POVERTY
Social Conscience in the Progressive Era

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CHAPTER IV

THE SICK

Only in times of severe epidemics, when nearly all lives are threatened, do we realize the meaning of sickness. At such times our conception of sickness becomes a social one. We are forced to rise above ourselves and to give our hearts and minds to the sorrow of others,—the thousands, outside of our own family, or circle of friends, who are in distress of mind and in agony of body. In ordinary times sickness is an individual thing related to some one whom we know and love. The sick no longer gather together in public places as they did at the pool of Bethesda. The “great multitude of impotent folk, the blind, halt, withered,” are still amongst us, but they are in their homes and in the hospitals, and no longer awaken public compassion by an assembled presence. Occasionally, as for instance when the great Austrian surgeon came to America, they come into public view again. It was thought that one hundred crippled children would seek relief. Two thousand made application, and over eight thousand were brought to light in one city.¹ For the time we forgot individual sickness, and eight thousand homes, each with its crippled child, passed before our eyes.

But sickness is so multiform that only an incomplete and partial conception of what it means in any great city is possible. It is so terrible in its worst forms that the mere mention of the names by which these more distressing diseases are known is abhorrent. The ills which deform, wither, and disfigure the human form, which paralyze and cripple the body, which consume with internal fires helpless children and strongest men, are painful even to contemplate. It is more than enough to know in one’s own family the dreadful suffering which attends disease, without making the additional effort to conceive sickness en masse. But the sickness of one’s self or of one’s family is only as a wave in an ocean of waves. The long, weary night of anxiety and care is the night of many, many thousand troubled hearts. To-night—half a million people in this great city are either themselves sick or are anxious in mind about some dear one who is sick.² Many are to watch and care the whole night through. Nearly two hundred of the sick are to die before another nightfall. Twenty or thirty thousand are to linger on, to grow weaker and weaker, coughing and choking, night after night,
until breath refuses to come. In the great houses of pain, with doctors and nurses and long rows of white beds filled with bandaged bodies and writhing forms, eighty thousand sick souls will pray for relief before the year is gone. Nearly a million more will pass through the doors of the dispensaries to have pains allayed and bodies healed.

The homes also have their burdens of the sick. All together in New York City—in the mansions, tenements, and hovels there are constantly a quarter of a million who are sick, and two-thirds that number are absolutely disabled.* In the home of the rich a child lies burning up with fever. All are watchful and awake the whole night through. Doctors, nurses, servants, with a thousand appliances, make every effort to ease and comfort that little life. In the big tenement a light burns all night, and a tired workman watches every movement and listens for every breath of his hot, restless little one. At dawn he goes to his work. He kisses the feverish lips. It may be for the last time,—he knows not; and all day long his heart is heavy and anxious. In the filthy hovel, a drunken woman becomes sober, and her flushed face white—when the doctor shakes his head over the starved baby in the bundle of rags. These are but three homes—imagine a quarter of a million. This sickness, which, as Emerson says, "eats up all the life and youth it can lay hold of," comes with its message of pain and destruction to every home, and for every one visit to the mansion it comes twice to the tenement and thrice to the hovel.

Source as it is of so much pain and of so much else that racks the poor old body of humanity, sickness forces upon thousands and thousands of struggling families an almost greater misery—poverty. But poverty is both a cause and a result of sickness. No one knows how many thousand families of workingmen, through this cause alone, are brought to distressing poverty and even to miserable pauperism. The charitable organizations say that about one-fourth of the distress which manifests itself is caused by sickness.¹ It is a fertile and lively cause of poverty, constantly active and supremely powerful. When it afflicts a wage-earner, it stops earnings, and lays at the same time heavier burdens of expense upon the home. How often one hears a workman say, "I am all right so long as I keep well and have work." A man may be a drunkard and yet able to earn something; but unemployment and disabling sickness may shatter every assurance the workman has of food and shelter for himself and family, and for these things he may be in no wise responsible. Upon

