

[13] H. M. Vernon : *Health in Relation to Occupation,* 1939, p.332 (our italics).

[14] "According to the New York City records, the percentage of school-children in a bad state of nutrition rose between 1929 and 1932 from 16 to 29 in Manhattan and from 13 to 20 in the Bronx. At Philadelphia, among young children under 6 years of age examined at the 'Community Health Centre,' the figure rose from 11 (1928-1930) to 24 (in 1932)." *Final Report of the Mixed Committee on Nutrition,* League of Nations, pp.79-80.

higher wages. This position was recognized in Australia where Family Allowances were granted in 1927 in New South Wales. The *Australian Worker* made the following comment at the time:

> "As a matter of fact, the Family Endowment Act . . . is 'manna from heaven' for the employers. It is common knowledge that if the New South Wales basic wage had been increased, in accordance with the increase in the cost of living, the increase would have been 12/- per week, or approximately an addition to the wages bill of the State of something like £13,000,000. Under the Family Endowment Act the employers' contributions amount to £3,000,000 per annum—equal, as Industrial Commissioner Piddington pointed out, to an increase of 3/- per week in the basic wage. It is plain that, because of the Child Endowment, the employers in New South Wales have been made a present of something like £10,000,000 per annum, which they would have had to pay if the basic wage had been computed on the old basis. . . . The employers are actually saving £10,000,000 per annum because of the change in the method of computing wages." [15]

Mr. Seebohm Rowntree, on the basis of his survey of the standard of living of working class families in York in 1936, clearly approaches family allowances from the same standpoint: "Without family allowances," he wrote, "it would have needed a statutory minimum wage of no less than 63/- a week to reduce the number of undernourished persons by 83 per cent."[16] Family allowances would permit the same to be achieved at much less cost. Most outspoken of all, Mr. L. S. Amery wrote that: "If a system of Family Allowances were introduced now it would not only relieve the existing hard cases, *but would afford a logical basis upon which a stand could be made against all further wage increases*, except to the extent they are directly justified by a rise in the cost of living."[17] These are the kind of considerations which lie behind the demand for Family Allowances. Eleanor Rathbone, in her Penguin, *The Case for Family Allowances*, shows that even political considerations are at work: Family Allowances may well be "a bulwark against certain explosive and disrupting forces. A man with a wife and family may talk revolution, but he is much less likely to act it than one *who has given Society no such hostages.*"[18]

Unfortunately for these well meaning and shrewd people, Family Allowances, even if put into operation, will not have the effect of placing greater spending power on food in the hands of the housewife. No great rise in the standard of living followed the introduction of such schemes in Nazi Germany and Fascist Italy.

[15] *Australian Worker, Sydney,* 28.10.27. (Quoted by *Family Allowances,* S.P.G.B.)
[16] B. Seebohm Rowntree. *Times,* 4.1.41.
[17] L. S. Amery, letter to the *Times,* 14.1.40. (Quoted by *Family Allowances,* S.P.G.B.)
[18] Eleanor Rathbone: *The Case for Family Allowances,* p.14 (our italics).

Many reformers have recognized that Family Allowances would simply undermine general wage standards. For instance, when the Women's Health Enquiry Committee recommended Family Allowances, one of the members of the Committee, Miss Tuckwell, disagreed on this point and wrote : "I have never felt clear that family allowances would not adversely affect the raising of wages which is advocated in 1.a. (i.e. by the Committee's recommendations). In any case, I should not be prepared to advocate any proposal which had not the agreed support of the workers whom it would affect, which this proposal so far has not achieved."[19] In this last stricture, Miss Tuckwell shows a welcome freedom from that arrogance, almost universal amongst reformers, which makes them quite sure they know better than workers themselves what is good for them.

It is clear, therefore, that reformism in wages policy will be no more effective than new legislative measures in improving health standards. No matter what reformist measure is considered, on examination it is seen to be quite futile in a practical sphere. Such measures may, however, serve a useful purpose to those interests in society which benefit from the maintenance of the *status quo*, for they divert attention from realities, and give a comfortable feeling that "something is being done."

[19] Margery Spring Rice: *Working Class Wives*, p.207, ff.

Chapter Nine

REFORMISM AND THE ABOLITION OF POVERTY

> "It is fair to say that there is no problem of nutrition in England to-day. So much research work has been done in the laboratories and so many precise dietary surveys have been made that we know all we need to know about the food requirements of the people and the extent to which they are or could be provided. The real problem is how to make it possible for those whose health is being adversely affected by faulty diet to obtain not only the knowledge of the right kinds of food to eat but the food itself. The position is perfectly clear-cut."
>
> DRUMMOND AND WILBRAHAM.[1]

IN each of the foregoing sections it has been stressed and stressed again that the question of ill-health is inextricably bound up with the question of poverty. This is not simply a propaganda point; its truth is now recognized by all those who are working at what has come to be called "Social Medicine." And an editorial article in a leading medical journal, the *Lancet,* commenting on the Beveridge Report, declared: "The greatest single cause of ill-health and sub-optimal health, mental and physical, is not a virus or a bacterium but poverty. So it is the doctor's duty to fight poverty with even greater vigour than he fights the diphtheria bacillus."[2] This clear cut declaration is in line with the conclusion, already quoted, of various social investigations which state that the only practical way to attack the problem of ill-health is by raising the standard of living.[3] What has reformism in the past achieved in this direction? The answer is—very little indeed.

