

**Report of the Royal Commission on the Poor Laws and Relief of Distress. :
Appendix Vol. XIV. Report to the Royal Commission on the Poor Laws and
Relief of Distress on Poor Law medical relief in certain unions in England
and Wales. / By John C. McVail.**

Contributors

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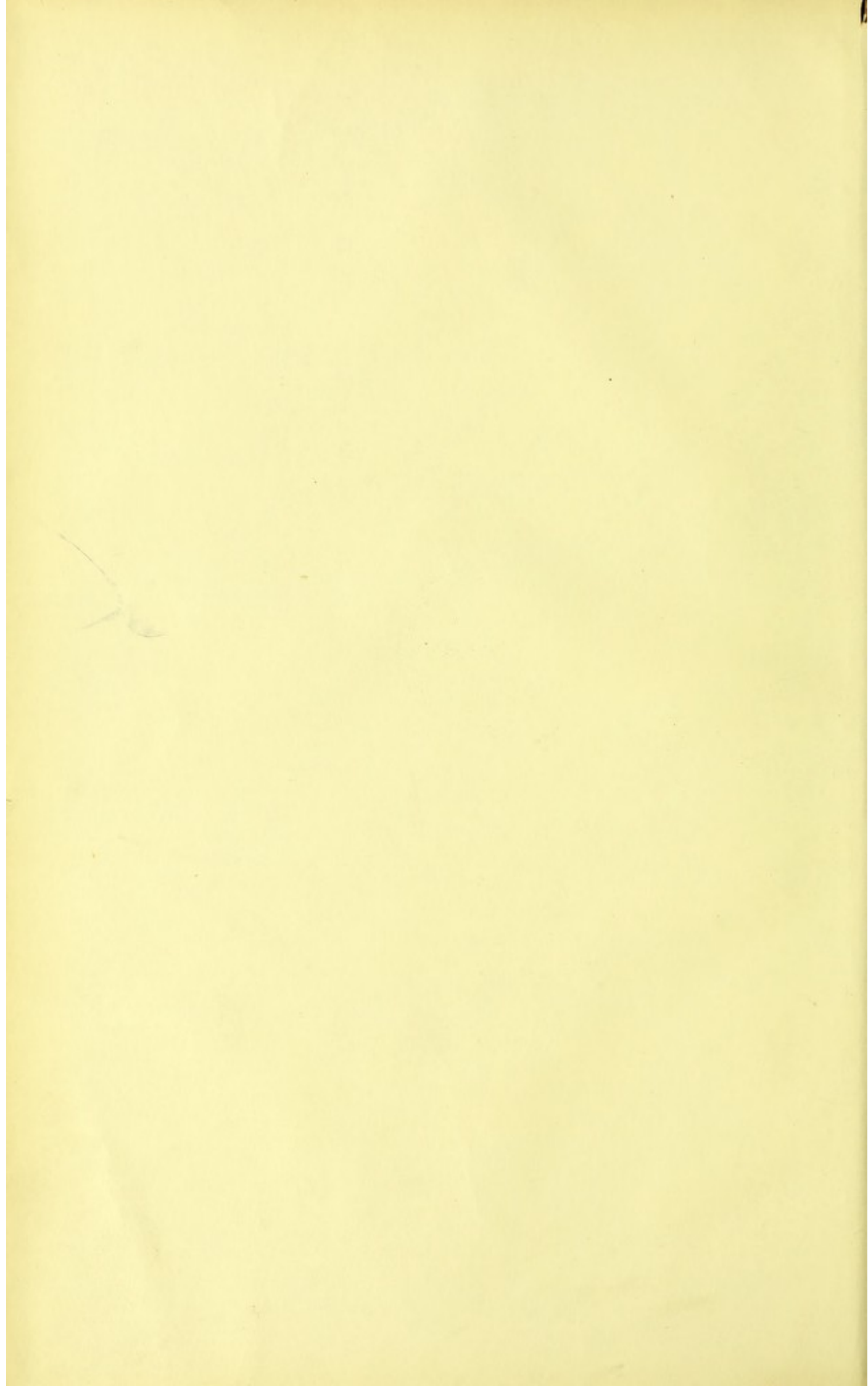
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ROYAL COMMISSION
ON THE
POOR LAWS AND DISTRESS

Poor Law, 1834-1848





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ROYAL COMMISSION ON THE POOR LAWS AND
RELIEF OF DISTRESS.

APPENDIX VOL. XIV.

2036

REPORT
TO THE
ROYAL COMMISSION
ON THE
POOR LAWS and RELIEF of
DISTRESS

ON
Poor Law Medical Relief in certain Unions
in England and Wales.

BY
JOHN C. McVAIL. M.D., LL.D., D.P.H.Camb.,
County Medical Officer, Stirlingshire and Dunbartonshire.

Presented to both Houses of Parliament by Command of His Majesty.



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RELIEF OF DISTRESS

APPENDIX VOL. XIV.

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1909.

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APPENDIX VOL. XIV.
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ROYAL COMMISSION
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POOR LAW MEDICAL RELIEF IN CERTAIN UNIONS
IN ENGLAND AND WALES.
BY
JOHN C. McVAIL, M.D., LL.D., D.P.H.Camp.
CONSULTING MEDICAL OFFICER, HYGIENE AND SANITATION.
PRESENTED TO BOTH HOUSES OF PARLIAMENT BY COMMAND OF HIS MAJESTY.

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SIR,

I beg to forward herewith, to be laid before the Royal Commission on the Poor Laws and Relief of Distress, my Report on the Methods and Results of the present system of administering Indoor and Outdoor Poor Law Medical Relief in certain Unions in England and Wales.

JOHN C. McVAIL.

To—

R. G. DUFF, Esquire,

Secretary to the Royal Commission on the
Poor Laws and Relief of Distress.

REPORT.

PART I.—INTRODUCTORY.

1. TERMS OF REFERENCE.

The reference under which I was appointed by the Royal Commission was as follows:—

To inquire into and report on the methods and results of the present system of administering indoor and outdoor Poor Law medical relief in certain Unions to be selected from a list drawn up by the Commission.

2. UNIONS VISITED.

The inquiry was confined to England and Wales, and related first to rural and subsequently to urban Poor Law districts. It began at the end of April, 1907, and terminated at the end of the year, the last part of the time being occupied mainly in preparing the Report and Appendices.

Before beginning investigation on my own account I was anxious to see how inspection of workhouses is conducted by the medical inspectors of the Poor Law Department of the Local Government Board, and, as arranged by the Secretary of the Commission, the Board's Medical Inspector for the Provinces, Dr. Fuller, was good enough to let me accompany him in a visit to workhouses at Lincoln, Grantham, and Gainsborough. Nothing could be more thorough and complete than Dr. Fuller's inspections, and the object lessons were of the greatest value to me in suggesting very many details for my own inquiries.

Outdoor medical relief is not under inspection by the Local Government Board, and, so far as I could learn, had never before been the subject of special medical investigation. There were, therefore, no precedents to guide me, but I received many valuable suggestions from Dr. Downes, the Board's Senior Medical Inspector for Poor Law purposes, and a member of the Royal Commission. Before I began inspection in urban Unions, Dr. Downes was good enough to show me over Marylebone Infirmary, which is one of the largest Metropolitan Poor Law institutions, and differs greatly from anything I had seen in the rural Unions.

(a) **Rural Unions.**—In the course of my rural investigation the workhouses of 15 Unions were visited, and inquiry was made as to outdoor pauperism in eleven of the 15. One of the Unions possesses two workhouses, so that 16 of these institutions were seen. I also inspected a Children's Cottage Home, and two sets of Casual Wards for Vagrants in places where there were no workhouses.

The following are the Unions in which both indoor and outdoor medical relief were the subject of inquiry:—

Newhaven	-	-	-	Sussex
Smallburgh	-	-	-	Norfolk
Hexham	-	-	-	Northumberland
Newent	-	-	-	Gloucester
Clutton	-	-	-	Somerset
Kendal	-	-	-	Westmorland
East Ward	-	-	-	"
West Ward	-	-	-	"
Llanfyllin	-	-	-	Montgomery
Fareham	-	-	-	Hampshire
Glossop	-	-	-	Derbyshire

The last two on this list were visited by deputy (Dr. Joseph Wm. Gill), and want of time prevented subsequent personal inspection, but reports on the Unions appear in the Appendices.

The rural Unions whose workhouses only I visited were Okehampton in Devonshire, and Forden, Machynlleth, and Newtown and Llanidloes, all in Montgomeryshire. These were brief inspections, the first of them to note the results of adaptation of condemned buildings, and the other three with relation to a proposal for rearrangement of indoor pauperism in Montgomeryshire.

(b) **Urban Unions.**—Having completed my inspection of rural Unions I next proceeded to visit several urban districts in the provinces, and in London and its neighbourhood. The provincial urban Unions were to be selected from certain areas prescribed by the Commission, namely, Birmingham, South Wales, South Lancashire, and Yorkshire.

My choice of Unions within these areas was partly guided by the fact that the general inspectors of the Local Government Board had been requested and had arranged to report to the Royal Commission on a number of Unions within the same areas, and it was obviously desirable that we should not traverse the same ground. The Secretary to the Commission kindly ascertained for me the Unions which I was to avoid, and those ultimately chosen were King's Norton in the Birmingham district, Pontypridd in South Wales, Salford in South Lancashire, and Kingston-upon-Hull in Yorkshire. In these four Unions I made indoor and outdoor inquiries. In addition, before leaving South Wales I took the opportunity of visiting Barry Docks to see an accident hospital which is maintained by the Urban Council there, and when in South Lancashire I spent two days at St. Helens in the Prescot Union. In and near London I made indoor and outdoor inquiries in Camberwell parish,* and in Edmonton Union. I also visited three Poor Law institutions belonging to areas in which I made no outdoor inspection, namely, Whitechapel Infirmary, the Chelsea and Kensington Guardians' Children's Cottage Homes, and the West London Children's (Barrack) Schools.

Nearly all the urban Poor Law districts have several institutions—workhouses, infirmaries, children's homes of different kinds. The institutions visited comprise 13 workhouses and infirmaries—some of these conjoined and some entirely apart—five sets of cottage homes, two barrack schools, and about a dozen scattered homes.

I had intended also to inspect a number of Poor Law dispensaries, but time did not permit this, so I deputed the task to Dr. J. R. Currie, who visited nine dispensaries in the Metropolis, two in King's Norton, and four in Salford. Dr. Currie's report is submitted in Part VII.

3. STATISTICS OF PAUPERISM.

For my own information I prepared some statistics of pauperism in the areas which I visited. Some of the data have only a very indirect bearing on medical relief, but they are reproduced here on the chance of their being convenient for reference. All the figures are taken from Statistics furnished to me by the Commission, and the same remark applies to similar figures given in the Appendices.

(a) **Rural Unions.**—The following table gives the principal statistics of the rural Unions in which inquiry was made as to both indoor and outdoor medical relief.

* This Parish has its own Board of Guardians, but for convenience it will be spoken of as a Union like the rest.

The total population of the rural Unions in the table at the Census of 1901 was 226,427, the smallest being the West Ward of Westmorland with 7,711 inhabitants, and the largest the Kendal Union in the same county with 43,840 inhabitants. The total number of paupers, exclusive of lunatics and vagrants, was 6,018 on 1st January, 1905. The proportion of paupers to population differed greatly, being as low as 12 per 1,000 in Newhaven and 16 in Kendal and Glossop, and as high as 38 in Clutton, 43 in Newent and 47 in Smallburgh. In the whole of England and Wales the comparable rate was 24 per 1,000.

The table shows how greatly the percentage of outdoor pauperism to total pauperism differed. Thus in every 100 paupers, Newhaven had 38 outdoor and 62 in the workhouse, whilst Smallburgh had 90 outdoor and 10 in the workhouse. In this respect Newhaven is very much below any of the rest, the next being Kendal with 57 per cent. outdoor, and Glossop with 71 per cent. Comparison of the total pauperism with the outdoor pauperism shows that the two sets of figures agree pretty closely. Where outdoor pauperism is low, total pauperism is low, and vice versa. I cannot occupy space analysing all the figures in the table, but in comparing the total pauperism with the total population it is necessary to note that in all but two or three of the Unions considerably more than half the paupers are over 60 years old, and that the proportion of total population over 60 ranges from 60 per 1,000 in Newhaven to 133 in Newent, so that age distribution has a marked influence on pauperism, places containing many old people having a heavier burden than where other ages predominate. I need only call attention in a single sentence to the fact that, speaking broadly, the proportion of paupers to the population has diminished during the last 30 years in most of the Unions, as it has in England generally, whilst the cost of pauperism has increased, so that more money is now being spent on fewer paupers.

STATISTICS OF PAUPERISM.—URBAN UNIONS.