* William Farr estimates that one annual death two persons are on the average constantly suffering from severe sickness and three persons are ill enough to require some medical relief. "Vital Statistics," pp. 512-513.
the chance of the bread-winner's remaining well and having work depends the livelihood of several million people in this country. The insecurity, the chance, the day by day uncertainty of livelihood among the wage-earning classes encourage many workingmen, half truthfully and half cynically, to call themselves wage-slaves whose owners have been freed from caring for them when sick or unemployed. At any rate, the workman, even when sick or unemployed, must now care for himself and family. The insecurity of livelihood caused by sickness increases with the increase of poverty. The highest classes of workmen have less sickness than the next highest, and so on down to the poorest, among whom sickness, in one form or another, is almost universal. Among 10,000,000 well-to-do persons the number of yearly deaths is probably not more than 100,000; among the highest class of wage-earners the number is probably not less than 150,000; and among the poorest, or those in poverty, the number is probably not less than 350,000.\footnote{These are rough estimates for the purpose of indicating how widespread sickness is among those in poverty, what heavy burdens it lays upon those who can least afford to bear them, and how much of the sickness of the poor is excessive and unnecessary. Poverty and sickness form a vicious partnership, each helping the other to add to the miseries of the most unfortunate of mankind.} These close relationship between poverty and sickness helps to make sickness in the tenements a misery which the more fortunate cannot understand. The sorrow which accompanies disease and death is a sorrow which almost any human being can understand. Both of these ills of mankind all men must some time suffer. The rich may escape some of the miseries which accompany all sickness in the tenements, but the sorrow and the pain all men must some time know. The well-to-do may have the best medical attention and nurses; they may be free from crowding and from hunger; they may escape from irritation and noises and street disturbances; they may cease work and need not return to it until they are quite well; they may have a change of climate and all other things that money can buy, and these things are much, but they can neither escape illness nor avoid death. The poor of the tenements must be sick oftener; they must die earlier; more of them must die in youth and in their prime. To the poor sickness means more than illness. It means misery of the severest kind. From those who have already sacrificed too much, new sacrifices are demanded. I have known mothers working in the sweatshops who have been "on their feet" for over one hundred hours, watching over the sick-bed, sewing and watching, sewing and watching. I have been through the tenements in the "dog days" of summer when the "infant
torches” go out. “Be quiet,” a woman said to me one day, as she tiptoed along a tenement hall; “there is a sick child in there; I think it’s dying.” All people are not thoughtless of others in the tenements; but in the days of summer, when the windows are open, no amount of consideration and thoughtfulness can prevent annoyances. The crowd on the streets, the yelling, the shouting of pedlars, the continuous hum, the odors, the lack of conveniences, the noise and the bang, the flies, the heat, and the overcrowded rooms, make sickness in the tenements a hellish thing.

One day I visited the family of a man who had been prostrated by heat while at work with a street-paving gang. They were a family of seven, living in a two-room apartment of a rear tenement. The day was in August, and the sun beat down unintermittently and without mercy. The husband had been brought home a few hours before. The wife, in a distracted but skillful way, found pathways among the clamoring children. The air was steamy with a half-finished washing, and remnants of the last meal were still upon the table. A crying baby and the sick husband occupied the only bed. I had known before of five people sleeping in one bed; but I learned here that the father and oldest child usually slept on the floor. As I watched the woman on that day I understood a little of what it meant to live in such contracted quarters. To cook and wash for seven, to nurse a crying baby broken out with heat, and to care for a delirious husband, to arrange a possible sleeping-place for seven,—to do all these things in two rooms which open upon an alley tremulous with heated odors and swarming with flies from the garbage and manure boxes, was something to tax the patience and strength of a Titan.¹

In this instance the man had broken down, and sickness is most serious when it attacks the bread-winner of a working-class family. The sickness of wife or child is far less terrifying. However painful the disease or distressing the consequences, the family’s peace of mind is not shattered by the fear and dread of want. The man is not kept from his work, and his earnings, made more necessary by the sickness, may still supply the family’s needs. The diseases which kill or undermine the health of the adults, especially the men, are the ones which strike terror to the heart of working-class families. Those which almost invariably cause death,—such as cancer, phthisis, Bright’s disease, diabetes,—as well as those which permanently incapacitate a workman,—such as apoplexy, paralysis, etc.,—the many accidents in industry, which cripple the body, and the diseases, arising from certain dangerous trades, which permanently undermine the health, are the forms of sickness which generally mean for
wage-earning families poverty and often pauperism. Such diseases affect the welfare of the whole family. They stop all earnings unless the wife is able, or one of the children old enough, to become a wage-earner. Sickness assumes a new and more terrible meaning when one realizes that the mass of wage-earning families are pathetically dependent upon some one person's health. Any one familiar with the poor knows with what grim determination half-sick workmen labor under this heavy responsibility. An Italian workman dying of consumption once said to a friend of mine, who was urging him as a last hope to quit work and go to a sanatorium, "No! No! Me die not yet at all! Me gotta bringa de grub to ma chill'."