Mr. Seebohm Rowntree, to whose valuable surveys we have referred several times already, gave his general opinion just after the last war on how conditions at that time compared with those of twenty years earlier. "At the present moment," he wrote, "in spite of the abnormal amount of unemployment, there is somewhat

[1] *The Englishman's Food,* 1939, p.543.
[2] *Lancet,* 5th December, 1942.
[3] Even the *Times* remarked (30.6.38) that "a close relationship is known to exist between the incidence of tubercle and the size of 'real' wages."

less acute destitution than there was twenty or even ten years ago, and . . . this improvement is due to factors which will continue to operate when trade becomes normal. *There are, indeed, to-day extraordinary numbers of families living, not in positive destitution, but barely above, or just under, the poverty line. Among these are countless households which have never before experienced actual privation.*"[4]

Rowntree's impressions were not isolated ones. In the same winter of 1921-22, Toynbee Hall carried out an enquiry into the condition of the East London workers. *They concluded that the increase in distress was comparatively small,* but added:

> "It must not be imagined from this conclusion that East London is not suffering from distress. The standard of living is normally low and conditions are normally miserable. The fact that conditions have not become worse means only that the unemployed have not as a rule fallen from poverty to destitution. . . . Trade Union benefit, savings, and charity have taken some part in the work of relief, but the contributions from these sources is almost negligible, compared with the enormous calls made on the payers of rates and taxes. If these calls had not been made, distress and destitution would have been common and would have increased as long as the depression in trade lasted, workpeople would have become demoralized and lost their ability to work, and children would have been weakened by privation with results on mind and body which might have lasted through their whole lives."

A. W. Humphrey, who quotes the above, comments: "These statements are of great significance. In the first place, it must be observed that, thirty-five years after Charles Booth made his great inquest into the lives of London's people, the standard of living in East London was still 'normally low' and conditions 'normally miserable.' Mass poverty had persisted."[5] Such was the position twenty years ago.

But the end of the same decade—only fifteen years ago—showed no improvement in conditions. Drummond and Wilbraham[6] wrote: "A report of the Ministry of Health in 1929 described the terrible food conditions in the Welsh coalfields, but the same distressing details were true of a thousand other areas in the country. The diets of the poor working people had become almost as bad as they had been in the worst years of Queen Victoria's reign: white bread, margarine, jam, sugar, tea and dried fish. Meat was seldom eaten more than once a week, while fresh vegetables, other than potatoes, were rarely bought. Fresh milk was hardly ever seen."

Since then the world has known the most devastating economic depression in history. It would be difficult to say that any signi-

[4] B. Seebohm Rowntree: Preface to 1922 ed. of *Poverty: a Study of Town Life.*

[5] A. W. Humphrey: *The Workers' Share, A Study in Wages and Poverty,* 1930, pp.69-70.

[6] Drummond and Wilbraham: *The Englishman's Food,* 1939, p.539.

ficant change had taken place since the last war, certainly not for the better. Thus despite various so-called reforms the workers' lot remains substantially unaltered over the past fifty years. This view has been confirmed by studies on wage trends during the present century. The following figures, for example, are taken from Jurgen Kuczynski.[7]

Year	Net Real Wages per Unemployed and Employed Worker.
1900	100
1905	94
1910	93
1914	96
1917	75
1920	100
1925	89
1930	95
1935	95
1939	94

Another source, the Balfour Committee, which cannot be accused of socialist sympathies, reported in 1929 that "Such figures as are available indicate that over a period of forty years (1888-1928) the weekly rates of money wages for similar grades of work have advanced by about 120 per cent., and the cost of living by about 90 per cent., showing an advance in 'real' weekly wages of about 16 per cent." Thus even on the most favourable estimate (the Cost of Living Index of the Ministry of Labour has been under criticism for more than a quarter of a century) can only show an advance—spread over forty years—of sixteen per cent.!

With poverty virtually unchanged it is not surprising to find ill-health also as pervading as ever, even if the mortality from certain diseases has shown a steady decline. The curing of disease depends less on taking medicine than on altering the conditions which make a man ill. But whereas it is an easy matter to recommend a wealthy man to winter abroad, to go for a cruise, or even simply to keep warm or take a rest, these things are often impossible to working men and women. Often enough the house is damp, or they cannot afford more fuel, or they cannot take time off from work without disorganizing the family's finances. All too often one's treatment is frustrated by a man's material inability to carry it out. No amount of increased medical facilities will alter these factors; only the sweeping away of the whole system whereby a man is dependent solely on selling his labour in order to secure a minimum degree of

[7] Jurgen Kuczynski: *A Short History of Labour Conditions in England*, 1942, p.113.

food, clothing and shelter for himself and his family; only when a man is free from restricting conditions and is assured of the primary necessities, will he begin to enjoy the possibility of full health.