Union.	Population Census, 1901.	Persons aged 60 and over per 1,000 of population	Paupers: 1st January, 1905.	Age Distribution of Paupers, 1st January, 1905.			Paupers per 1,000 of Population, less Lunatics and Vagrants.				Percentage of Outdoor Paupers to Total Paupers, less Lunatics and Vagrants.			
				Under 16	16-60	60 and over	1875	1885	1895	1905	1875	1885	1895	1905
				%	%	% M. F.								
King's Norton, Birmingham	187,087	61	3,449	40	17	14 29	17	16	15	16	81	81	74	73
Pontypridd	204,824	40	4,657	40	24	43 13 23	24	25	21	20	93	92	89	86
Salford	229,450	51	6,223	38	29	36 12 21	19	21	18	26	67	59	42	57
Prescot, St. Helens	153,648	51	3,346	38	25	33 15 22	25	19	28	21	84	73	70	62
Kingston-upon-Hull	82,245	70	2,851	29	21	37 17 33	25	25	38	34	72	71	76	71
Camberwell	259,339	68	8,484	36	20	50 14 30	25	16	26	31	66	41	56	58
Edmonton	332,301	58	4,899	39	17	44 16 28	29	16	10	12	77	67	54	67
Provincial Urban	16,221,966	...	...	...	...	...	25	24	21	22	78	76	72	70
London	6,742,382	65	185,430	32	22	46 17 29	31	24	24	26	65	48	47	52
England and Wales	32,525,751	76	831,475	30	21	49 18 31	32	27	25	24	80	74	71	69

STATISTICS OF PAUPERISM—(continued).

Union.	Cost of Pauperism. 1904-5.					Expenditure per Head of Population.				Estimated Population.		
	Per Pauper.	Indoor Maintenance.	Out-relief.	Per Head of Population.	Per £ of Assessable Value.	1881-2.	1891-2.	1901-2.	1904-5.	1885.	1895.	1905.
King's Norton, Birmingham -	£ s. 22 7	£ s. 11 8	£ s. 4 10	s. d. 10 11	s. d. 1 8	s. d. 7 1	s. d. 7 4	s. d. 10 7	s. d. 10 11	108,653	151,312	222,184
Pontypridd -	11 0	11 3	6 9	5 3	1 1	3 10	3 5	4 1	5 3	114,820	168,801	235,958
Salford -	14 14	9 13	3 19	7 10	1 8	5 4	5 5	6 4	7 10	190,784	214,493	240,610
Prescot, St. Helens	13 9	10 15	4 16	6 4	1 3	4 9	5 4	6 4	6 4	127,047	146,015	159,194
Kingston-upon Hull	12 2	10 10	6 0	8 8	1 6	3 7	5 10	8 8	8 8	78,112	79,666	84,058
Camberwell -	24 6	12 13	6 1	18 10	3 5	7 4	8 6	14 7	18 10	206,093	244,976	270,718
Edmonton -	21 10	14 1	5 17	6 10	1 2	5 1	4 4	5 6	6 10	180,367	284,532	395,451
Provincial Urban	13 8	11 5	5 12	6 10	1 4	4 9	4 6	5 10	6 10	...	...	...
London -	24 17	14 7	5 17	14 4	1 9	9 11	10 1	14 2	14 4	5,113,079	6,016,380	7,135,646
England and Wales	15 17	12 8	5 19	8 7	1 6	6 4	6 1	7 11	8 7	27,186,123	30,405,034	34,359,463

(b) **Urban Unions.**—The total population of the seven urban Poor Law districts in which I made inspection both of indoor and outdoor medical relief was 1,448,894 at the Census of 1901. The total number of paupers, exclusive of lunatics and vagrants, was 33,909 on 1st January, 1905. The proportion of paupers to population differed almost as much as in the rural Unions, the number per 1,000 being 12 in Edmonton, 16 in King's Norton (Birmingham), 20 in Pontypridd, 21 in Prescot (St. Helens), 26 in Salford, 31 in Camberwell, and 34 in Kingston-upon-Hull. A great part of the explanation of these striking differences is to be found in the different rates of growth of population. As shown in the above table, Edmonton, whose rate of pauperism is the lowest, has had an exceptionally rapid growth of population, which is estimated as follows:—

1885	-	-	-	-	-	-	-	-	-	180,367
1895	-	-	-	-	-	-	-	-	-	284,532
1905	-	-	-	-	-	-	-	-	-	395,451

On the other hand, Kingston-upon-Hull, which has the highest rate of pauperism, shows very little increase of population, the figures being as follows:—

1885	-	-	-	-	-	-	-	-	-	78,112
1895	-	-	-	-	-	-	-	-	-	79,666
1905	-	-	-	-	-	-	-	-	-	84,058

In Edmonton persons aged 60 and over were 58 per 1,000 of population, and in Kingston-upon-Hull 70. Of every 100 paupers in Edmonton 44 were over 60 years of age, and in Kingston-upon-Hull 50. The remarkable growth of Edmonton Union is now slowing down, and as the proportion of aged persons increases, pauperism, which is so largely a matter of old age, is also likely to increase, independently of any other agencies which may be at work in that direction. The number of common lodging-houses in a given district has much influence on pauperism. Kingston-upon-Hull consists largely of the old Town of Hull adjoining the docks, a locality now

almost deserted by better-class residential population, but containing lodging-houses, some of which give accommodation to hundreds of casual labourers who readily come on the rates. King's Norton, which, in respect of the proportion of pauperism, occupies the next lowest place to Edmonton, has also had a very rapid increase of population, the figures being as follow :—

1885	-	-	-	-	-	-	-	108,653
1895	-	-	-	-	-	-	-	151,312
1905	-	-	-	-	-	-	-	222,184

Here the number of persons aged 60 and over per 1,000 of population is 61, which, though lower than Kingston-upon-Hull, is decidedly higher than in Pontypridd, Salford, and Prescot (St. Helens), so that age incidence is by no means the whole explanation. In King's Norton there are not many cheap lodging-houses. The district is partly suburban, and includes in its total population of 222,184 two high-class residential areas with a population of about 35,000, and a very low rate of pauperism. Also, the nature of employment in the district requires a large proportion of skilled labour. In addition to all such agencies for or against the prevalence of pauperism there is the differing policy of the Guardians in different Unions.

It will be noted from the table that the number of paupers per 1,000 of population shows no regularity in its upward or downward progress in the various Unions during the 30 years 1875 to 1905. Excepting in Edmonton there has been no notable diminution, and a main cause of the low rate there has already been referred to. In three of the Unions—namely, Camberwell, Salford, Edmonton—there has been a definite increase in the ratio of pauperism as between 1895 and 1905, whilst in King's Norton and Pontypridd there has been little change. In Prescot (St. Helens) the course of pauperism has curiously varied, the proportion per 1,000 of population having been 25 in 1875, 19 in 1885, 28 in 1895, and 21 in 1905. In Kingston-upon-Hull, though there is a great increase as between 1875 and 1905, the proportion in the latter year was less than in 1895.

Urban pauperism, though distinctly less proportionately than rural, has not diminished so much during the last 30 years, as the rates per 1,000 of population show :—

—	1875.	1885.	1895.	1905.
Rural*	48	37	36	32
Provincial Urban	25	24	21	22
London	31	24	24	26

The percentage of outdoor pauperism to total pauperism as between 1875 and 1905 shows definite diminution in all the seven Poor Law districts in the Urban table excepting in Kingston-upon-Hull, where it has been practically stationary. Salford and Camberwell, with only 57 and 58 per cent. of their pauperism outdoor, are the lowest in the table. Pontypridd, with 86 per cent., is the highest. In Pontypridd, which is a Welsh Union, the outdoor percentage has always been high, and probably it is largely maintained by the great want of Poor Law institutional accommodation as stated in the report on that Union. On the other hand, in Camberwell and Salford, the amount of institutional accommodation is comparatively high, and in both cases it is fully taken advantage of.

Compared with the rural Unions the cities have a less proportion of their pauperism outdoor and a greater proportion indoor. This is especially the case in London, as the following comparative figures show :—

Percentages of Outdoor Pauperism to Total Pauperism.

—	1875.	1885.	1895.	1905.
Rural*	87	83	84	82
Provincial urban	78	76	72	70
London	65	48	47	52
England and Wales	80	74	71	69

* These rural rates are based on a very strictly rural population of only 3,775,683, which does not include several of the less sparsely populated areas in the list of Unions classified as Rural for the purposes of my own inspections.

The annual cost when stated per pauper was, in the year 1904-5, £24 17s. in London; £13 18s. in provincial urban Unions; and £12 8s. in rural Unions.* But this is largely explained by the different proportions of indoor and outdoor pauperism in the three groups of areas concerned. For in-maintenance the cost in London Unions was £14 7s.; in provincial urban Unions, £11 5s., and in rural Unions, £12 3s. The cost tends to increase everywhere. The expenditure per head of population in the rural Unions was 7s. 3d. in 1881-2 and 8s. 7d. in 1904-5; in provincial urban Unions the corresponding figures were 4s. 9d. and 6s. 10d.; and in London, 9s. 11d. and 14s. 4d.

The expense of living is, of course, greater in London than in the provinces.

4. METHODS OF INVESTIGATION.

I visited each Union without previous intimation to the Guardians or their officers.

(a) **Inspection of Institutions.**—First of all, in the rural Unions, I went to the workhouse, saw the Master, explained my purpose, and asked to be taken to the infirmary or sick wards. In urban Unions, where workhouse and infirmary were separate, I visited the latter first. I inquired about the medical and nursing staff, noting its sufficiency or insufficiency, training and experience, and administrative methods. In the wards I noted the structure, dimensions, ventilation, cleanliness, number, and condition of the beds; the nature of the cases; the bed-cards; the condition of the patients, especially bedridden patients, their state of cleanliness, the presence or absence of bed-sores, and the use of water-beds for such cases. I also noted particulars as to operating theatre (if any), infirmary day rooms, bath rooms, hot-water supply, sanitary conveniences, and nursing accommodation. In the lying-in wards I made similar notes, observing whether the bedsteads were suitable, and whether beds ready for use were properly made up. I inquired as to attendance on confinements, whether by the workhouse medical officer or by a nurse. The sick wards linen store was usually visited next, and inspection made of its contents and condition, the supply and size of bedsheets, whether lying-in linen was kept apart and marked separately from other infirmary linen, and how water-beds and mackintoshes were stored. Isolation wards, itch wards, &c., were inspected as opportunity occurred. The nursery and children's departments were inspected, including their day rooms, dormitories, baths, and lavatories. The condition of the infants and children was noted, as to feeding bottles, food, cleanliness, teeth, throats, eyes and ears, hair, and general health. The children were also seen at dinner if possible. The accommodation for imbeciles and epileptics was noted, and the nature and amount of outdoor work and exercise. If the institution contained a padded room for acute mania pending certification for an asylum, the room was seen. If cases of quickly curable mental derangement, such as delirium tremens and alcoholic insanity, were treated in the infirmary instead of being sent to an asylum, I visited the wards and inquired as to the system.

The workhouse dormitories were visited, and note taken of their dimensions, ventilation, cleanliness, and bedding. The bathing and lavatory arrangements for ordinary inmates were asked about. In the day rooms I sometimes made inquiries of paupers as to how they had first come under the Poor Law. The kitchen was glanced at, and if dinner was being served during my inspection, I saw the food and the manner of service. The storage of food, milk, groceries, &c., was noted. The laundry and labour arrangements for inmates, male and female, came under brief observation. The water supply of the workhouse and its distribution were usually noted, but I made no attempt to examine the drainage. The vagrant department was as a rule inspected last of all, and its sleeping accommodation, bathing, clothes drying and disinfecting arrangements were seen; also the labour yard and the nature of the tasks. In the Master's office, after the inspection, I got particulars about the number of inmates and their visitors, and saw the medical books.

A full day, sometimes more, was occupied in making complete inspection of a workhouse or infirmary. In most cases I was able to see the medical officer, either at the workhouse or at his residence. The superintendents, masters, and nurses were most obliging in showing me everything and in replying to inquiries.

* See footnote to p. 14.

Children's homes—barrack schools, cottage homes, and scattered homes were visited whenever opportunity offered. The children were seen in the homes or at school, exercise, or work. Inquiries were made as to their health, bodily, mental, and moral; their supervision by the medical officer, dentist, superintendent, foster-mothers, and teachers; their housing, sleeping accommodation, and dietary; their training for subsequent employment; the degree of supervision maintained after they leave the home; and the results, so far as ascertainable, with respect to success and conduct in life.