Wives suffer from the ordinary forms of sickness which afflict men, and, in addition, have to go through the serious trial, periodically occurring, of childbirth. The unnatural disease, puerperal fever, so often due to lack of care, insanitary conditions, and overcrowding, is perhaps the greatest ill which the women in poverty have to suffer. The quack doctors and the untrained midwives, in the poorer districts, even more than the conditions of poverty, make this disease an ever menacing misery. The most terrible neglect is frequently observed during such critical periods. I have often tried to forget the story of one case of illness and death which came under my observation several years ago. The little girl and a "neighbor-woman" told it to me when they came to apply for enough money to bury the mother and the baby child. The mother, a recent widow, had finished a hard day of labor; she came home tired and ill. The little girl, used, even at her early age, to household cares, prepared the supper for herself and mother. During the night a baby child arrived. The little girl helped her mother as best she could, but hers was not the skill required. The mother and baby died. During the previous week they had been evicted from their former house, and the little girl knew no one in the new neighborhood. In fear and despair, she locked the door and sat with the dead mother and sister all that day. Again and again she kissed the mother's face, but, as the child told me, "she would not wake up." On the following day she went out, locked the door, and walked several miles to their former house and found there the neighbor-woman who brought the child to me. When we talked of burying the mother, the miserable little girl, who had, up to that time, seemed almost heartless, broke into sobs. For a long time she refused to give up the key to the rooms, and all the time she besought us not to take her mother away. It would not be possible to describe the misery and wretchedness which I have seen in the homes of the poor, and none is more painful to remember than the sickness of women.
And yet whatever the ills of mankind, they seem to weigh heaviest upon the children. The enormous number of deaths in certain parts of our largest cities has been referred to as the “Massacre of the Innocents.” In certain rear tenements, in dark rooms and in the most insanitary portions of the “double-decker” tenements, and especially in certain insanitary and pestilential blocks, the death rate of children under five years of age is a matter of public disgrace. The death rate of children under five years in those places where there were both front and rear tenements, ran up as high as 204 per thousand. In other words, four or five times as many babies die in these houses as in the houses of the well-to-do districts. If this same rate were maintained among all the poor (which is not probable), of 1,000,000 babies under five years, 200,000 would die annually; while of 1,000,000 babies in well-to-do districts only 50,000 would die. The Tenement House Committee of 1894 called these rear tenements “veritable slaughter-houses.”

Excessive death rates among children, as among men and women, are, of course, largely unnecessary and preventable. William Farr said many years ago, “When any city experiences a higher rate than the average, it should always be a matter of serious inquiry and concern to its citizens.” The same may be said of any one section of a city as compared with other sections of the same city. It is said that the number of unnecessary deaths in London is as great each year as the total number of deaths in the English army during the three years of the Boer War. The reduction in the year 1903 of the death rate in New York from 20 per thousand to 18.75 per thousand meant the saving of 4500 lives and the prevention of about 10,000 cases of severe illness. It saved the work of one or two great hospitals; it saved some wives from being widows and some children from being fatherless, and it also saved some from poverty. This is the work of prevention. We shall never know whose lives were saved, but that 4500 lives were saved—that we know. The same saving can be made again and again. This year, if perfect sanitary measures could be put into effect, probably 20,000 or 25,000 lives could be saved in New York City alone, and 40,000 or 50,000 cases of severe illness prevented. Many of the men, women, and children who are sick and who die unnecessarily, live in insanitary homes, and some of them work in insanitary mills, mines, offices, and factories, and the work of prevention lies in enforcing, in so far as is possible, a collective standard of cleanliness and sanitation upon every home and workshop.