With poverty still the rule for the vast majority of people, they are debarred from making full use of whatever health facilities the State or private charity provides. It follows that health facilities benefit those whose economic position makes them comparatively free, but ability to use such facilities diminishes in proportion as poverty reduces freedom of action down to the point of virtual slavery which is destitution. And this conclusion, bizarre and unnatural as it may seem, is borne out by the facts regarding the effects of health reforms during the past thirty years.

Titmuss[8] recently examined the figures of the Registrar-General with regard to Infant Mortality rates during the years since 1911—that is during the period since Lloyd George's National Health Insurance Act inaugurated the modern period of health reforms. During this period the mortality rates have been steadily falling, a fact which the adherents of gradualism are never tired of continuously pointing out. But Titmuss showed that the Infant Mortality rate *has fallen much more sharply among the children of the well-to-do than among poorer children,* a finding of the utmost importance in assessing the value of reforms.

It has been the expressed intention of reformers that the measures they seek to introduce shall iron out the anomalies which occur in a society in which wealth is unequally distributed. They try to mitigate the effect of the economic system, and reduce the gap in health which exists between the rich and the poor.[9] Infant Mortality rates are generally regarded as the most sensitive index of social and environmental conditions; yet, during the reform period, so far from being narrowed, the gap between the worst and the best figures has actually widened.

Titmuss illustrates this by comparing the "worst" infant death rates with the "best," using the Registrar-General's figures. For 1911 the worst figures for the second six months of the first year of life exceeded the best by 173 per cent.; but by 1921-3 the worst exceeded the best figures by 324 per cent., and in 1930-32 they were 439 per cent. greater. This means that the rates have improved much faster in the Registrar-General's Class I than in Class V. Using the mortality figures according to certain trades (of the father) the worst in 1911 exceeded the best by 299 per cent. whereas in 1930-2 the excess was 498 per cent. Titmuss gives the following illuminating table for these figures, using those for certain trades for 1911 and 1930-2, and the Registrar-General's figures for 1921-23.

[8] Richard M. Titmuss: *Birth, Poverty and Wealth,* 1943.
[9] See Chapter III above.

INFANT MORTALITY. PERCENTAGE EXCESS OF CLASS I OVER CLASS V.

Age	1911	1921-3	1930-2
0— 1 month	106	58	66
1— 3 months	180	263	239
3— 6 months	253	312	330
6—12 months	299	324	498
1–2 years	—	—	408

"This Table," says Titmuss, "expresses something more than the great and widening gulf that separates one class of the people from another. The separation can be measured both by the increases in the percentages—reading across the table—or by noting that inequality *increases with age*—reading down each column. In 1911 an excess of 106 per cent. rises in stages to one of 299 per cent.; twenty years later an initial excess of 66 per cent. grows to 498 per cent. These statistics epitomize the chances of death of two infants; one born of well-to-do parents, the other of poor parents, both potential citizens of Britain. During the first few weeks of life, little separates the two children in their chances of death, but slowly at first and then with increasing effect, as week succeeds week, the gulf widens."

Moreover, the comfortable reformist illusion that a measure like the National Health Insurance Act of 1911 has "of course" been effective in reducing class differences in health is seen to be simply an illusion. Even the *Times* was compelled to say in a leading article on Titmuss' work:

> "Mr. Titmuss's startling conclusion is that between the census years 1911 and 1931 a 50 per cent. reduction in the national average infant death rate was accompanied by a widening of the difference between the economically favoured and the economically handicapped. . . . There is thus a strong *prima facie* case for believing that one-third of the nation's parents, and half the nation's children, did not benefit to anything like a proportionate extent from the important social advances of the period since 1911, notwithstanding the great expansion, precisely during those years, of social services intended primarily for their well-being."

The only conclusion possible from these figures is that the decline in mortality rates is due to advances in medicine. The rich are not affected to any great extent by reforms; it is not they who use the hospitals and the National Health Insurance schemes. Yet the mortality rate for their children fell much more than those of the children of the poor, despite the reforms designed to bring the

mortality amongst the latter nearer the level of the former. The reformist measures, just because they leave the fact of poverty untouched, have failed of their object.[10]

In conclusion, it is possible, on the basis of the above findings, to assess the value of the new National Health and other post-war reforms. Both the Beveridge Report and the Government's White Paper on Social Insurance presuppose the continued existence of rich and poor. We can, therefore, say with conviction that they have not attempted to remove the root cause of ill-health—poverty. These reforms will be as ineffective as those introduced since 1911.

[10] "The object of 'la médecine sociale'," wrote Dr. Et. Burnet, "may be described as the equalization of classes, rich and poor, in respect of health." Quoted by W. R. Aykroyd: *Human Nutrition and Diet,* 1937, p.184. Dr. Burnet was, until 1937, a member of the Health Section of the League of Nations.

Chapter Ten

THE ABOLITION OF ILL-HEALTH

"To-morrow a man attired in rough clothes will come to fetch you to see a sick woman. He will lead you into one of those alleys where the opposite neighbours can almost shake hands over the heads of the passers-by; you will ascend into a foul atmosphere by the flickering light of a little ill-trimmed lamp; you climb two, three, four, five flights of filthy stairs, and in a dark, cold room you find the sick woman lying on a pallet covered with dirty rags. Pale, livid children, shivering under their scanty garments, gaze with their big eyes wide open. The husband has worked all his life twelve or thirteen hours a day at no matter what; now he has been out of work for three months. To be out of employment is not rare in his trade; it happens every year, periodically. But, formerly, when he was out of work, his wife went out as a char-woman—perhaps to wash your shirts—at the rate of fifteen-pence a day; now she has been bed-ridden for two months, and misery glares upon the family in all its squalid hideousness.