(b) **Outdoor Inspections.**—It soon became evident that inspection of outdoor medical relief could best be done by getting the relieving officer to accompany me in a visitation of his district, or by my accompanying him on his ordinary rounds. He was able to tell from his lists who were or had been under attendance by the district medical officer, to give me information as to occupations, wages, friendly societies, distances to villages and houses where paupers lived, and the practice followed in granting orders for medical attendance.

I could not ask or expect busy country doctors to give up their day's work and drive me round their paupers, but I called on many of the medical officers and had very useful interviews as to various questions relating to medical relief, district nursing, the Midwives Act, prevalent diseases, supply of medicines, local charities, friendly societies and sick clubs, gratuitous medical attendance apart from the Poor Law, and so forth.

It was not practicable to visit every relieving officer's district. One or two officers were unable to accompany me, and some of the districts in the country were so remote, and had so few paupers, that time could not profitably be spent on them, whilst in the cities the material was so abundant that I could only sample it. In the districts visited I did not confine myself to paupers under medical attendance at the time. The season was summer, and therefore the cases acutely ill were not numerous, but apart from these there was much interesting medical material. The visitation of children living with widowed mothers, and of boarded-out children within or without the Union, at which visits inquiries were made and note taken as to feeding, sleeping accommodation, cleanliness, and general health, was an important part of the work. Phthisis was inquired about, and many phthisical households visited. Other diseases—diabetes, cancer, rheumatism, heart disease, bronchitis, Bright's disease, locomotor ataxy, ulcers, varicose veins, and so forth—were taken note of as opportunity offered. The sanitary condition of the houses, at least as to ventilation, overcrowding, and dampness, was observed.

The arrangements for sick nursing of paupers were inquired into, and a jotting made of facts as ascertained. Illustrations of the need for powers of compulsory removal to workhouses were recorded.

Much attention was paid to the practicability of dealing with paupers' diseases from the preventive as well as from the curative side, and this aspect of the question will be referred to in various parts of the Report.

5. PLAN OF REPORT.

In trying to set forth the results of my inquiries, I have noted that among the General Instructions to Investigators appointed by the Royal Commission, one is that the facts on which comment is made or opinions based should be stated in detail, so that members of the Commission may look at the former in the light of the latter, and perhaps arrive at other conclusions for themselves. To give full effect to this instruction, I have, in Appendices, reproduced numerous notes taken in all the different Unions, as regards both indoor and outdoor medical relief. A great deal of the detail, especially as to measurements of cubic space, is far too minute and trivial for careful study, but it seems desirable to show the kind of inspections made in workhouses and amongst paupers in their own houses as a foundation for the conclusions ultimately reached.

In the Appendices will be found various particulars as to membership of friendly societies in the districts visited. But the information is too scrappy to justify any comparisons between localities, and on inquiry at the office of the Registrar of Friendly Societies I learned that at present no complete record of society branches in all parts of the country exists, though such a register is being prepared, and may perhaps be available to the Royal Commission before its labours are finished. The subject of insolvency of friendly societies and sick clubs, and their relation to medical provident institutions, is referred to in the Memorandum on Medical Provident Institutions at pp. 158 and 160.

The present Report, to which these Union reports are appendices, contains many sections, the more important of which are illustrated by cases met with during my indoor and outdoor inspections, more commonly the latter, as the cases were more numerous. I have not stated the dates on which I saw the cases, but the Rural Unions were inspected in May, June, and July, and the Urban Unions mainly in September and October—all in 1907, and in the Appendices the order of inspection is followed. The purpose of the Report is not to praise or blame either Boards of Guardians or their officers. The questions submitted to me by the Royal Commission are not whether this board or that servant does well or ill. If the actions of individual boards or officers were under discussion, it would be necessary to hear what each had to say on every point before arriving at any judgment. What I have been inquiring into is the system of indoor and outdoor medical relief in its present stage of growth and development. Existing local authorities and their officers have fallen heir to long-established principles and methods, and it has been no part of their duty to strike out on new lines, or to revolutionise the system which they are called on only to administer. There is no department of government, central or local, which on minute scrutiny would not disclose many things open to criticism, but while I have endeavoured not to overstate defects, it would be doing essential injustice to the task entrusted to me if I were to conceal such flaws as were found in "the methods and results of the present system of administering indoor and outdoor Poor Law medical relief." In giving examples of these flaws, in so far as they relate to the prevention and management of disease, I have not thought it necessary or desirable to name in every instance the particular district in which the example was found. Many of the cases given illustrate more than one point in my Report, and it has been difficult to allocate them on that account, but cross references are given to most instances of this sort.

Questions of medical relief and other relief are so closely related to each other, and the problems of the Poor Law have so many cross-connections and complications, that in reporting on medical relief it has been impossible to keep quite clear of reference to some of these other questions. Also, in making recommendations and suggestions as to possible alterations in the present system, it has been necessary to think of the subject first, on the assumption that the present local organisations will remain, and that improvements in detail are only to be considered, and secondly, on the hypothesis that there may be a fundamental change in the local authorities, or a transference to county or municipal administration of medical work at present done under the Poor Law, the main object of such transference being development of the preventive as distinguished from the curative or palliative side of medical treatment.

Strictly speaking, the Report may be regarded as ending at that point, but discussion of the latter of the two alternatives just mentioned introduces almost inevitably the further and far reaching question of the relation of such preventive management of pauperism to similar preventive management or guidance and supervision of the health of the general community, or of such portion of the community as might care for guidance, and, knowing how widely the Commission have been viewing the subject of Poor Law relief in all its bearings, I have added a Memorandum in which an attempt is made to adumbrate a scheme of medical provident institutions, maintained partly by members' contributions and partly by public funds, and to indicate the possible relation of such a system to the Poor Law, to the great friendly societies, to the present system of free hospital dispensaries, and to the work of the medical profession. A brief Memorandum on Home Medical Inspection is also added.

In preparing some parts of the General Report I have had difficulty in deciding how much or how little detail to include so as to avoid vagueness on the one hand

and over-elaboration on the other; but in the end I have tried to steer clear of the latter fault rather than of the former, knowing that any want of particulars can usually be met by reference to the Union reports in the Appendices.

Throughout the investigation the clerks, medical officers, and relieving officers of the Guardians have been most helpful and obliging, a single exception being in the small rural Union of Clutton, where every assistance was given when I visited; but after the inspection the Guardians instructed their relieving officers to refuse any further information. I beg also to thank the Local Government Board for giving me an opportunity of seeing how the Medical Inspectors carry on their work, and the General Inspectors for their very kind replies to questions addressed to them. The Royal Commission cannot need to be told how willingly and courteously I have been aided by their own secretary and his assistants. In the last part of my inquiry, and in the task of preparing the Report and Appendices for the printers, I have had the assiduous and most competent aid of Dr. J. R. Currie.

Finally, as regards introductory matter, no one can be better aware than I am of the likelihood of many flaws being observed in the Report by anyone familiar with all the intricacies of English Poor Law. To begin with, I had neither knowledge nor opinion on any aspect of the subject, and each Union and institution suggested some fresh point for inquiry, so that when my inspections were over I felt as if I wanted to revisit every one of the Unions in order to fill up omissions and revise notes taken. In the Appendices it is possible that some slips in figures or details may have escaped correction. In the daily making of observations some misapprehensions and misconceptions can hardly have been avoided. If owing to such causes I have done injustice anywhere, I am sorry for it; certainly in intention I have been absolutely fair, excepting that I have wanted to err rather on the side of excusing or explaining faults than of magnifying them.

Medical work, and all other work, is done in a very different manner in the different Unions, and it is not possible to give a full account of the various methods in use. The only thing that can be said is that the work is done in a very different manner in the different Unions, and it is not possible to give a full account of the various methods in use.

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PART II.—RURAL WORKHOUSES AND INFIRMARIES.

A.—STRUCTURE AND STRUCTURAL EQUIPMENT.

1. SITUATION.

The situation of the rural workhouses was in nearly all cases very good, and in no one case actually objectionable. Several were in small towns; most were in the country convenient to a small town or village or railway station.

2. BUILDINGS.

These vary remarkably in plan and arrangement. Some have followed the general lines of the building schemes depicted in the historical part of "Knight's Guide to the Arrangement and Construction of Workhouse Buildings," and are typical of the ideas prevailing at the date of their construction. Others appear to have been erected not for workhouses, but for factories or other purposes, and in one or two cases the institution consists of a curious conglomeration of old houses of various sorts, set up anywhere within the boundary walls, and apparently altered or added to in irregular fashion as occasion arose. In some places the infirmary buildings are more modern and better arranged than the rest. In at least one case the buildings are much too crowded on the site. The majority have a good allowance of ground attached to them, mainly used for gardens, but including some cultivated fields, and always available for employment of inmates fit for any such outdoor work.

The materials used are, of course, stone and brick. In some of the older buildings the floors of numerous apartments on the ground flat are of stone flags or pavement brick. These include some day rooms and bath rooms, used by old and infirm inmates. Others have wooden floors on the ground flat. The external walls of the rooms used by infirmary patients and workhouse inmates were not all lathed and plastered on their inner surface. Many were simply of brick, painted or colour-washed. Some were painted from the floors upwards for several feet, and colour-washed above. The surface in these cases was irregular, but if the unevenness is not too great, several coats of paint, varnished over, yield a surface which can be cleaned and kept fairly dust free if sufficient attention is given to the matter and sufficient pauper labour is available for the work. In infirmaries, or sick wards, a smooth wall surface is much more important than in dormitories or day rooms. The floors on the upper flats were of wood, often old wood, with wide seams for dirt to lodge in. Some such floors were covered with linoleum, giving an easily cleaned-surface.

3. CUBIC SPACE.

The standards of cubic space per bed in provincial workhouses* prescribed by the Local Government Board are as follows:—

	Cubic feet.
Wards for ordinary sick - - - - -	600
Itch and venereal cases - - - - -	600
Wards for lying-in, etc. - - - - -	960
Offensive cases - - - - -	960
Isolation wards - - - - -	2,000
Imbecile dormitories - - - - -	500
Able-bodied inmates in health - - - - -	360
Women with infants - - - - -	500
Dormitories occupied by infirm inmates day and night - - - - -	500
Children's dormitories - - - - -	360

In nearly all the institutions visited, note was taken of the cubic contents of the sick wards and the dormitories. It would be a great convenience both for administration and for inspection, if each ward and dormitory had a note of the dimensions—

* For Metropolitan workhouses the standard is higher.

length, width, height, and cubic space—painted on the door or wall in each apartment to which the Local Government Board's regulations for cubic space, floor space, &c., apply. Such information existed in more than one workhouse, but in the great majority it was wanting, and I had to make rough measurements of my own. I have not attempted to work out the floor space and wall space, but only the cubic space.* In one workhouse the information was kindly made out for me by the master.

(a) **Sick Wards.**—Of 34 sick wards in rural Unions the cubic space was definitely above the Board's requirement of 600 feet per bed in 17, was definitely below it in eleven, and was at or near it in six. The highest cubic space per bed recorded was 3,510 cubic feet; the lowest was 269. Of the 17 wards definitely above 600 feet per bed, three were over 1,000 cubic feet; four were between 800 and 900; three were between 700 and 800; and seven were below 700. Of the eleven wards definitely below 600 feet per bed, seven were between 500 and 600; one was between 400 and 500; two were between 300 and 400, and one was below 300.

Calculating the results according to the number of beds concerned, the 34 sick wards contained 250 beds. In the 17 wards which had definitely more than 600 cubic feet per bed there were 132 beds in all; in the eleven wards which were definitely below this standard the total number of beds was 58; and in the six wards which were at or near the Board's requirement there were 60 beds. In the first of these groups, with 17 wards, the average number of beds per ward was 7·7; in the second group, with eleven wards, the average number of beds was 5·3; and in the third group with six wards the average was 10. Wards which were above the standard, and wards which were at or near it, both show a higher average number of beds than wards which failed to attain it.

(b) **Dormitories for able-bodied Inmates.**—In dormitories for the able-bodied in rural Unions, the Board's minimum requirement is 360 cubic feet. I measured the cubic capacity in 58 dormitories in rural Unions. In 45 of these the cubic content was definitely above the minimum, in eight it was definitely below, and in five it was at or near the minimum. The highest recorded was 1,187, and the lowest 282. Of the 45 dormitories definitely above 360, two were above 1,000 cubic feet per bed, one was between 900 and 1,000, one was between 700 and 800, seven were between 600 and 700, twelve were between 500 and 600, 18 were between 400 and 500, and four were below 400 cubic feet per bed. Of the eight dormitories definitely below 360 cubic feet per bed, six were above 300 and two were below it.

When the results are expressed with respect to the numbers of beds, it appears that of the 477 beds in the total of 58 dormitories, 334 beds had definitely more than the minimum cubic space required, 87 had definitely less, and 56 were at or near the minimum.

