

CHAPTER III

PHYSICAL CONDITION OF HOMELESS MEN

THE statistics which have been gathered in regard to conditions of health among the thousand men here studied would seem to prove that a very large percentage of this class are physically or mentally below normal. It must, however, be borne in mind that these statistics relate after all to a group of homeless men who are not in all respects typical of the mass of such men in lodging houses,* since all of them have applied for relief. In general charity work, sickness has been found to be one of the commonest immediate causes (rarely the only cause) of need, and this seems to be true of charitable work for homeless men; a very large proportion apply for help because they are temporarily or permanently disabled by accident or disease.

If, as has been already suggested, a study could be made of homeless men in lodging houses instead of among applicants for charity, the percentage of those in good health would undoubtedly

* See Appendix B, p. 314, for a study of Chicago lodging houses and their relation to the health of homeless men.

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be much higher. No statistics, however, are available for purposes of comparison. No physical examination has ever been made of men in the lodging houses of any city; and although in a few municipal lodging houses physicians have been employed to examine the lodgers, they have, as a rule, examined and made records only of men who appeared, or claimed to be, ill. No systematic record has been kept of the number of the crippled, maimed, epileptic, feeble-minded, or the deaf and the blind among the lodgers. In the very few municipal lodging houses in this country where a physician has been in regular attendance, he has been employed chiefly if not wholly to watch for and to prevent the spread of contagious diseases among the men.

Although the figures here presented as to the amount of defectiveness and disease among homeless men are more complete than any that can be discovered for purposes of comparison, these also are incomplete, for no private charitable society has the right to insist (as might a municipal lodging house) that every man who applies shall be examined by a physician,—nor is this necessary; and although agents of the Chicago Bureau were instructed to note the physical and mental condition of every applicant, the statements of those who appeared to be and claimed to be in good health were not ordinarily corroborated. In attempting at the present time to follow up the cases of two-thirds of this group of a thousand men I have found

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that several have since died from diseases which must have been far advanced when they applied, although there were no visible evidences of disease at that time, and the men having made no complaint of being ill were not sent for examination. Such men are listed in this study among the able-bodied. So, also, are those who claimed to be suffering from rheumatism, heart disease, or other ailments, but who did not go to the physicians to whom they were sent nor return to the office of the Bureau. It would be unfair to conclude that none of these were actually ill. A chance meeting with friends who gave the needed help may have relieved them of the necessity of returning to the Bureau for further aid, and other quite as legitimate reasons may explain their not going for examination. Nevertheless, in this study such men have not been given the benefit of the doubt but have been classed with the able-bodied.

When a man applied for aid who was, or claimed to be, unable to support himself on account of his physical or mental condition, the society felt justified in taking the position that he should not receive aid, other than emergent, unless he was willing to allow his condition to be passed upon by a physician in order that we might know just how ill he was and the probable time when he would again be able to work. All such men and any others who seemed to be ill and who were willing to go, were sent to dispensaries or to private physicians. About a third of the examinations

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were made at the dispensaries of St. Luke's and other South Side hospitals; the remaining two-thirds by private physicians in friendly touch with the work of the office. Not infrequently, the assistance of a famous surgeon, alienist, or other specialist was secured. In a few doubtful cases several physicians were consulted.

Self-evident defects, like the loss of a limb, were entered upon the records without further corroboration than was necessary to ascertain that a sound arm was not bound to a man's side, leaving his coat sleeve empty, or, in other cases, that similar deceits were not practiced. A few such cases were found and there were other "fake" or "phoney" cripples (to use the men's own terms) as well as a number of "hospital rounders." These have been listed in the tables of beggars, frauds, and impostors, in Chapter X.