"What will you prescribe for the sick woman, doctor? you who have seen at a glance that the cause of her illness is general anæmia, want of good food, lack of fresh air. Say a good beef steak every day? a little exercise in the country? a dry and well-ventilated bedroom? What irony! If she could have afforded it this would have been done long since without waiting for your advice!"

KROPOTKIN: *An Appeal to the Young,* 1880.

IN general, conditions to-day are not so very different from when Kropotkin wrote, more than sixty years ago. Yet, with the immense advances in medical science ,there is far less excuse for them. The mortality from particular diseases may have fallen remarkably; but the main burden of ill-health still falls most heavily on the poor. Indeed, as Titmuss has shown, the poorer sections of society are, *relative to the well-to-do,* actually less healthy than they were thirty years ago.

The usual attitude in the face of all this misery of sickness is one of optimistic fatalism. "Improvements are constantly being made. Rome wasn't built in a day"—etc., etc. It has been one of the purposes of this pamphlet to show, however, that though progress in medical science has never, perhaps, been more rapid than now, an increasing proportion of ill-health is directly due to purely economic causes, *and is therefore preventable*. Yet these economic causes have hardly been touched.

The recognition of such a position inevitably leads to the demand for action to remedy the economic organization which has kept the majority of people poor and, therefore, relatively unhealthy for centuries. Many writers on social medicine do, in fact, recognize this necessity. But they quail before the task of removing the evil of economic and social inequality. They, therefore, feel compelled to be vociferous supporters of *reforms* in health services, family allowances, social insurance schemes and the like. They are afraid to advocate the abolition of poverty, or feel hopeless about it, and so fall back on these lukewarm plans for merely attempting to mitigate its worst aspects. Such reformers were rightly ridiculed by Kropotkin in the quotations placed at the heads of Chapters Seven and Ten in the present pamphlet. The fact that Kropotkin's remarks were made sixty years ago, and yet still have force, is itself a sufficient comment on the inept optimism of piecemeal reformers.

In the preceding chapters some grounds have been given for rejecting reformism as being no solution at all. In this section, therefore, some examples will be given which indicate the kind of result which may be expected when malnutrition ceases to be the lot of the majority of our fellow-countrymen.

Even the *Times* recognizes the potentialities of economic well-being on the future of health, for on 17th February, 1938, it remarked of tuberculosis that "what *keeps it in check* is probably good food." (Our italics.) And here is how Drummond and Wilbraham point the essential lesson from the famous experiment of Corry Mann:[1]

> "Meanwhile there is one simple test for malnourishment which can be used in every case and which seldom, if ever, fails, but which, unfortunately, is very rarely applied; improve the diet and watch the result. This was how Dr. Corry Mann demonstrated the inadequacy of the diet of children at an institution where the food had long been regarded as ample. A pint of milk a day for a year increased the

[1] Drummond and Wilbraham: *The Englishman's Food*, 1939, p.546. Corry Mann's results were published as Special Report Series No. 105, *Diets of Boys During the School Age*, by the Medical Research Council. In addition to the gains in height and weight of the boys in the milk group over the control groups, they also had much less illness, particularly in regard to colds and coughs, they had less chilblains, and the condition of their skin was much better.

> average height of the boys by nearly one inch and their weight by over three pounds. Even more important was the improvement in physical vigour and mental alertness. There could be no further argument; the boys had been undernourished before the supplement of milk was given."

Similar results were reported in 10,000 children in Lanarkshire who received milk supplements.[2] We have already seen that the value of milk is officially recognized by the Ministry of Education. It is interesting to note, however, that compared with 1914, the price of milk has risen more than the price of food generally[3]—that it has become less accessible as a food to those sections of the population who stand most in need of it.

The ease with which good food will make unfit people fit was demonstrated in the army several years ago. Thirty-three recruits who were not fit for army service (by peacetime standards, that is) were selected for treatment by special diets and exercises. After two weeks ten were up to standard; at four weeks, 19; at six weeks 21; at nine weeks 23, and after three months, twenty-four out of the thirty-three had reached a standard of fitness such that they were now acceptable to the army.[4] These men had been taken out of the "normal" life of wage labour, and were introduced to a healthy régime, with plenty of rest, fresh air, and exercises, such as their civilian life could not possibly provide them with. They were also well fed. The cost of their extra food is instructive; it amounted to 7/6 per head per week[5]—and that at the wholesale prices which only the army can command. A small sum, but—as Orr's figures show—one which is right outside the capacity of the majority of the ill-nourished to pay, and one, moreover, which reformists would hesitate to saddle the rates with. Thus even in men who had reached adult life, and showed effects of malnutrition which one might have expected to be permanent, good food could still go a long way towards rectifying their ill-health and underdevelopment. This army experiment confirms a finding of hospital practice; that often the only treatment which improves the tired out housewives who attend for more or less vague chronic ailments, is a period of several weeks convalescence. In the convalescent home they get the rest which their overworked home life denies them, and better

[2] Leighton and McKinley: *Milk Consumption and the Growth of School Children.* Report on an investigation in Lanarkshire Schools. Edinburgh. Department of Health for Scotland. H.M.S.O., 1930. See also Leighton and McKinley, *Lancet,* 1929, I, p.40.