The average number of beds per dormitory in dormitories definitely above the minimum was 7·4, in dormitories definitely below the minimum the average was 10·9, and in dormitories at or near the minimum the average was 11·2. The relatively low average for dormitories definitely above the minimum is explained by the large number of small dormitories in which cubic space was ample.

(c) **Children's Dormitories.**—For children's dormitories in rural Unions the Board require 360 cubic feet per bed, the same as for able-bodied adults. I measured 24 of these. Twelve of the 24 were definitely above 360 cubic feet per bed, five were definitely below this minimum requirement, and seven were at or near it. The highest figure noted was 605, and the lowest 254. Of the twelve rooms definitely above 360, one was over 600, two were between 500 and 600, six were between 400 and 500, and three were below 400 cubic feet per bed. Of the five rooms definitely below the minimum standard, three had more than 300 cubic feet per bed, and two had less.

When the above figures are expressed in terms of number of beds, it is found that of the 192 beds in the total number of children's dormitories, 93 were above the minimum requirement, 39 beneath it, and 60 were at or near.

The average number of beds per dormitory in children's dormitories definitely above the standard was 7·7; in dormitories definitely below the standard 7·8, and in dormitories at or near the standard 8·5.

* Unless where otherwise mentioned, the measurements of cubic space include the full height of the apartments, no deduction being made for any unventilated or insufficiently ventilated space between window tops and ceiling.

(d) **Maternity Wards.**—For these, 960 cubic feet per bed is the minimum prescribed in the case of rural Unions. I have measurements of four such lying-in wards. In three the cubic space was definitely above 960 cubic feet per bed, and in one it was definitely below. 1,350 is the highest record, and 607 the lowest. In the three wards which were definitely above the minimum, the respective cubic contents per bed were 1,350, 1,280, and 974. The figure 607 represents the ward which was definitely defective.

With respect to the number of beds in the lying-in wards, none of them had many beds, and it is improbable that in any lying-in ward, in a small workhouse at least, more than one bed would be occupied at one time. The wards whose cubic contents were 1,350 and 1,280 feet per bed had each two beds, and those whose contents were 974 and 607 cubic feet had each three beds; nevertheless, for the reason given, it would be justifiable in any one of the four wards to consider its total cubic content as equal for practical purposes to its cubic content per bed. Among the four wards the formal average of beds per ward was 2.5.

(e) **Infectious Diseases.**—Of wards which would be used for the treatment of infectious disease in rural Unions I measured seven. All were most definitely below the minimum requirement of 2,000 cubic feet per bed; one had 1,000 cubic feet per bed, four had 882, one had 700, and one had 463. But the wards were small. The one with 700 cubic feet per bed is calculated at three beds; the remaining six had each two beds. The average number of beds per infectious disease ward was 2.2.

(f) **Imbecile Dormitories.**—The cubic space required for these in rural Unions is 500 cubic feet per bed. I have measurements of eleven such sleeping rooms. Three of the eleven were definitely above the minimum, and eight were definitely below. The highest recorded space for bed was 624, and the lowest 308. Of the three wards which more than complied with the requirement one was above 600 cubic feet per bed, and two were below. Of the eight wards definitely below 500 cubic feet per bed, three were above 400 and five below.

With respect to the number of beds concerned, of 44 beds in the eleven imbecile dormitories, twelve had definitely more than the minimum requirement, and 32 had definitely less. In imbeciles' dormitories above the requirement the average number of beds per ward was four. In dormitories below the requirement the average was also four. The largest ward had eight beds.

Of the imbecile dormitories measured, it may be said in general that all were small, and that the greater number were defective in the cubic space provided for each bed.

(g) **Special Wards.**

(1) *Itch.*—I measured three wards used for itch and other such diseases in the rural Unions. For such wards the Board require 600 cubic feet per bed. Two of the three were above the requirement with 1,024 and 1,344 cubic feet per bed. One was near the requirement with 592.

In the three itch wards together there were eleven beds, allowing an average per ward of 3.6 beds. The ward with 1,344 cubic feet per bed contained two beds, the ward with 1,024 cubic feet per bed had three beds, and the ward with 592 cubic feet per bed was a six-bed ward.

(2) *Convalescent.*—Convalescent wards may be regarded as a sub-class of sick wards with a minimum of 600 cubic feet per bed in rural Unions. Two convalescent wards whose measurement I obtained were most definitely above the Board's requirement, having 1,296 and 2,217 cubic feet per bed respectively.

In the larger of these there were five beds, and in the smaller eleven. The average number of beds per ward was eight.

(3) *Mothers with Infants.*—For a mother with her infant the Board require 500 cubic feet in Rural Unions. I measured one ward set apart for the use of these. It was definitely above the minimum with 756 cubic feet per mother with infant. It contained four beds.

(h) **Summary.**—144 apartments in all were measured in rural institutions. Of the 144, 85 were definitely above the Board's requirement for the class of apartment; 19 may be regarded as having complied; and 40 as having definitely failed to attain the minimum standard.

When the same details are expressed in terms of the beds concerned, it appears that of the total number of 1,019 beds, 603 were definitely above the standard for the class of apartment in which they were placed; 182 were in accordance with the standard; and 234 failed to reach it.

The above results are expressed here in tabular form:—

RURAL INSTITUTIONS.
STANDARDS OF CUBIC SPACE.

	Apartments.		Beds.	
	Figures.	Percentages.	Figures.	Percentages.
Above standards . . .	85	59	603	59
At or near standards . . .	19	13	182	18
Below standards . . .	40	28	234	23
Totals . . .	144	100	1,019	100

From this table it is seen that 28 per cent. of apartments and 23 per cent. of beds failed to comply with requirements.

4. MEANS OF VENTILATION.*

It is difficult to make any useful summary of the facts as to ventilation in the rural workhouses and infirmaries, and their numerous wards, dormitories, day rooms, &c. In many the wards and dormitories possess the great structural advantage of having the two main walls external, and so afford opportunity for cross ventilation by windows on opposite sides. In some of these the windows are properly arranged to facilitate ventilation, their tops being near the ceiling and the windows double hung, with both sashes opening. But in others the top sashes were fixed, whilst in one workhouse I found the lower sashes fixed, presumably to prevent patients from jumping out. In others the windows were differently constructed, some with the upper third opening outwards, others with iron frames allowing only the middle third, or two-fifths, to open, and others with one-half opening laterally. In some of the swing windows the opening parts were not provided with rods to fix them when open, so that they had to be kept closed to prevent slamming in the wind. In one workhouse I found that a good many years ago many windows had been entirely bricked up, apparently to save the cost of repair, and this continues up till now and prevents cross ventilation. In some cases only one side of the ward or dormitory was an external wall, the other opening into a side passage or corridor, itself provided with windows so that by fanlights over doors indirect cross ventilation was possible. In others a corridor ran along the centre of the building, with dormitories opening into it on each side. Though such corridors have an opening window at one or both ends, the ventilation they afford is less than that yielded by side corridors with sufficient windows. In others there was no corridor for indirect ventilation, but such rooms had usually some slight attempt at cross ventilation by openings near or in the ceiling. These openings were often too small, or were nearly blocked up by perforated metal sheets, of which the perforations were minute and partly closed by dust.

In various cases ventilation was defective owing to the tops of windows being too far from the ceiling, or to "splay roofing" (as in partial attics) without sufficient

* The way in which the means of ventilation are used is reported at p. 30.

ceiling ventilation. In one institution the ventilation of two large attic dormitories, one for men and one for women, was extraordinarily bad. The women's dormitory, with beds for 13 sleepers, had a cubic space of about 290 feet per person, and movement of air was interfered with by various cross-partitions. The dormitories had only two or three opening roof lights, so that the place was dark and dismal, and when occupied could not be other than close and foul-smelling. The men's dormitory for 19 occupants had a cubic space of about 280 feet per bed, and was otherwise similar. These dormitories were used only in winter, when the better accommodation which the place possessed was fully occupied, and though, owing to partial occupation, the cubic space per head could be brought up to the standard, the ventilation would still be most defective.

In most wards and dormitories there were open chimneys which give aid in ventilation especially when there is a fire on, but some sleeping rooms were without fireplaces and chimneys.

5. WATER SUPPLY.

Some of the rural workhouses have their water supply in common with the town or village in which they are situated; others away from any town have theirs from wells within the workhouse grounds, some of the wells being dug in manured gardens, or close to the buildings. The masters were unable to tell me whether the water had been analysed, but the situation of several wells rendered them liable to contamination from human or manurial sources. Perhaps they were better protected than appeared on casual inspection, and the Guardians may have had the water reported on from time to time. The water from these wells was naturally raised by pauper labour. Its distribution through the institutions was in certain cases very unsatisfactory and insufficient, sick wards and dormitories having no convenient source of supply.

6. HOT WATER SUPPLY.

A good and abundant hot water supply, well distributed throughout the institution, is an absolute essential for the proper management of a workhouse or workhouse infirmary. Without it, satisfactory administration is impracticable, the time of the staff being wasted carrying hot water in pails for baths and food utensils, and for floors and passages, and even with such pauper help as may be available, the water tends to be insufficient in quantity, to be cold before it is used, and to be used after it is dirty. Nothing can be more discouraging to a matron filled with the best intentions as to cleanliness than to find herself in a situation where the fundamental conveniences for cleanliness are absent. The general public, too, is specially interested in the condition of vagrants who play such a part in the spread of verminous and infectious diseases, and want of hot water facilities in the tramp wards of a workhouse is nothing less than a standing menace to a whole countryside.

The hot water supply was more or less defective in at least five of 14 rural workhouses which I personally visited.

7. BATHS.

What has been said with reference to hot water supply has a bearing on bath accommodation. There were great differences in the different Unions. In one workhouse the yard had to be crossed to reach one of the bath rooms, and the apartment had a stone floor and was cold and comfortless. In at least four there was no separate bath room for the staff, so that the women's or boys' bath had to be used for the matrons and nurses. In one workhouse the able-bodied women and the children (aged up to 14) used the same bath room—an obviously bad arrangement, looking to the character and language of many of the women. In another the same bath room is used for boys and girls, which makes administration troublesome. As above indicated, some of the baths have no hot water supply. Another point is that some which have a supply have no safety keys for the hot water tap. The baths themselves are of all qualities, but an old bath, properly attended to, is quite good enough.

8. FIRE GUARDS.

A minor provision for safety consists in fireguards for open fireplaces in institutions whose inmates include young children and imbeciles and old and infirm men and women. In this respect most of the workhouses were reasonably well equipped, but one or two were not.

9. SANITARY CONVENIENCES.

Sanitary conveniences in rural workhouses and their infirmaries showed a good deal of variation. For the ordinary inmates outside the infirmary wards the provision is usually old fashioned and elementary, but they have, as a rule, been accustomed to nothing else all their lives, and there is no need to give them anything more modern if only the contents are regularly and frequently emptied and the apartments well ventilated. In the majority this was so, but there were defects in some workhouses.

For nearly all the sick wards water-closets were provided. In a few of them the ventilation was defective, the window space being insufficient, not well placed, not near enough to the ceiling, and not properly used. In several, the closet opened directly into the ward; this, of course, would not be the arrangement in a newly-built infirmary, but the conditions were not so objectionable as to require reconstruction.

10. PADDED ROOMS.

It is not uncommon, in rural districts, for a case of acute mania to occur at a time when removal to an asylum is impossible until the following day. Several workhouses have padded rooms for such cases; others have not.

In one workhouse a padded room, quite recently provided, is in a very inconvenient situation, away from ready control or supervision. The details of arrangement of one or two padded rooms might have been better. Of course, the need for such accommodation differs according to the distance from the asylum and the population of the Union.

In asylums in Scotland padded rooms are now very seldom used, judicious control being regarded as nearly always sufficient to quiet the violence of acute mania. But where, as in workhouses, there is no staff trained or accustomed to deal with such cases, a padded room seems to me to have still a useful place, and the want of it must cause occasional inconvenience.

11. MORTUARIES.

That workhouse infirmaries are regarded quite differently from general hospitals is incidentally indicated by the want of any accommodation for the proper making of post-mortem examinations. A dark outhouse, with trestles or a stone slab, is the usual mortuary. Rats could find easy access to some of them, but no doubt the corpses are at once placed in coffins with the lid fastened down.