The examining doctors were invariably asked to determine the physical ability of the men to earn their own living, and frequently the reports returned to the office related only to this question; as, for instance, "This man is suffering from a chronic organic disease which will incapacitate him for heavy labor for the remainder of his life, which probably will not be long. I should advise some light employment to occupy his mind, but doubt whether he will ever again be able to be self-supporting. Good food and freedom from worry will prolong his life." Or, still more informally, "I found John Smith whom you re-

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TABLE II.—DEFECTS AND DISEASES AMONG 627 MEN

<i>Condition</i>	<i>Number of Instances</i>
Insanity*	52
Feeble-Mindedness*	19
Epilepsy*	18
Paralysis.	40
Other Nervous Disorders†.	21
Tuberculosis.	93
Rheumatism.	37
Venereal Diseases.	21
Other Infectious Diseases†.	15
Heart Disease.	14
Diseases of Organs other than Heart†.	19
Crippled, Maimed,‡ or Deformed—from Birth or by Accidents.	168
Rupture.	11
Cancer.	6
Blind—including partly blind§.	43
Deaf—including partly deaf§.	14
Defective Health—through use of Drink and Drugs...	16
Defective Health—from lack of nourishment and other causes.	24
Convalescent.	33
Aged*.	35
All other known diseases or defects†.	7
Doubtful†.	16
Total instances.	722
Total Number of Different Men in Defective Health or Condition.	627

ferred to my office today a very sick man and have placed him in St. Luke's Hospital."

The nature of these statements and the fact

* See special chapters dealing with the insane, feeble-minded, and epileptic, and with the aged.

† For additional data with regard to these groups, see Appendix A, Table 4, p. 279.

‡ In addition to these 168 there were 86 men crippled or maimed by diseases, making a total of 254 in all. See Chapter IV, The Crippled and Maimed.

§ Special data concerning the blind and deaf will be found in Appendix A, Table 6, p. 281.

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that men were sometimes referred to the Municipal Lodging House for a night's lodging and that reports received from that institution later stated that its physician had found them to be ill and had sent them to a hospital, will account for the item "doubtful" in Table II.

No one of the men has been listed as suffering from a specific disease or defect, whose condition was not either self-evident or vouched for by a written or verbal statement by the physician who examined him. So far as it goes, therefore, the list of diseases and defects given in Table II, and the proportions in which they appear, may be depended upon as approximately accurate, with the exception of venereal diseases and tuberculosis. In regard to the former, unless a man had open sores, trouble with his eyes, or lameness not otherwise accounted for, which led the interviewer to suspect the presence of syphilis or kindred ailments, he was not sent to a physician for examination and the disease escaped noting. With so chance a method of detection, the number of such cases given is unquestionably too small. A man entered as blind or as crippled may also have been syphilitic without that fact being discovered. Locomotor ataxia, in a majority of cases a consequence of syphilis, and certain forms of paralysis sometimes so, are both common among men of defective health in lodging houses.

Tuberculosis, the other disease of which there were undoubtedly more cases than the figures

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indicate, is difficult to recognize in its earlier stages, and unless a man complained of being ill, or his general appearance suggested the disease, he was not examined for it. Ninety-three of the men were, however, definitely known to be sufferers,* and a number of cases of chronic bronchitis may have developed into tuberculosis later; and pneumonia convalescents living perforce in the infected rooms of lodging houses must frequently have had the seeds of tuberculosis already at work in their systems at the time they applied to the Bureau for aid.

Forty of the 93 tuberculous men gave Chicago as their legal residence and of these at least 30 are known to have been living in lodging houses for one year or more at the time they came to us. It is of course not possible to say positively where anyone suffering from a germ disease breathed in the infection that caused his illness, but, although in 44 cases (most of them non-resident) we knew that the men were afflicted with tuberculosis before they entered the lodging houses, in 38 cases there was a reasonable doubt as to whether this was the fact. In 11 instances we knew, almost beyond question, that the men were in perfectly sound health previous to their taking up residence in the Chicago lodging houses, and the presumption is that they contracted the disease within them. One man of the 11 we knew for three years, and

* For facts concerning nationality, conjugal condition, and occupations of the tuberculous men, classified by age group, see Appendix A, Table 5, p. 280.

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tuberculosis developed during the last six months of that period. Another man, known to the office two years, developed the disease in the last three months of our acquaintance with him. Another, known two and a half years and for different reasons examined three times during that period by our physicians, showed symptoms of the disease only upon the last examination but died of it at Dunning* two months later. Several young boys from whose parents we learned that they had been in perfect health when they left home and that no member of their families was tuberculous, developed the disease after a year or less of tramping and lodging house life. It is manifestly impossible to prove that any of these men, or many others whose records are similar, acquired the disease in the lodging houses, but from the chronically unsanitary condition of those houses there is every reason to believe that they did so.