[3] H. M. Vernon: *Health in Relation to Occupation,* 1939, p.153.

[4] Capt. P. J. L. Capon: *Journal of the R.A.M.C.,* May, 1937. Capon's results have since been confirmed on a larger scale. A group of 874 young recruits rejected because of underdevelopment and other defects usually considered as due to malnourishment, were placed in a camp under optimum conditions of nutrition, exercise and rest. After several months of such treatment, 87 per cent. of the group passed the physical tests which they had previously failed. Crawford: *Journal of the R.A.M.C.,* July, 1939.

[5] Margery Spring-Rice: *Working Class Wives,* 1939, p.158, ff.

food than they are accustomed to. The improvement is sometimes startling. Similar improvement is noted in the children of the very poor who, too often, are obviously undernourished. A sickly, pale, languid and dispirited child can quickly be turned by good food and surroundings into a healthy, high spirited creature hardly recognizable as its former self. Paul de Kruif, in his highly coloured, but sincere and arresting book on the economic background of child ill-health in America, *Why Keep Them Alive?*, gives several examples of this kind of change. In recent years a good deal of evidence has accumulated about the relationship between sub-nutrition—that is, not getting enough to eat—and deaths in childbirth. A short account of some of this work will be given, for it shows what an immense advance follows from economic wellbeing.

Unlike the figures for many diseases, the maternal mortality rates, until recently, showed an obstinate refusal to decline. It was hoped that an improvement would follow the Registration of Midwives Act at the beginning of the century; but these deaths in childbirth, having their root in economic causes, in poverty, proved indifferent to Acts of Parliament. The following table shows how slight was the improvement.[6]

MATERNAL DEATHS PER 1,000 BIRTHS.

1911	...	...	3.87
1912	...	...	3.98
1913	...	...	3.96
1936	...	...	3.65

In some districts in England there was even a rise in the Maternal Mortality rate between 1935 and 1936. Though the general rate for the country as a whole fell, in the North it rose from 4.34 in 1935 to 4.36 in 1936. The North of England contains one-third of the total population. In the depressed areas of the North the rate rose from 4.68 to 4.78.[7]

Since about 1937, however, there has been a fall in the total mortality, mainly due to a decline in the mortality rates from infection (puerperal fever) following childbirth, which fell between 1934 and 1938 by about half. This reduction is considered to be due to the new sulphonamide group of drugs. Here, once again, progress is due almost solely to the advance in medicine which these drugs constitute. The gynæcologist, Aleck Bourne, remarks: "If,

[6] Richard M. Titmuss, *Poverty and Population, a Factual Study of Contemporary Social Waste*, 1938, p.150.
[7] *Ibid*, p.141.

however, we subtract the deaths from infection in which there has been so much improvement, from the total maternal mortality, we find there has been comparatively little improvement. In 1934 there were 1,241 deaths from other conditions and in 1938, 1,185 deaths, or expressed as rates per 1,000 births, 1.99 and 1.84 respectively."[8]

As might be expected the maternal mortality rates vary from district to district according to the economic status of the inhabitants. The following table shows the rates for various districts.[9]

MATERNAL MORTALITY PER 1,000 BIRTHS (1936).

Wales	5.17
Bermondsey	5.04
Paddington	5.02
North of England ...	4,36
England and Wales ...	3.65
Greater London ...	2.16
Westminster	1.81
Kensington	0.86

(In the depressed areas of the North and of Wales, the figures were 4.78 and 5.29 respectively.)

Titmuss remarks of these figures that "according to the Text of the Registrar-General's Review for 1934, no year or group of consecutive years, as far as the statistics go back to 1891, produces a higher maternal mortality rate than that for South Wales for 1936." This shows how far advances in medicine sink through the social layers to the poorest sections of the population. On the other hand, Letchworth, a relatively prosperous garden city with 10,000 insured workers out of a total 17,000, had no maternal deaths at all in the five years prior to 1938. In the island of Tristan da Cunha, where food supply is plentiful, deaths in childbirth are unknown. It is clear, therefore, that to all intents and purposes all maternal deaths are preventable, and the death rate, given favourable economic circumstances, could be reduced virtually to nil. Let us see what further positive evidence we can bring forward in support of this view.

In an experimental enquiry carried out in Toronto recently, a group of women "from a low income group" were given supplementary food during pregnancy, and were compared with a similar group whose diet was not supplemented. The investigators sum-

[8] Aleck Bourne: *Health of the Future* (Penguin), 1942, p.37.