12. ACCOMMODATION FOR MARRIED COUPLES.

A good deal of exaggerated and needless sentiment has been expended on the hardships attaching to want of accommodation for married couples in workhouses. Most of the workhouses which I visited did not contain such accommodation, but they likewise contained no inmates who required or desired it. The pauper population in workhouses is pretty definitely distinguished from the outdoor pauper population by being made up, so far as its adults and old people are concerned, very largely of single men and women, widows and widowers. This fact was well brought out in tables of statistical information supplied to me from several of the rural Unions visited. In some cases I am told by the masters of workhouses that where old married couples come in, they are not always desirous of continuing to live together, but prefer to separate. At the same time, if Guardians are to pursue a policy of promoting indoor and discouraging outdoor relief, then, seeing that so large a proportion of outdoor paupers are married couples, they must be prepared to provide adequately for them in the workhouse or other similar institution. For example, in outdoor inspection in one Union I made the following note:—

Case 1.—“A man aged 67 suffers from chronic rheumatism and is tended by his wife, aged 61. They live in a very dirty and badly ventilated house, and receive 7s. weekly from the Guardians. They would be much better in the workhouse if it contained married quarters.”

In one or two workhouses which had made such provision, it could hardly be regarded as satisfactory. In one institution, amongst the best that I visited, the accommodation for married couples consists of an outhouse containing two single

apartments opening directly into the labour yard of the able-bodied paupers. In another it consists of apartments boarded off from a corridor in an upper floor. Something of a cottage system, with the living room opening into a suitable yard, would be more tempting to old married people who have been accustomed to a cottage life. But I can quite believe that very little of such accommodation is needed, or would be used if provided.

13. ACCOMMODATION FOR IMBECILES.

In the majority of rural workhouses which I visited the practice is to provide no separate accommodation for imbeciles either as to dormitories or as to day rooms. They live and sleep and eat with other inmates. The management of imbeciles is discussed at p. 54.

14. ACCOMMODATION FOR OFFICIALS.

In providing accommodation for the master and matron and nurses in workhouses there are some institutions in which a higher standard should be aimed at. It should be assumed that the officials have been accustomed to the conveniences of modern dwelling-houses. They ought to have reasonable privacy, though their rooms must be so situated as to be suitable for the exercise of supervision. Also the master and matron should have a bath room of their own, and not require to resort to any of the rooms used by the paupers. The same remark applies to workhouse nurses, and it is disappointing to find that these points have not always been kept in view.

In various workhouses I asked to see the nurses' rooms. In some cases the sitting-room was apart from the bedroom, in others there was a bed-sitting room. The latter is not necessarily objectionable. The bed-sitting rooms were bright and fresh and comfortable, and on a winter night, with a good fire, they would be much pleasanter to occupy as a bedroom than a separate apartment without a fire and used as a bedroom alone. Accommodation therefore does not need to be elaborate, but it should in every case include modern conveniences.

15. REBUILDING OR RENOVATION OF WORKHOUSES.

In what I have said about the structural arrangements and condition of the workhouses it has been impossible to avoid some little reference to their management, which has next to be discussed in more detail, but before going further it may be convenient here to state the general conclusion arrived at as to whether rebuilding or mere renovation is necessary to remedy the defects which have been pointed out.

With the exception of the infirmary of two of the workhouses, none of the institutions visited are modern. Some of them, not built for their present purpose, appear to date back to about a century ago, though no doubt alterations and improvements have been effected from time to time. If they had to be built at the present day the design and details would be very different. But this does not mean that they should now be condemned.

Regard must be had to the nature of the occupants. The great majority are old men and women, many of them feeble in mind and body, defective in sight and hearing, labourers, widows of labourers, imbeciles of poor parentage, and the like. All their lives they have been accustomed to the conditions of humble life, alike as regards house accommodation, food, clothing, bedding, and sanitary conveniences. To establish these people in a palace would be no kindness to them. They are too old, or too feeble, to be educated by or receive much pleasure from finely decorated apartments, handsome furniture, and artistic surroundings. Most of the people who pay the rates are not themselves wealthy, and can aspire only to comfort in their daily life. And what is required for indoor paupers is no more than conditions of comfort and health and cleanliness. To secure these conditions it is not necessary that buildings should be new or even modern.

I have looked at the matter in the light of experience under the Housing of the Working Classes Act. In proceeding under Part II. of that Act it is often possible to make a vast improvement in old dwellings by comparatively simple schemes of alteration. Owners of such property, when attacked by the sanitary authority,

sometimes attempt—it may be on their own initiative, or it may be on advice by agents or tradesmen experienced in evasion, and without any true conception of a house owner's duties—to avert closure by a merely formal or technical compliance with requirements, without effecting any real or serious improvement. At other times they frankly accept advice as to simple but thorough schemes of renovation, of which the fundamentals are, firstly, the securing of sufficient air space and ventilation and light by removal of internal partitions and enclosures, and by opening up of windows and doorways; secondly, the making of cleanliness easy by provision of smooth surfaces of floors and walls and ceilings; and thirdly, the correcting of insanitary conditions in the immediate surroundings of a building. On these lines, a comparatively moderate expenditure would yield a sufficient remedy for most of the objectionable conditions which I observed in my workhouse inspections. Well advised renovation, done without short-sighted parsimony on the one hand, and without sentimental extravagance on the other, would accomplish nearly all that is necessary to make the workhouses quite healthy and very comfortable. But in one workhouse (Newent) the buildings were so crowded on an insufficient site, and in two others (Hexham and Kendal) they were so straggling and badly arranged, that, if the provision of an entirely new workhouse is to be avoided, renovation ought to include extension in the former case, and certainly very thorough reconstruction in the others, involving removal of some buildings and provision of substitutes. Such changes would make for subsequent economy and efficiency in management and supervision.

Okehampton Workhouse, in Devonshire, was renovated some years ago by a Guardian who had practical knowledge of building work, and was single-mindedly interested in the problem. Without, as I was told, the preparation of any complete set of architect's plans, he started a gang of workmen on the job, and instructed them to make a corridor here, alter a window there, clear out a partition in a third place, and open up a door in a fourth, with the general result that the building has been made quite fairly satisfactory in nearly every respect. The good sense of the Guardians in giving him his own way is as commendable as the manner in which he availed himself of the opportunity. But even here a little skilled consultation and advice would have made the result appreciably better than it is. In some of the wards of the Okehampton Workhouse, owing to "splay roofing" (in Scotland, *camceiling* or *campceiling*) as in half-attics, ventilation is defective because the window heads are too far from the ceiling, and an attempt to provide change of air in the space above by means of ceiling ventilators has been a practical failure because the openings are much too small and their ventilating area much curtailed by sheets of perforated metal. To begin with, the best course, though more costly, would have been to raise the top of the windows into the splay roofing, as is often done in half-attics, but failing this, the ceiling ventilators could easily have been made much more efficient.

I am satisfied that if anyone acquainted with the principles and practice of house sanitation, and without vested interest in the various patent ventilators and sanitary appliances which so noisily contend with each other for public favour, were systematically to go round the defective workhouses of England, noting their conditions in detail, and advising as to their improvement, he could submit for most of them schemes which, at a reasonable cost, would make all the difference in the structural fitness of the buildings for the two essentials of health and comfort.

B.—MANAGEMENT AND ADMINISTRATIVE EQUIPMENT.

I. MEDICAL ATTENDANCE.

In considering the sufficiency or insufficiency of medical attendance in the sick wards and infirmaries which I visited, it is necessary to draw a sharp distinction between rural and urban districts. The distinction relates both to the size of the institutions and to the general character of the cases treated in them. Only the rural Unions are primarily dealt with in this part of the Report, but certain notes are applicable also to urban Unions.

In rural Unions there is so much repugnance to the workhouse, and to its sick and infirmary wards as part of the workhouse, that the very great majority of cases requiring medical care and attention are to be found among the outdoor paupers.

In beginning the inquiry I expected to find every workhouse population definitely divisible into two classes: the sick in the infirmary, the rest in the "House." Also I expected to find, for every patient in the sick wards, a hospital bed-card, with notes of name, age, disease, and a daily record of pulse, respiration, temperature, and a nurse's report book, a ward journal, and the like. At Newhaven, which I chanced to inspect first, and which really possesses an infirmary, these expectations were reasonably fulfilled, but going from institution to institution it quickly became manifest that the facts were very different. The bed-card was merely a diet-card, often imperfectly filled, there were few temperature charts, and hardly any reports, and, in fact, the places were not being governed as are the wards of a general hospital. The main reason is that the great majority of the occupants are not hospital patients in the ordinary sense. They are mostly old and infirm persons, who, on the whole, require a little more care and attention than the other inmates. Bedridden paupers are kept in the sick wards, but for the rest it is sometimes difficult to distinguish between the infirmary patient and the older of the House inmates. The former are a little feebler than the latter. The day room of the sick ward is placed conveniently so that the occupant has not to descend or climb a stair, and food is served in the ward or day room instead of in the dining hall. Nearly all the inmates of the sick wards are on special diet, and all persons on special diet will, in some workhouses, be found in the sick wards. But this is not invariably so, and some special diet cases may live along with ordinary inmates. Incidentally this may, unless under good management, lead to objectionable bartering of extra diet as between inmates for whom it is ordered and those who are on ordinary diet.

Under such circumstances as the above, medical attendance and treatment are a comparatively subordinate part of the work of the institution. There are no resident medical officers. The doctor in charge lives and practises in the neighbourhood, and his treatment of indoor paupers is similar to that of the patients in his private practice outside. No elaborate stock of medical appliances—ophthalmoscope, laryngoscope, microscope, electrical apparatus, and so forth—is to be found in connection with the sick wards. The apparatus which the doctor uses in his private practice is available for cases occurring in the sick wards. The Union reports in the Appendices will show that the doctor's house is always, or nearly always, within easy reach of the workhouse, and that he visits it regularly and can be quickly sent for when necessary. He may be out when wanted just as he may be out when a private patient wants him. A telephone service does not exist in some of the villages where the workhouses are situated, but in others there is such a service, and it has not always been taken advantage of by the Guardians to facilitate communication between the workhouse and the medical officer.

The sick wards have no operating theatre, no supply of surgical instruments and appliances for operations, and no nursing staff to attend to surgical cases after operation. It is not expected that they should have. For such work the nearest general hospital is customarily relied on. The unquestioning way in which the Guardians or their officers send cases to a general hospital instead of to the workhouse sick wards was impressed on me in one district where an outdoor pauper had developed senile gangrene of a toe. The case was at once despatched to a general hospital, perhaps a dozen miles away, though the workhouse had reasonably good sick wards of its own.

I did not of course attempt to revise the diagnosis and medical treatment of individual cases—to determine the exact nature of a case of heart disease, and whether the drugs in use should be continued or discontinued or altered, nor to decide whether the cough mixture for a case of chronic bronchitis was of the right strength and composition. But with exceptions, referred to later on in this Report, I am of opinion that the small amount of medical treatment which is required in rural workhouses is efficiently rendered.

The medical management of epilepsy, imbecility, curable insanity, and phthisis is considered in Parts IV. and V. of the Report. The health control of workhouse children is also reported on in Part V.

The Clerical Work required of workhouse medical officers was by no means uniformly well done. Many of the diet-cards were not up to date, and particulars,

such as age and disease, had sometimes not been revised for several years. The books were sometimes behind also, and the replies to specific queries contained in the half-yearly report forms were given in perfunctory fashion, the word "Yes" being sometimes written when "No" would have been a more correct reply. Country doctors are usually not fond of writing, and the necessary irregularity of their work makes much book-keeping a burden to them, so that as little as possible should be asked from them by local and central authorities; but what really requires to be asked certainly requires to be answered.

2. SUPPLY OF MEDICINES.

This appears to be a regular part of the medical officer's duties, and the cost is paid out of his salary. The practice is not a good one. Medicines should always be paid for as provided. If there is no druggist in the village from which the workhouse gets its supplies, the doctor may conveniently furnish the drugs; but even then an account should be rendered for the medicines apart from salary. Better still, perhaps, the Guardians could supply drugs on requisition by the Medical Officer. I saw nothing wrong with the drugs provided, and am speaking only on the question of principle.

3. MEDICINE AND POISON PRESSES.

Some medicine stores were neatly kept, with no needless litter of empty and unwashed bottles, and with a small poison press enclosed in the general medicine press, each with its own lock and key. In others there was untidiness, defective labelling of poison bottles, or no separate poison press. Accidents happening under these latter conditions might very likely lead to charges of manslaughter against the officials, and in their own interest they should see that everything is in good order. It lies, of course, with the Guardians to provide a special poison press. One workhouse contained a dispensary where medicines were made up by the doctor and the nurse; it was in good order, and was kept locked, the key being in charge of the nurse.

4. NURSING.

The question of the sufficiency and efficiency of the sick nursing staff in these rural workhouses is one to which a categorical answer cannot be given. A numerical expression—so many patients for each nurse—is hardly practicable, because the class of patients may be so different in contrasted sick wards. In one there may be no bedridden cases; in another the majority may be confined to bed, and need special attention as to bed-sores, bathing, or removal of soiled linen from wet and dirty and helpless cases.