Although 627 men of the thousand were, by the methods of investigation and examination which have been noted, found to be diseased or defective,† the handicaps of many were slight, not really affecting their working power to any appreciable extent; those of others were temporary, not affecting it for long. One hundred and ninety-five of the thousand were addicted to the excessive

* The Cook County Infirmary (almshouse) is situated at Dunning.

† Classified by ten-year periods, the ages of these men were: Under 20 years, 41; 20 to 30 years, 137; 30 to 40 years, 130; 40 to 50 years, 134; 50 to 60 years, 85; 60 to 70 years, 55; above 70 years, 37; not known, 8. Total, 627.

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use of drink and known to be drug users. In all these cases the earning power of the men was more or less affected by these habits, but in only 16 instances (those included in Table II) was their health so seriously affected that their physical condition, as well as the habit itself, handicapped them in matters of employment. Thirty-three convalescents have been included in the table because although dismissed from the hospitals as "cured" they were, in reality, so far from well that in some cases they would have been incapable of self-support for a number of weeks, even under the best of circumstances, while under those in which they are forced to live in the lodging houses, complete recovery is often long postponed or even unattainable in the end.

Whether a physical condition is temporary or permanent is not easy in the beginning to determine, and whether such condition be trifling or important can be judged only in relation to the particular man affected. For example, the loss of one eye did not affect the working ability of a day laborer, but the same loss suffered by a railroad engineer prevented him from securing work at his trade and was the chief cause of his dependence. Similarly, the loss of a finger or two would not incapacitate a sewer digger, but it threw out of employment and was an important contributory cause of the vagrancy of a certain factory man, to manipulate whose machine those particular fingers had been essential. In both instances, these slight

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handicaps formed active causes of dependence until the men succeeded in readjusting themselves to new trades or new forms of employment. Such adjustment for certain of the older men was found to be quite as difficult as was that in the cases of men whose labor had been displaced by the introduction of machinery. In fact, the physical handicap proved the greater obstacle.

Lesser injuries than the two cited sometimes had far-reaching and unexpected results. A man on his way to newly-found and much-needed work one day gave an expressman a lift in handling a heavy trunk. By some awkwardness it slipped and crushed his right thumb. A trifling accident, perhaps, but the sore thumb, although given the best of surgical care from the beginning, not merely lost the man the permanent job to which he was going when the accident occurred, but kept him from any other work for several weeks. In another very similar case, an injured thumb was not given proper care and the man ultimately lost his left arm.

To what extent the defects and diseases listed in this and the three following chapters were due to causes related to the vagrancy of the men, is a question hard to decide with any certainty. Exposure and irregular living probably caused the dysentery from which a few of the men suffered. Similarly, the mode of life may have caused the rheumatic lamenesses with which 37 men were afflicted. The insanity of certain of the men

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undoubtedly bore direct relation to lack of food, worry, and irregular habits, and it is well known that the number of seizures from which an epileptic suffers is increased by idleness and worry. In a few other ways the vagrant lives of these men may have been either directly responsible for their physical or mental conditions or largely contributory to them. On the other hand, in numbers of cases such conditions were themselves the causes and not the effects of the vagrancy. This was especially true of the men who had met with industrial or other accidents involving the loss of a hand or a foot. Several men were known to have been fully self-supporting before such accidents occurred, but to have become partly or totally dependent afterward.*

In other cases the physical or mental condition of a man seemed to be both a cause and an effect of his vagrancy. Take, for instance, a case in which from a spirit of adventure a young fellow starts out to beat his way on the railroad. Within a few months he meets with an accident which necessitates the amputation of his right arm or both his legs. He is ever afterward a cripple, and being, for a time at least, necessarily dependent, he develops into a confirmed vagrant. Here the physical handicap is caused by the vagrancy and itself produces further vagrancy. The same is true when a man suffering from a slight mental disorder

* See Chapter IV, The Crippled and Maimed; and Chapter V, Industrial Accidents. See also Appendix A, Tables 9-13, pp. 284-288.

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wanders away from his friends and starts out on the "road." Within a month his mode of life has greatly aggravated his insanity and he wanders on in this condition for months or even years unless some one stops him and assures his proper care.

No attempt has been made, therefore, to classify the defectiveness of the men according to causes. The relation of their physical condition to their economic dependence is a little less difficult to trace and will be indicated in some of the special studies which follow.