[9] Titmuss, *op. cit.*, p.144. The *Pilgrim Trust Unemployment Enquiry Report* states (Interim Paper No. IV): "We may estimate the number of human victims of depression unemployment (i.e., from 1928 to 1934) among mothers dying of puerperal disease as 3,200."

marize their findings thus:

> "During the whole course of the pregnancy, the mothers on a good or supplemented diet enjoyed better health, had fewer complications, and proved better obstetrical risks than those left on poor prenatal diets. The incidence of miscarriage, still-births and premature births in the women on poor diets was much increased. The incidence of illness in the babies up to the age of six months and the number of deaths resulting from these illnesses were many times greater in the poor diet group. While it is recognized that there are other important factors in the successful outcome of pregnancy, this study suggests that the nutrition of the mothers during the prenatal period influences to a considerable degree the whole course of the pregnancy, and, in addition, directly affects the health of the child during the first six months of life." [10]

Similar results had already been obtained ten years before, when 275 women attending an ante-natal clinic were given doses of a concentrated Vitamin A preparation for only a month before delivery. They had a sickness rate of 1.1 compared wtih 4.7 in a similar group of 275 women who were given no Vitamin preparation, but were otherwise similarly treated.[11]

But the most interesting of these enquiries was that undertaken by the National Birthday Trust in South Wales. The provision of specialist obstetric services, and educational propaganda to pregnant women had not been at all effective in reducing the maternal mortality rate. But during the period 1935 to 1937 more than 10,000 expectant mothers in the poorer districts of South Wales were given special food supplements during pregnancy. As a result the death rate in this group was only about a quarter as great as that in 18,000 who received no food supplements. Here are the actual figures:

Number of Mothers	Maternal Death Rate per 1,000 births	Number of Deaths from Sepsis
10,384 receiving special food	1.63	1
18,854 not receiving special food ...	6.15	46

The infant death rate was also substantially reduced. For the 3,064 cases fed during the first six months of 1937 it was 57 per 1,000, as compared with 102 per 1,000 in the 4,781 who were not fed.[12]

[10] Ebbs, Tisdall and Scott: *The Influence of Prenatal Diet on the Mother and Child, Journal of Nutrition,* 22, 515-526 (No. 5, November), 1941.

[11] Green, Pinda, Davis and Mellanby: *Brit. Med. Journ.,* 1931, 2, 595.

[12] Lady Juliet Williams, *Times,* 8th December, 1937. See also H. M. Vernon: *Health in Relation to Occupation,* 1939, p.127; also Titmuss: *Poverty and Population,* 1938, p. 153. *The Medical Officer,* in an editorial comment on these results, caustically remarked that a reduction in the "exceptional maternal mortality in Wales" was "more likely to be achieved by a herd of cows than by a herd of specialists." (*The Medical Officer,* 29.5.37.) This dictum might well be born in mind by those earnest reformers who imagine that an extension of the existing medical services will materially reduce the general level of ill-health.

The food supplement in this experiment consisting of quite a small amount, but containing a high proportion of vitamins and mineral salts (they also had a pint of milk a day), cost only 13/4 per head. The Government has realized the value of this experiment for pregnant women can now obtain extra milk (not free, but at a reduced cost of 2d. a pint) and vitamin supplements at Ante-Natal Clinics. An inexpensive reform.

The Birthday Trust continued its work in other depressed areas with similar results during 1937, 1938 and 1939. It closed in March, 1939, not from choice on the part of the investigators, but because the Treasury grant from the Commissioner for Special Areas (Government euphemism for Distressed Areas) was withdrawn. In this experiment the women on supplementary food were all very poor, whereas the control group was, on the whole of slightly better economic status. Nevertheless, the former were rendered substantially healthier. Some insight into the conditions behind the figures is given by the following description of the supplementary food group.[13]

> "The women of the fed class were all in very poor circumstances. They were the wives of unemployed men or of low wage earners. In some of the areas rents were high and when all expenses had been met there was not sufficient to meet the B.M.A. standard of diet, far less to provide special foods for expectant mothers. It has to be remembered in this connection that the mother of the family distributes the income and finds it hard to satisfy the hunger of the children and to keep her husband in good physical condition. She thinks of herself last or not at all. When asked about her diet a common reply is 'Oh, I can do with anything.' Towards the end of the week a cup of tea and a bit of bread might be her dinner, this even when she was pregnant. It did not seem to occur to her that the fœtus would be affected by her diet, or if it did she thought more of the children actually there than of the child coming. Many of these mothers were living under slum conditions, overcrowded and insanitary. Those with large families were living under a great strain, constantly trying to make sixpence go as far as a shilling, and failing. There were many individual cases of hardship and distress; one mother had had six children in eight years and found another coming. She described the difficulty of getting enough food for the hungry children and of sending them to school respectable and well shod. She *could not* have another. Would the nurse help her? Another in somewhat similar circumstances found herself unable to cope with the urgent demands of the school authorities to keep her children tidy, better shod and especially less verminous. She said, with calm despair, 'I just can do *no more*, nurse.' Such cases were scattered through the fed class and the strain left its mark on the mothers."

Against such a picture let us place the complacent remarks of Sir George Newman, in his Annual Report as Chief Medical Officer

[13] Margaret I. Balfour: *Supplementary Feeding in Pregnancy, Lancet*, 1944, I, 208.

to the Ministry of Health in 1932, on the subject of maternal mortality. "After all, sound nutrition in a pregnant woman is obviously the only way of sustaining her health and that of the forthcoming child. She should become accustomed (*sic*) to a diet which includes ample milk—two pints a day—cheese, butter, eggs, fish, liver, fruit and fresh vegetables which will supply the body with essential elements, salts and vitamins. . . ." Fourteen pints of milk at fourpence halfpenny a pint comes to 4/6 a week.

