Dr. Laidlaw’s prescription for the homeless

David S. Morrison

In 1953, common lodging houses, working men’s hostels, seamen’s boarding houses and hostels for transport drivers and long distance crews were home to 7000 people in Glasgow. Most of the 5000 residents of the common lodging houses would now be called homeless – people having neither reasonable nor secure accommodation. Working men’s hotels, however, had a motley collection of individuals whose occupations included, ‘postman, telephonist, commissionaire, journalist, barman, despatch worker, grave digger, art dealer and hospital orderly’.

As Medical Officer of Health for Glasgow (1946–1955), Dr. Stuart Laidlaw found himself frequently dealing with the ill health of this population. So in 1953, he embarked on the first major Scottish survey of the health of common lodging-house residents. After piloting his structured questionnaire, Dr. Laidlaw personally interviewed over 800 residents – assisted on most of his 700 visits by his wife, Caroline – asking about their health, social and economic circumstances, and nutrition. He submitted his findings as a PhD thesis, interspersing his engaging prose with apposite colour maps, photographs, tables, and graphs.

Laidlaw recorded that in 1953, there were 672 hospital admissions by common lodging house residents, the three principal causes being heart disease, violent causes (including fractures and poisonings by alcohol, Lysol, carbitral, wintergreen, barbiturates and paraaldehyde) and ‘other respiratory diseases’. The most common causes of death (259) that year were heart disease (81, 31 per cent), cancer (36, 14 per cent), bronchitis (26, 10 per cent) and tuberculosis (21, 8 per cent). Fifty years later, in 2003, the commonest causes of death in homeless hostels in Glasgow (38 deaths, 1500 residents) were alcohol (8, 21 per cent), with 11 per cent (four deaths each) because of opiate drugs, lung carcinoma, myocardial infarction and coronary heart disease. No deaths were recorded for tuberculosis.

Dr. Laidlaw’s thesis Glasgow common lodging houses and the people living in them1 was completed in 1955, when psychiatric patients occupied over half of all National Health Service (NHS) in-patient beds. His prescription reflected the prevailing sentiment of the time for institutional care, and he concluded that although there was a need to improve the fabric and facilities in common lodging houses, ‘it has been shown that in large centres of population the common lodging-house is a necessity. It is here the flotsam and jetsam of society drift together’.

Laidlaw’s untimely death, just a few days after hearing that he had been awarded a Doctor of Philosophy degree by the University of Glasgow, meant that he did not live to see the demise of large-scale institutional health care. But while the exodus of psychiatric patients from the lunatic asylums began in the late 1950s, prompted by the introduction of chlorpromazine and the first community-care acts, a new wave of homeless hostels was built in Glasgow in the mid 1970s. No one anticipated that through the 1980s the homeless host population would become younger and increasingly incapacitated by alcohol and drugs.

However, 50 years after his death, Laidlaw’s work is still relevant. The impacts of socioeconomic deprivation on health are still most dreadfully evident among homeless people. His approach to understanding the health problems of this hard-to-reach population remains exemplary. His personal commitment to systematically gathering information and his lucid analyses have not dated. But his prescription for common lodging houses could no longer be repeated, partly because of the changing demographics and addictions problems of residents. Large communal hostels are now seen as adding to the hazards that vulnerable homeless people already face. In 2002, a programme began in Glasgow to close all of the local authority hostels. The first to close was the eponymous Laidlaw House (see Figure 1), which now lies empty.

![Laidlaw House, Glasgow, closed in 2002.](image-url)

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References