In the very smallest institutions, with only six or seven beds for sick patients, and perhaps only two or three of these beds regularly occupied by genuinely sick cases, the Guardians must be in a difficulty. There is not nearly enough work for the whole time of a nurse, yet skilled nursing is frequently required. An attempt is made to get over this difficulty by appointing a matron who has some experience of nursing or by getting the services of a trained nurse in an emergency. In one such institution the infirmary had nine beds, but when I visited there was not a single sick case. The assistant matron acts as nurse here when required. She had two years' experience in an asylum, but not in a hospital or infirmary. In another, where there are only seven sick beds, the matron usually does the nursing, but when I visited there was a trained nurse in temporary attendance on a case which had been admitted with very deep and extensive bed sores. In another, with accommodation for only six sick cases, the matron attended to such cases as required nursing. One of them was an old woman with very bad bed sores, which were not being properly attended to. This case is referred to at p. 29. These very small institutions are under constant risk of inefficiency, and the only practical remedy is the formation of larger administrative areas.

Looking to the facts with regard to the individual rural Unions which I visited, I have concluded that the nursing staff is insufficient in the majority of them. In

certain cases this conclusion was reached without any hesitation. In one workhouse the sick wards contain 24 beds, of which 16 were occupied, nine of them by bed ridden cases, and one of these with a bed sore. For all this work there was only a single nurse both for night and day service, and her duty included attendance on confinements in the lying-in ward, though these fortunately were infrequent. In another institution, not visited by me personally, I was informed by my deputy that there are only one trained nurse and two ward maids for 43 beds, and in another which he inspected there were a nurse, an assistant nurse, and two paid ward maids for 32 beds. In another there is a single nurse for night and day attendance on 16 beds for males only; in another a trained nurse and two untrained assistant nurses for 27 beds; in another a single nurse for 20 beds. In one there were two nurses with asylum training for 32 beds, distributed in five wards and side rooms, but one of the wards with eight beds was occupied only by infirm old women. Excluding this ward there were at the time of my visit 18 patients, of whom about six needed regular nursing. Under ordinary circumstances two energetic nurses might overtake such work if they had substitutes when on leave or on holiday, but in the workhouse in question there is no proper nor convenient hot water supply for the sick wards, and the other sanitary arrangements are very defective. Such defects make nursing all the more difficult, and the condition of the patients as to cleanliness was short of satisfactory. In another workhouse there were three sick wards with 38 beds and a fourth ward unoccupied. The total number of patients when I visited was only twelve, and the staff consisted of one charge nurse and one assistant nurse. In another there were 18 beds in the sick wards and only one nurse. The help of a woman from the adjoining village was obtained for night nursing when required.

In only two or three of the rural workhouses have I been able to form the opinion that the staff is sufficient, but the difficulty is that in some of them if an additional nurse were appointed she would often have very little to do.

Wardsmen and wardswomen are pauper inmates detailed for certain duties in the sick wards. So long as they are confined to scrubbing and cleaning, and fetching and carrying, it is all right; but they should have no duties of nursing or personal attention to patients, and in a workhouse with only a single nurse for night and day work, I would suspect that almost of necessity they would be called on for help that should only be given by an assistant nurse.

It seems to me that the best remedy for such defective arrangements is to group Poor Law areas so that the sick may be treated together in larger numbers.

5. BED SORES AND BEDRIDDEN CASES.

Bed sores, which are a constant source of anxiety to a conscientious doctor and nurse, were not numerous, but one or two very serious cases did exist, and call for remark. One old woman of 84 I found with exceeding bad bed sores in the overcrowded sick ward of a small workhouse. Underneath her was a circular air cushion without an open central space, and less than half filled with air, so that it was giving no protection to the patient, who was in great pain on the slightest movement. A district nurse had recommended that an air cushion open in the centre should be obtained, and this had been ordered. But there was no water bed, and no mention of a water bed. The institution possessed no trained nurse, the matron being the attendant on the sick. The trouble could not be cured by turning the old woman on her other side, because both haunches had bed sores. The case was a most deplorable one, and was being deplorably mismanaged. In another workhouse infirmary there had been special investigation of a similar case by the Local Government Board's Medical Inspector, and the matter had been reported to the Board and to the Guardians. This latter case had been provided with a water bed by the time I inspected the workhouse.

An outdoor case of bed sores, showing the need for good nursing and for a water bed, is referred to at p. 112.

Even when a proper water bed is available, and is placed below a patient, unless care is taken more harm than good may be done. I slipped my hand underneath a water bed on which lay a patient with deep and extensive bed sores, and felt

the bony prominence which was the seat of the sore, pressing, or almost pressing, on the rubber (with, of course, the bed clothes between), and so finding little better resting-place than if the water bed had not been there. These details belong to the elements of good nursing, and under a system of local government, really wide awake from top to bottom, such blunders should practically never occur.

Incidentally such cases indicate the need for more frequent and systematic medical inspection of workhouses. With regard to the sufficiency and efficiency of the nursing staff, for example, a medical inspector would note not merely the average number of cases in the so-called sick wards, but also their nature, and requirements as to nursing, and whether cases which ought to be in the sick wards were being lodged in the ordinary dormitories, or, on the other hand, whether the sick wards contained few sick needing any trained nursing.

Proper attention to bedridden cases is well recognised as an important and constantly occurring duty. Blanket-bathing—the proper washing of the patient while confined to bed—I found to be, on the whole, well attended to. Skin and hair and scalp were, as a rule, very clean and healthy, and the matrons and nurses deserve credit for the degree of success which they achieve in these important details under the difficulties which I have indicated.

6. MIDWIFERY.

Not much midwifery is done in rural workhouses. In most of them the medical officer is sent for and attends, even in normal cases; but in a minority of workhouses he is called in only for difficult labour. The wards were clean and the arrangements usually sufficient. There are commonly two rooms in the maternity department—one for labour, the other for subsequent lying-in.

General Administration of Workhouses, in relation to the health of the Inmates.—I proceed now to refer to some administrative questions which relate to the health conditions of the inmates, both of the sick wards and of the rest of the "House."

7. VENTILATION.

This has already (p. 22) been considered so far as structure is concerned. The following observations regarding administration apply alike to rural and urban institutions.

The existence of means of ventilation does not imply that a place is being ventilated. In some cases ventilation was most imperfect in presence of very fair structural facilities for it. In more than one place many of the windows were quite sealed up with paint, never having been opened since the last painting was done. In others many windows were closed that ought to have been open.

Probably no collection of people could be got together in this country more obstinately opposed to invasion by fresh air than the inmates of a workhouse. Wherever it is possible to close a window the chances are a hundred to one that it will be closed. Old men and women are alike in this respect. The ventilation of their day rooms was always about as bad as the attendants would allow them to make it, and when a window was open it was usually because an official had been there not long before. The dormitories were in a majority of cases more or less ventilated by windows during the day. But where, in country or city, I had opportunity to inspect late in the evening, the windows were all, or nearly all, entirely shut; and the ventilation of the dormitories was decidedly defective. The attendants had been instructed to keep the windows open, and, on interrogation, they declared that they had opened them, but that the inmates had risen and closed them again afterwards. Now, the remedy for this state of things is twofold. Firstly, old and infirm people, suffering from arterio-sclerosis, with high blood pressure, and failing cutaneous circulation, very readily feel cold. They require, therefore, warm clothing, and rooms well warmed in respect of walls and floors and furniture. Under these conditions fresh air should be insisted on. Next, it is quite easy to have every window opened or closed by a control key to be kept in charge of the

attendant; but owing to want of initiative or want of thought these most simple yet most important measures are not taken. There is a general knowledge that fresh air is good. Every official, and I suppose every Guardian, would at once admit this, and would feel aggrieved at the suggestion that he did not already know so elementary a truth. But behind the knowledge there is no driving power. The engine is there, but the boiler fire is out.

Summing up all the facts, the conclusion is that the ventilation of many poor law institutions is very defective.

8. HEATING AND LIGHTING.

The arrangements require no special description. Heating is mostly by open fires, but in some cases there are hot-water pipes. The importance of radiant heat in relation to ventilation has just been referred to. The method of artificial lighting depends on the situation of the workhouse—if in a town it has the town gas supply, if in the country it mostly uses oil lamps.

As regards access of daylight, a few rooms—day rooms, wards, dining rooms—were decidedly dark. Mention is made of these in the separate Union reports in the Appendices.

9. BATHING.

I am sure that systematic bathing of workhouse inmates has its own weight in hindering old people from readily entering the institution, they having been quite unaccustomed to body bathing throughout the course of their lives. Obviously it is quite impossible to give effect to objection by old paupers to be bathed, but in some workhouses the bathing arrangements are unsuitable and inconvenient, and ought to be improved. If the bathroom is in a cold outhouse on the further side of an open courtyard, and has unplastered walls, a brick or earthen floor, and a generally forbidding aspect; if the bath has no hot water supply, so that, as above noted (p. 23), hot water has to be carried in pails from a kitchen or scullery; if it is dirty-looking and uninviting—then the objection of the inmates, especially of old and frail inmates, is in large degree justified. There is ample room for improvement in the bathing arrangements of several workhouses which I inspected.

Safety Keys and Bathing Rules.—The want of attention to very simple precautions in some workhouses is very marked. One of the Local Government Board's rules is that the hot water tap of a bath shall be protected by a safety key kept in charge of the nurse. But for the majority of the baths there were no safety keys, and in some instances, both rural and urban, the safety key was left attached to the hot water tap. Similarly, a print of bathing rules should be hung up in every bath room, but in several of them this was neglected. The regulations of the Central Authority, if adhered to, protect the patients, and also the officials in the event of any mishap occurring. It is astonishing that in their own interests the Guardians do not supply safety keys for the hot water taps, and that the officials do not see that the bathing regulations are always displayed. These remarks about safety keys apply also in great measure to urban Unions, as will be seen at p. 51.

10. BEDS AND BEDDING.

In the sick wards the bedsteads were of iron, some with wire mattresses, others with iron laths. Cocoa-nut matting or canvas was used in most cases to cover the wire mattresses and prevent rust from staining the bed ticks. Most of the newer bedsteads were of a very good pattern, the wire mattresses having an open mesh, easily cleaned, and the sides of the framework were not angular, but cylindrical, and therefore easily cleaned. A good many old iron lath bedsteads, only 15 inches to 18 inches high, are still in use. These are quite good enough for most cases, but are inconveniently low for blanket bathing, and for the lying-in wards.

The beds were composed of hair, flock, chaff or straw. Some of them were only half filled, and required making up again, but as a rule they were quite satisfactory.

and flock, the worst of the materials used, was gradually being discarded. All the wet and dirty cases had mackintoshes and draw sheets. Most of the mackintoshes were good, but a few of them were worn and allowed a little wetting of the bed underneath. The storing of mackintoshes, as referred to below, has a bearing on this point. I did not observe in any of the rural workhouses any light iron frame beds with canvas stretcher instead of mattress, which I afterwards found in use in some urban institutions, for children with incontinence of urine. In most workhouses there was a fair supply of water beds and air cushions, but exceptions existed in which the stock was insufficient. The lockers at the sides of the beds in the sick wards differed a good deal in tidiness and contents. Most of them were all right, but some were in disorder, and contained portions of stale food and other unsuitable articles.

Many of the bed sheets in use are too small for proper tucking in of feeble old inmates with weak circulation and easily affected by cold. Sheets should be about nine feet long by six feet broad. The importance of this point does not seem to be appreciated. The right way to keep old people warm and comfortable is not to close the windows of a room and vitiate its atmosphere, but to use warm body clothing and bed clothing and to open the windows to the fresh air. Nobody probably gets cold by inhaling cold air if the body is properly protected.

11. LINEN STORES.

There was great variety both in the articles stored and in the methods of storage. In various workhouses the stock of linen appeared insufficient, and, as above noted, the bed sheets were usually too small for the convenience and comfort of the old and infirm, whose weak circulation requires them to have sheets and blankets properly tucked in to prevent loss of bodily heat. Some infirmaries had a reasonable stock of draw sheets in addition to bed sheets; others had no proper stock. Linen for the lying-in department was, in some cases, kept entirely apart from the general stock, and was properly marked to distinguish it. In other cases there was no such separation. In some institutions the water beds and mackintosh sheets were properly stored; in others they were the reverse. To prevent the rubber of a water bed from cracking and leaking the bed should, when out of use, be spread flat and partly filled with air. To prevent mackintosh sheets from going wrong they should be rolled on a wooden roller, not folded up flat. Both these requirements are simple and tend to economy, but in several workhouses they appeared to be quite unknown.