"Sound nutrition in a pregnant woman is obviously the only way of sustaining her health and that of her forthcoming child. . ." Obviously. Yet all these grim food supplementing experiments show that a tremendous number of mothers are deprived of this obvious necessity. The truth of Sir George Newman's remarks, which our society makes such a gruesome mockery of, is shown by the startling effects of even comparatively short periods of supplementary feeding. They give one a glimpse of the darkness and terror of our social system. Yet at the same time they show that ill-health is not inevitable, that it can be attacked by quite simple means. The possibility of stamping out all this terrible and unnecessary suffering and loss is clearly exposed. Economic well-being is the key to positive health.

All the evidence presented in this pamphlet shows how much the incidence and severity of ill-health depends on economic factors and especially on the factor of inadequate food. It follows that improvement in economic conditions, bringing with it an improvement in dietary intakes, will be an immense factor in improving health. In fact it will almost certainly remove the majority of those universally found causes of illness and chronic discomfort, to say nothing of removing the commonest causes of premature death among the largest section of the world community, the working class. That this is no idle utopian hope is shown by the evidence from feeding experiments outlined above. It matters little that these experiments are rare and isolated phenomena, and in themselves make no sensible difference to the death rates and sickness rates. What does matter is the fact that they show clearly how those rates *could* be reduced if the peoples of the world got enough to eat, if in fact our economic system aimed at the satisfaction of the needs of all, instead of being dictated by the likelihood (or otherwise) of producing a profit for the few.

We have already seen that governments, and the League of Nations, have recognized the importance of the economic factor in the question of health or ill-health. We have also seen how grudgingly they have introduced legislation in the matter, and how that legislation is largely self-stultifying because it makes no attempt to

obliterate poverty. Now we can see that what is fundamentally required is an enormous increase in the food intakes of populations. Yet at the very moment when their own committees were deploring the low dietary standard of the peoples, governments all over the world were ordering the destruction of "surplus" food, in order to maintain agricultural prices. Not only destroy the food, but do so in order to see to it that the price of such food as capitalist economics did permit to reach the market should be kept up—that is, kept beyond the reach of the largest sections of society. The destruction of food for the purposes of maintaining prices has often been described; but those who look to governments to remedy current ill-health (and there are plenty of partisans of State control in the matter) must face the facts of governmental action in destroying the very commodity in which their peoples stood most in need of.

Bearing in mind the evidence presented in foregoing chapters, consider the following remarks by the Food Research Institute of Stanford University, California, on the market position at the end of the 1934 season.

> "To observers concerned with the improvements in the world wheat situation the crop year 1933-34 was one of disappointed hopes and expectations. Early indications pointed towards a world wheat crop ex-Russia *small enough to assure a substantial reduction of the world wheat surplus, and to foreshadow a rise in wheat prices,* with an accompanying measure of relief to wheat producers and to Governments deeply engaged in assisting producers.
> "Week by week as the season progressed, however, the crop forecasts and estimates made larger and larger world totals; and appraisals standing in December, 1934, were some 300 million bushels—nearly 10 per cent. above forecasts current in August and September, 1933. World wheat prices, low when the crop year opened, tended to fall rather than rise in the early months. . . ." [14]

In our society it is a disaster if a commodity, even though it be the most basic commodity of all—food—is available in "too large" amounts. For then prices fall, and the only way to make them rise again is to create a scarcity. Is it surprising that lack of food is the great outstanding feature of our social life when scarcity is a fundamental necessity to our market economy?

In the teeth of the now recognized malnutrition, the various States did not scruple to create a scarcity by destroying food. Wheat was burnt, other crops ploughed in again, stock slaughtered and their carcases burnt all over the world because there was no market for them. "It is a tragic irony," wrote the *News Chronicle* (17.10.33), "that men and women in New York should be suffering the tortures of hunger while tens of thousands of pigs in farrow are being slaughtered in Iowa by the command of the Government, and farmers in Kansas and Nebraska are burning their grain." The

[14] Quoted by C. E. McNally: *Public Ill-Health,* 1935, p.57. (Our italics.)

Economist (30.12.33) published the figures for the expenditure under the American Agricultural Adjustment Administration for the restriction of agricultural production :—33 million dollars to be paid as compensation to farmers for destroying and burning their pigs; 350 million dollars on corn and hay production control; 120 million dollars for the purpose of reducing wheat acreage. And so on. Examples could be multiplied indefinitely. The destruction, or deliberate restriction of production of food went on—and still goes on. A fisherman told a *Reynolds News* reporter (16.1.44): "You read of a woman being fined a pound for throwing away stale bread, and yet we have to see tons of food wasted here." He was referring to the dumping of sprats. Another declared, "Its time something was done about this wicked waste. I see tons of good food thrown away year after year. When I think what some people would give for this food! Even if it wasn't eaten fresh, it could easily be salted and dried."[15]