So far as preventive measures are concerned, the greatest improvements of recent years have been those health measures compelling sanitary condi-
tions in homes; and these improvements strike at the root of many of the foregoing evils. It would not be possible, in limited space, to go into details concerning either the bad conditions which still exist, or the many wise and humane measures which have been undertaken, in many of our cities, to stamp out the worst evils in tenements and workshops. A few years ago there existed a frightful death rate among the people of a certain section of Glasgow. The municipal authorities, after becoming acquainted with the conditions, demolished the houses in that section and built new tenements to take their places. By this act the death rate was reduced from 55 per thousand to a little over 14 per thousand. An adjoining slum still had a death rate of 53 per thousand. Here were two groups of houses, sheltering practically the same classes of people, one with a death rate of a little over 14 per thousand, the other with a death rate nearly four times as great. The discovery of similar conditions in all great cities, both in this country and abroad, has given a new impulse to the development of sanitary measures, in some cases involving the expenditure of millions of dollars.

We are still very much behind European countries both in our knowledge of the facts and in our remedial measures. Our housing question has never been carefully studied in its relation to the death rate or in its relation to sickness and to various forms of debility and exhaustion. The Tenement House Committee of 1894 made an effort to get at the facts, and Dr. Roger S. Tracy's work was and still is of value; but the last Tenement House Commission of New York almost ignored the subject. Even a study of the death rates was not made, because of the difficulties involved. For this reason we cannot marshal the same array of facts in support of housing reform which give terrible force to the arguments of German, French, and English advocates of improved housing. It is also for this reason that we must use English data to indicate some of the worst evils of insanitary housing. There is, however, every reason to suppose that we should arrive at the same conclusions if a careful study of American conditions were made.

The evils of overcrowding are perhaps the most important. The Royal Commission of 1884 gathered a great amount of facts and took extensive testimony on this subject. The general summary showed that pauperism, immorality, perverted sexuality, drunkenness, and many other forms of debauchery were caused in some instances, in others abetted, by the indecent overcrowding which existed. The testimony further showed most distressing physi-
cal results due to overcrowding. High death rates; a pitiful increase in infant mortality; terrible suffering among little children; scrofula and congenital diseases; ophthalmia, due to dark, ill-ventilated, overcrowded rooms; sheer exhaustion and inability to work; encouragement of infectious diseases; a reduced physical stamina, causing consumption and diseases arising from general debility, were some of the evils of overcrowding.\textsuperscript{1} Similar, but less definite, conclusions regarding the evils of overcrowding were arrived at by the New York Tenement House Committee of 1894. The secretary, in his report, says that overcrowding has evil effects of various kinds, for example: "Keeping children up and out of doors until midnight in warm weather, because rooms are almost unendurable; making cleanliness of house and street difficult; filling the air with unwholesome emanations and foul odors of every kind; producing a state of nervous tension; interfering with the separateness and sacredness of home life; leading to a promiscuous mixing of all ages and sexes in a single room — thus breaking down the barriers of modesty and conducing to the corruption of the young, and occasionally to revolting crimes."\textsuperscript{2} The conclusions drawn by both commissions concerning the physical, the mental, and the moral degeneration which results from overcrowding, constitute a most serious indictment of the living conditions in which hundreds of thousands of working people live both in this country and abroad. Even if one ignored the cost to the community of disease and vice, the heavy burdens which these conditions force upon the individual families of the working people show the vital necessity of those preventive measures which society alone has the power to initiate.

Probably no other city in the world has so many dark rooms and other insanitary conditions, which act as exciting causes for the spread of tuberculosis and similar diseases, resulting from broken vitality, as New York City. Light and sanitary homes are probably more necessary to our working people than to those of any other city or country. Recreation and recuperation are vital necessities to the man whose work is hard, intense, and spurred on by the feverish competitive spirit of American life. It is needless to point out that the particular insanitary conditions which prevail in the New York tenements are in many cases the very ones which most effectually deny this needed recuperation.* It would be of great value to know to what extent the working classes suffer from debility and exhaustion due to these conditions of work and living. In addition to knowing more of the ordinary diseases resulting from occupations, contagions, and other causes of serious

* See Appendix A.