12. FOOD : STORAGE ; QUALITY ; SERVICE.

(a) **Storage.**—The arrangements for food storage also varied. Most workhouses were fairly good in this respect, the stores in some, however, being less suitable than in others. It is a mistake to have one general store for all the appliances of a workhouse, as I saw in one case; to have corduroy and moleskin cloth kept in the same apartment with food capable of absorbing odours. Also, to have meat in a safe close to a washing house on the one side and a bath room containing soiled clothing on the other side is obviously objectionable. In nearly every workhouse, milk was kept in flat, open vessels, such as are used in a dairy to separate the milk from the cream. Such an arrangement is not good, as it gives facility for skimming. If cream is required for a patient, it should be provided directly; the milk for the ordinary inmates should not be robbed of its cream in order to give it to any particular case. Also, such vessels, if used at all, should be protected by muslin or otherwise, to prevent dust, flies, &c., contaminating the milk.

(b) **Quality.**—Some of the institutions bake their own bread, and the baking was well done. Others buy their bread, and most of these follow an old and useful regulation that the bread shall be received only after an interval of twelve or 24 hours since its baking. This rule serves two purposes. It prevents bread being used when too new, and it prevents loss of weight through evaporation of moisture after the bread is weighed on being received at the workhouse. In some workhouses this precaution was not in force. Dripping from roasts forms a useful article of dietary in a workhouse. It can be given to children as an extra to their allowance of butter, or

it can be used in baking. In some workhouses roasts are entirely absent from the dietary, and in these, of course, there is no dripping. In one workhouse part of the dripping was disposed of by sale instead of being used as above.

The quality of the food supplied to the institutions was very good. I saw no butcher meat to which any objection could be taken. The groceries appeared all right, except that in one case the butter smelt very strong, but from my hotel experience I concluded that the system of butter making in that part of the country differed for the worse from any I had been acquainted with.

(c) **Service.**—A defect in management, not important in itself, but indicating slackness, was the way meals were served. For hot dinners cold plates were the rule, not the exception, and in carrying food from the kitchen to the dining-hall, or to the sick wards, or to the children's department, want of tidiness was notable in more than one instance, one plate of soft food on a tray being placed directly over another, and so making a mess of both.

13. VISITS TO AND BY WORKHOUSE INMATES.

This is hardly a medical question, but it has a very direct bearing on the practicability of enlargement of administrative areas, so as to group under the control of one local authority several workhouses which at present are separately governed, each institution containing for its own locality inmates of all classes. The policy indicated would apply both to rural and urban areas, but as the difficulty about to be discussed is specially urged with regard to the former, it may be best considered here.

When the desirability of differentiation by workhouses is urged, with a view to better separation of different classes of paupers, the objection is usually advanced that this would be impracticable so far as some of the classes are concerned because of the importance attached by paupers to frequent visitation of or by friends outside. It is urged that if the inmates were removed to any great distance from their own town or village, they would suffer great hardship through having no calls from former acquaintances, or through being themselves prevented from calling upon their friends. My attention was directed to these points by the Secretary to the Commission, and I have accordingly ascertained the facts at most of the workhouses. The particulars given below, including the intervals between visits, are only approximate, and in the case of visits paid to inmates I have not noted whether the visits are paid by only a single person or by more than one.

Newhaven Workhouse.—*Visits to Inmates.*—Of 83 inmates 46 had had no visits in 12 months, and 37 had had visitors at the following intervals: 1 daily, 13 weekly, 6 monthly, 6 quarterly, 1 thrice yearly, and 10 yearly. *Visits by Inmates.*—There are no fixed liberty days. Inmates over 60 who are physically fit have a day's leave once a month, and inmates of good character have additional leave on application. Four inmates on an average go out weekly.

Smallburgh Workhouse.—*Visits to Inmates.*—Of 77 inmates on September 7, 24 had visitors, while 53 had none. The 24 inmates in question were visited as follows: Daily, 0; weekly, 5; monthly, 7; half-yearly, 4; yearly, 8. *Visits by Inmates.*—With reference to liberty days, men over 60 may have a day's leave occasionally. Ten men over 60 take advantage of this permission. Ordinary able-bodied inmates under the age of 60 are not allowed any leave, unless under urgent conditions, or in order to obtain employment. Men over 60 may also go out for a couple of hours any fine afternoon.

Newent Workhouse.—*Visits to Inmates.*—Of 67 inmates 44 have no visitors. The remaining 23 have visitors as follows:—Fortnightly, 5; two-monthly, 1; quarterly, 7; thrice yearly, 4; half-yearly, 3; yearly, 1. One inmate who had been in the workhouse for a few months had had one visit from friends, and another who had been in for a shorter time had had visitors twice. *Visits by Inmates.*—There are no fixed liberty days, but aged inmates have leave to go out when they ask permission. Several make this request once a month, some once in two months, and others less frequently—a dozen in all.

Clutton Workhouse.—Only a minority have visitors, but they attach importance to them. Regarding visits paid by inmates I am unable to speak. The Guardians instructed the officers to give me no information, and I did not take notes on the point when I inspected.

Okehampton Workhouse.—*Visits to Inmates.*—Of 83 inmates on September 10, 32 had no visitors. The remaining 51 were visited as follows:—Weekly, 3; monthly, 7; quarterly, 21; half-yearly, 7; yearly, 12; and 1 inmate who had been in for three weeks had had one visit. *Visits by Inmates.*—There are no periodical liberty days, but male inmates may go out once a fortnight and female inmates once a month. Eight male inmates go out; female inmates are said not to apply for leave. Application for special leave is also favourably considered.

Shap Workhouse.—*Visits to Inmates.*—Of 26 inmates 14 have no visitors, and 12 have visitors at the following intervals in 11 of the cases:—One weekly, 2 about monthly, 2 quarterly, 4 half-yearly, 1 every 9 months, and 1 every 18 months. The twelfth case had been in for three days, and had already had two visitors, but was acutely ill. *Visits by Inmates.*—As a result of the large proportion of imbeciles at Shap, few inmates have liberty days. A mother with her two children, however, visits in the village occasionally.

Kirkby Stephen Workhouse.—*Visits to Inmates.*—Of 39 inmates 19 have visitors at the following intervals:—1 weekly, 1 monthly, 2 quarterly, 1 thrice yearly, 5 half-yearly, 8 yearly, and 1 once in 5 years. *Visits by Inmates.*—Each inmate is allowed a day's leave in a week; but in 3 months only 5 or 6 inmates took this leave.

Kendal Workhouse.—*Visits to Inmates.*—Of 84 inmates 66 have no visitors, and 18 have visitors as follow:—1 weekly, 2 fortnightly, 2 monthly, 1 every six weeks, 4 quarterly, 5 thrice yearly, 1 half-yearly, and 2 yearly. *Visits to Inmates.*—No specific liberty days are granted by the Guardians. A few inmates go out once a week or once a month, for a day or half a day, as the case may be. From time to time a respectable old man, after special inquiry, is allowed leave of absence for several consecutive days.

Milnthorpe Workhouse.—*Visits to Inmates.*—Of 100 inmates 15 have visitors, and the intervals are as follows with regard to 13 of the 15:—1 weekly, 1 fortnightly, 2 monthly, 1 every two months, 1 quarterly, 2 half-yearly, 4 yearly, and 1 at irregular intervals, the visitor being a vagrant. *Visits by Inmates.*—There are no regular liberty days, but any inmate, under ordinary conditions, applying for leave to go out to visit friends, is allowed to do so. Young women are an exception. They are not allowed leave. A few inmates ask for leave once a week and a few once a month.

Llanfyllin Workhouse.—*Visits to Inmates.*—Of 53 inmates only 2 have visitors, and these not oftener than half-yearly. *Visits by Inmates.*—There are no periodical liberty days: the inmates may have leave at any time. Among all the inmates of the institution only 2 go out to see their friends. Such excursions are occasional, and for the afternoon.

Caersws Workhouse.—*Visits to Inmates.*—Of 65 inmates 39 have no visitors and 26 have visitors as follows:—1 fortnightly, 2 monthly, 10 quarterly, 4 half-yearly, 6 yearly, 1 every 5 years, and 2 inmates admitted 2 months ago have each had 1 visit since admission. *Visits by Inmates.*—Inmates who wish leave to visit their friends may do so. The usual leave is from 3 to 7 days. Twenty men and 3 women go out three times a year under these conditions.

Forden Workhouse.—*Visits to Inmates.*—Of 126 inmates, only 6 have visitors, as follows: 1 quarterly, 1 twice or thrice yearly, 2 half-yearly, and 2 who formerly had fortnightly visits have none now. *Visits by Inmates.*—There are no fixed liberty days, but in 12 months 14 inmates had leave from the Board to go out for periods varying between 2 and 7 days. Leave of a few hours is also granted from time to time to well-behaved inmates.

Machynlleth Workhouse.—*Visits to Inmates.*—Of 26 inmates 21 have no visitors and 5 have visitors—1 weekly, 1 monthly, 1 every 2 months, 1 quarterly, and 1 annually. *Visits by Inmates.*—Some years ago Wednesdays and Saturdays were liberty days at Machynlleth Workhouse. There are now no periodical days of this class, but no reasonable application for leave is refused.

Fareham Workhouse.—Of 109 inmates 66 have no visitors and 43 have visitors as follows:—2 daily, 7 weekly, 4 monthly, 1 every 2 months, 10 quarterly, 1 thrice yearly, 8 half-yearly, and 10 yearly. Men are allowed out the day following the Board meeting, and women a day later. Twenty-four men had used the last liberty day.

Glossop Workhouse.—Of 107 inmates the great majority have visitors weekly. Only 9 have no visitors, 10 have visitors about monthly, and 9 about quarterly. Liberty days not noted.

It will be observed from these figures that great differences exist between different institutions in respect of the number of inmates who receive or pay visits. Though there are exceptions, the difference depends mainly on the situation of the workhouse. Where it is convenient to a town from which many of the paupers have come, numerous visits are received or paid by inmates; where it is remote from the bulk of the population, and where there is no handy train service, visitors are very few. Frequent visiting, therefore, is not nearly universal. But, on thinking over the facts as above stated, it occurs to me that, if I had made inquiry as to the class of paupers with and without visitors, it might have been found that the former are mainly deserving old men and women, and the latter the opposite. If so, the case of the deserving certainly requires consideration. But the problem is not insoluble, and if classification of workhouses were adopted as a system, perhaps almshouses or accommodation of a like nature, where rules and regulations would be less numerous and rigid, would be provided near their own village for the well-behaved old and infirm, if it were found that the difficulty could not be met by "liberty days." And, as regards those of the above institutions which have almost no visitors, there is no reason to think that they have almost no deserving inmates.

Subject to this reservation, frequent visiting is evidently not essential. If indoor paupers can be seen without much trouble to the callers, they are seen very often—and the visiting by paupers of friends outside takes place under similar conditions; but a visit is seldom paid if it is to involve much time or trouble or any

delay. Seeing that in so many of the workhouses inspected there are few visits to inmates, and few visits paid by them, I cannot think that there need be any great objection to the inmates of other workhouses being placed in a similar position. At any rate, the conclusion is justifiable that the practice of visitation is not of such importance as to prevent any otherwise good combination of workhouses with a view to classification of inmates. Such hardship as might in this way be brought about could largely be nullified by means of liberty days, with payment of railway fares if necessary, so that the question of visitation is no bar to enlargement of administrative areas and redistribution of the inmates of different institutions within these areas.

The above was written after inspection of rural workhouses. In my urban inspections I chanced to meet with an example of how the difficulty has actually been overcome on the lines indicated. In Pontypridd Union an institution for deserving old paupers has been built at Llwynypia. The inmates, 97 in number, belong to five parishes distant six to twelve miles from the homes. The table shows the particulars as to distances and ages.

PONTYPRIDD UNION.—THE HOMES, LLWYNYPIA.

Parish.	Distance from Llwynypia Homes.	Total Number of Inmates.	Ages.						
			50-60	60-65	65-70	70-75	75-80	80-85	85-90
Eglwysilan - - -	about 12 miles -	7	1	—	1	3	1	1	—
Llantrisant - - -	about 9 miles -	2	1	—	1	—	—	—	—
Llanwonno - - -	about 12 miles -	7	1	2	1	1	2	—	—
Pontypridd - - -	about 6 miles -	30	5	2	5	9	6	2	1
Ystradyfodwf (Rhondda Valley)	about 6 miles (each way)	51	7	6	12	11	9	3	3
		97	15	10	20	24	18	6	4

The inmates get leave of absence for a few days about four times a year if they are well-behaved. They are also allowed out in the immediate neighbourhood twice a week, and on Sunday to go to church or chapel. Except on holidays, which occur about four times a year, there are very few visitors. The Master assures me that this system involves no hardship, and that the old people make no complaint and experience no difficulty. The distances—six to twelve miles—are not very great, but I think similar arrangements would overcome the difficulty even if the distances were greater.