Nor is food the only commodity which is restricted. In India the famine is complicated by widespread outbreaks of malaria which the public health authorities are powerless to control because of the shortage of quinine. Yet the *Daily Herald* could write more than ten years ago (1.1.33): "While 2,000,000 people are dying every year from malaria, supplies of quinine, the most valuable medicine for the prevention and cure of the disease, are being deliberately and drastically curtailed to keep up the price. 'The world needs at least 1,400 tons of quinine a year, but gets 600 tons,' says a special report issued by the Health Organization of the League of Nations. . . . The growers have greatly improved on the old methods of obtaining the bark of the cinchona tree, from which quinine is extracted, and the trees have been improved by careful cultivation. If the growers liked, all the world's needs could be supplied in a few years and the death roll from malaria at least halved."[16] But

[15] Much the same thing was happening in Russia. During the ghastly famine of 1933-34 the Soviet Government continued to export foodstuffs. "1933 was a particularly critical year for the food supply of the Soviet Union. Nevertheless, 1.8 million tons of grain and other foodstuffs were exported. During the first eight months of the year 466,905 tons of grain, worth 13.2 million roubles (here and below the roubles referred to are gold roubles, worth at par 9.46 roubles to the £), were exported, together with fodder and other foodstuffs worth 29.9 million roubles. In the first eight months of 1934, during which period the acute lack of foodstuffs continued, the export was even more considerable; 591,833 tons of grain, worth 13.6 million roubles, were exported, as well as foodstuffs and fodder to the value of 34.5 million roubles. These goods were mostly sent via the Black Sea ports in the immediate vicinity of which millions were at that time dying of starvation pure and simple. It is obvious that a great number of them could easily have been saved if the export of foodstuffs had been abandoned." Ewald Ammende: *Human Life in Russia,* 1936, p.46.

[16] Quoted by McNally, *op. cit.*, p.61.

even the needs of the dying must take second place to the need to keep prices up.

It must be remembered that the State, the Government, represents the interests of the propertied class in society, the class which benefits from high prices because they are the class which sells the commodity. The State is there to look after the interests of these captains of industry. Small wonder, therefore, that it lays aside a considerable proportion of the taxpayers' money in schemes for the restriction of production in order to keep prices up. It is, therefore, useless to look to the State for radical reforms. Capitalists' interests demand scarcity, and they expect their State to provide it for them.

No doubt, it will still be objected that the shortage of food is caused through there being "simply too many people for the amount of food that can be produced." This good old Malthusian hobby horse is still brought out to justify inaction and the defence of the *status quo*. And it will doubtless be added that anyway the evidence for malnutrition is "greatly exaggerated." Sir Edward Mellanby, some years ago, wrote that: "In Tristan da Cunha, where the main articles of diet are milk, mutton, fish, eggs, and potatoes, *there is no rheumatism or arthritis, there has never been a death in childbirth,* and the teeth are relatively free from caries and incomparably better than in Great Britain." The very fact that Governments have undertaken measures to *restrict* production of food shows that food production can be vastly increased. And during the restrictive phase of capitalist production scientific methods of increasing production have tended to be set aside and neglected. If they were put into operation, there is no doubt that immense output increases could be achieved. "It would scarcely be an exaggeration," wrote Dr. Enid Charles, "to say that the world's food production could be increased many times without increasing the area of cultivation."[17]

Remarkable increases in production were in fact effected by the voluntary collectives of the Spanish peasants after the revolution of 1936. In Aragon they increased the wheat crop by an average of 30 per cent. A somewhat smaller increase was obtained with other cereals—potatoes, sugar, beet, lucernes, etc. Increased production of animal stock was even more startling in Aragon, where the numbers of cows and pigs were tripled over a period of eighteen months.[18] But it required a revolution to achieve these results, and

[17] *The Twilight of Parenthood,* 1934. Quoted by Burnet and Aykroyd: *Nutrition and Public Health, Quarterly Bulletin of the Health Organization,* League of Nations, Vol. IV, No. 2, June, 1935. Geneva. For an extended discussion of the problem of increasing agricultural output, see Kropotkin, *Fields, Factories and Workshops.*

[18] Gaston Leval: *Social Reconstruction in Spain,* Freedom Press (Spain and the World), 1938, pp. 13, 14. Reprinted in abridged form as "Collectivizations in Spain." Freedom Press, 1945.

the free initiative of the liberated peasants. When a powerful centralized government was established again in the summer of 1937, it set to work to destroy the peasant collectives with the result that food production fell once more, so that by the winter of 1938-39 famine conditions prevailed. Nevertheless the Spanish peasants had proved that it can be done.

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WHAT then is our conclusion? The achievement of full health demands a radical change in our economic system. It requires nothing short of the abolition of poverty, the placing of production on a basis of needs. Let us so organize our economy that when people need a commodity, that commodity is produced. It is necessary to destroy altogether the form of economic organization which only produces when there is a prospect of selling, and which, therefore, inevitably deprives the working class, who cannot afford to buy, and who form the bulk of the community, of the basic necessities of life. This organization lies at the root of contemporary ill-health. Full health is a mirage until profit economy is swept away. But it will be easily realized when the means of life are freely available to all.