I did not continue these inquiries as to visitors throughout my inspection of urban Unions, but at King's Norton I learned that of 460 workhouse inmates, 109 had visitors as follows:—Weekly or fortnightly 38, monthly 51, quarterly 7, half-yearly 9, and yearly 4. The remaining 351 have no visitors, but 247 take advantage of liberty days, so that only 104 neither have visitors nor go out on leave.

14. CLASSIFICATION BY WORKHOUSES.

Following what is said above, it may be convenient to refer here to the position in Montgomeryshire and in Westmorland.

There are four Unions and four workhouses in the County of Montgomery, and a question at present under discussion is whether these workhouses could be better utilised than at present. One proposal is that one of the workhouses should be used for surplus lunatics who cannot be taken in at Shrewsbury Asylum. It is stated that the Lunacy Commission hold that none of the four workhouses are good enough for the purpose. Another suggestion appears to be that two of the workhouses should be closed, viz. those at Llanfyllin and Machynlleth. The workhouse at Forden is said to have accommodation for all the indoor paupers in the county. At the date of my inspection these numbered 271, but that was in early summer.

Forden and Caersws are on the main line of the Cambrian Railway, and communication is good though the distances are considerable. Forden would for some cases be about 40 miles away, wholly or partly by rail and partly by road. One of the four workhouses could probably be used for an asylum for imbeciles. It would be a mistake to close any of the four. After a good overhaul they could be adapted to various useful public purposes—sanatoriums for phthisis, convalescent homes, &c. If Montgomeryshire itself could not utilize them, there are plenty of places outside the county requiring such accommodation. At present Forden Workhouse is receiving many certified insane cases which cannot be taken into the fully-occupied asylum to which they would otherwise go.

In Westmorland I heard mention of similar projects of combination. I saw all the four workhouses in the county. All of them would need more or less alteration and renovation, but all could be made serviceable for one purpose or another.

If what I saw in the course of my inspections is a fair sample of the whole, there must be in the rural workhouses of England and Wales a good deal of valuable accommodation standing permanently unused, even allowing a margin to meet any sudden increase of pauperism due to bad trade or other cause. The sending of workhouse children to outside schools, and the provision by sanitary authorities of fever hospitals, has helped to set free accommodation previously required in workhouses. So many important schemes of public utility demand institutions in the country—for sanatoriums, as just mentioned, for convalescent homes in connection with general hospitals, for holiday homes for poor children, and so forth, that it would well repay systematic inquiry as to how the space at present unoccupied could be best dealt with. The problem would certainly be much more easily solved if, as a first step, administrative areas were much enlarged, so as to give single authorities control over groups of workhouses.

15. VAGRANT DEPARTMENTS.

(a) **Cells and Associate Wards.**—The sleeping accommodation for male vagrants includes two opposite kinds—one excellent, the other nearly as bad as could be. In the one there are separate cells or cubicles, each provided with a single hammock of canvas easily removed for cleansing. The cell itself is bare of all articles or furnishings likely to harbour vermin or infectious disease, and it is sufficiently aired by cross-ventilation from a window at one end to an opening into a ventilated corridor at the other. Attached to some of these sleeping cells is a labour cell where the vagrant does his daily task of stone-breaking before dismissal from the institution. A man so accommodated has no chance either of infecting, or of being infected by, other vagrants.

The worst sort of accommodation is as follows. In a room intended to receive ten or twelve or more sleepers, there is a wooden platform two or three feet above the floor, perhaps 20 feet from side to side, and six and a-half to seven feet from head to foot, the head being against one of the walls of the room. The platform usually slopes downwards from head to foot, which must be uncomfortable for an inexperienced occupant. The width allowed for each sleeper on some of these platforms is as little as 15 inches, and in others it is about 20 inches. In most of those which I saw there is no partition or separation between one sleeper and another, but in a few there are perpendicular wooden partitions ten or twelve inches high. While making reasonable allowance for the cleansing virtues of the compulsory bath, its use does not justify this kind of sleeping accommodation, especially as the provision made for bathing vagrants is sometimes very unsatisfactory. If a verminous vagrant chanced to be admitted, perhaps from a common lodging-house, he may readily infest with fleas or lice, or itch or other such disease, the sleepers lying next to him, and even the wooden partitions are a slight and insufficient protection against such spread of filth. The case is very sad where a respectable workman or tramp in search of employment has to spend a night in such a casual ward. He may have to lie side by side with the filthiest wretches in the kingdom, to inhale their alcohol-laden breath, to be in contact with their bodies, and to listen to their foul language. The accommodation for decent men in such places is intolerably bad. Unrecognised infectious disease like smallpox gets every facility for spreading in these sleeping rooms, so that the whole population

of the country is in risk of infection by outbreaks amongst tramps housed in this promiscuous fashion. The tramp-masters and workhouse-masters are quite aware of the wretched character of such sleeping accommodation, and some of them do their best for respectable men by finding them a bed apart from the tramps, perhaps in an isolation ward intended for the treatment of itch or venereal disease, but usually unoccupied. No more vigorous denunciation of the platform system could be desired than I heard from the lips of a tramp-master who was compelled to supervise its use.

Some associate wards are much better than these, in respect that, though there is a common room, each sleeper has a bed to himself.

Cells are provided for male vagrants at Newhaven, Hexham, Newent, Llanfyllin, Machynlleth, Okehampton, Fareham and Glossop. In addition to cells, Newent, Llanfyllin, Machynlleth, Fareham and Glossop have an associate ward for male vagrants. Where both sorts of accommodation are provided, the cells are used in preference, only the overflow going into the associate ward, or else, if vagrants are kept for two nights, they may be placed in a cell the first night and in the associate ward the second night after they have had the benefit of two cleansings instead of one. Two small associate wards had separate bedsteads. Occupancy of all the beds in these two cases would involve overcrowding—in one of them to a remarkable degree, the cubic space being less than 100 feet per inmate. In the following institutions there were no cells, the only accommodation being in associate wards: Smallburgh, Clutton, Shap, Kirkby Stephen, Appleby, Milnthorpe, Kirkby Lonsdale and Caersws. Details regarding the amount of accommodation, the character of the associate wards, platforms, and so forth, will be found in the Union reports.

(b) **Female Vagrant Accommodation**—For females, associate wards are ordinarily in use, but not necessarily on the platform system. At Newhaven, Newent, Clutton, Kirkby Stephen, Kirkby Lonsdale, Caersws, Machynlleth, Fareham, and Glossop female vagrants have iron bedsteads provided, but at one or two places there are double beds, which are obviously less satisfactory than single beds. In one small associate ward for females the cubic space was only 165 feet per inmate.

Female tramps are, of course, much fewer than males, and much less accommodation is needed for them. Some workhouses have no beds for women vagrants, and the Guardians send them to a common lodging-house. I did not visit any of these lodging-houses and cannot speak as to their condition.

(c) **Clothes Disinfection and Drying**.—In the vagrant department there is nearly always some provision for dealing with verminous clothing—sulphur fumigation most frequently. In one or two cases an old-fashioned disinfecting apparatus with dry heated air was employed, and if not very carefully watched would be very apt to burn the clothing, most of which is already frail enough.

An important feature in every vagrant department is an arrangement for drying clothing after a day's wet weather. The arrangement in nearly all the places I saw was quite good, but in at least one case it was practically wanting, there being only a single wooden rack drawn up to the ceiling, near a fireplace which contained no fire, though the weather was inclement and the evening raw.

(d) **Bathing**.—The bathing arrangements for tramps varied a good deal. In most of them there were baths with hot and cold water taps, the former having a safety key in charge of the tramp-master. In others there was no safety key, or the key was not kept apart, or there was no hot water supply, or the baths were unsuitable. At one workhouse (Newent) there was only cold water, and at another (Shap) while there was both cold and hot for male vagrants, cold water only was available for females. At another workhouse (Okehampton) there was no bath for the females. Safety keys for the hot water taps of the baths were wanting in the vagrant wards of six Unions.

The **Isolation Ward** of a country workhouse is usually attached to the vagrant department. It is intended for cases of suspected small-pox or itch, or venereal disease, and the like. Some of the wards for this purpose were suitable, others were defective for want of convenient accessories in the way of water supply for bathing, and closet accommodation. One or two of the isolation wards were dismal in the extreme, but the class of people who occupy them is usually such as cannot be expected to elicit much sympathy from either Guardians or officials.

(e) **Management.**—A good deal of the success, or otherwise, of a vagrant department depends on the tramp-master. If he is of the right sort he will be kindly but firm, and will maintain proper discipline and cleanliness. If he is of the wrong sort he may be either too easy-going, or too much of a bully. Especially where casual wards are quite apart from a workhouse it is particularly important that the officer in charge should be trustworthy in every respect.

It is possible to make even vagrant departments unduly attractive. I met with cases where Boards of Guardians had in a spirit of misguided compassion improved the dietary, and so made the department so popular that professional tramps flocked to it from other parts of the country. But the Guardians were checked by the Local Government Board, and perhaps also by the embarrassing success of their own policy, so that the old dietary was resumed, and the crowds of applicants melted away.

(f) **Tasks.**—The tasks provided for vagrants and the manner of their performance have little to do with medical relief. But men in search of work should be furnished by the Guardians with some kind of garb to put on whilst performing the vagrant's task required to earn a night's lodging in the wards. If a man has to wear, whilst breaking stones, his own single suit of clothes in which he passes on from place to place looking for employment, he will very quickly be in rags, and his chances of getting a job will be lessened. Clothes to be donned whilst at task work should be kept in the vagrant department, and disinfected after each time of use. It may be noted that while rules specifying the amount of work required from each vagrant can hardly be done without, yet adherence to any rigid standard involves hardship on the one hand and indulgence on the other. A bad character who spends his life in vagrancy soon becomes quite dextrous at oakum-picking or stone-breaking, and will get through the prescribed amount of labour in a very short time, at the end of which he can defy the tramp-master and refuse to do another stroke. On the other hand, a skilled artisan in search of employment will have no experience in either of these tasks, and the demand on him may be much too heavy. The task should vary with the occupant, and no doubt in practice a good tramp-master does his best to mitigate the hardships of the inexperienced, and to increase the labour of the expert vagrant by giving him garden work or a time task.

Whether the whole of the tramp system should be under the control not of the Guardians, but of the police, is a question which does not come within my inquiry; but looking to the character of most of the vagrant class, there seems a good deal to be said for the proposal.

It will hardly be necessary to revert to the subject of vagrant departments in reporting on urban Unions. The accommodation is usually better than in rural workhouses, and particulars will be found in the Appendices.

PART III.—URBAN WORKHOUSES AND INFIRMARIES.

I. RELATION OF INFIRMARIES TO WORKHOUSES.

Nearly all that I have said in Part II. was written before I began to inspect urban Poor Law institutions. These are in many ways very different from the rural; they are also very different from each other, and comparing Union with Union one can see what may be regarded as stages of development, departing more and more from the rural type. In the country the progress from mere sick wards in the workhouse to infirmaries in workhouse precincts was already apparent. In the urban areas, beginning where the rural left off, two of nine infirmaries which I inspected are within the workhouse curtilage, three adjoin the workhouse, and four are entirely independent, being a mile or two away from the workhouse.—The management shows similar stages of progress. In all the rural institutions there was of necessity only a visiting medical officer. In the urban districts three of the series have also only visiting doctors; four have both visiting officers and residents, three of the latter being in different degrees of subordination to the former, whilst in the fourth the visiting doctor is assistant to or deputy for the resident; in two there is no visiting doctor, the infirmary having a resident superintendent in charge of the whole institution. Similarly, in the less advanced systems, the master and matron of the workhouse have charge of the infirmary also, while in the more advanced the infirmary has a matron and steward entirely independent of the workhouse officers. Obviously this must be so in the four cases where the infirmary is distant from the workhouse, but it is so even in one case where they closely adjoin, and have direct connection between their grounds.

2. POOR LAW INFIRMARY CASES AND GENERAL HOSPITAL CASES:
COMPARISON OF AGES.

In the class of cases treated there is a similar though not strictly parallel development from the mere infirmary for the old and infirm towards the general hospital for all ages and all diseases, acute and chronic, medical and surgical. Operative surgery, however, has developed very slowly. In some of the infirmaries practically no serious operations are performed, and in most of them these are very few. Camberwell, in respect of operative work, heads the list. It has about 500 operations annually, and has a fine modern operating theatre well equipped in every respect. But even in Camberwell full development into a general hospital has not been reached. A general hospital of the same size would have perhaps 4,000 or more operations annually.

—Also, classification of the cases by age brings out very great differences between Poor Law infirmaries and general hospitals. Here is a comparison between the Glasgow Western and Royal Infirmaries, which are general hospitals, on the one hand, and the following Poor Law infirmaries on the other: King's Norton Infirmary, Edmonton Workhouse Infirmary, Enfield Workhouse Infirmary (also of the Edmonton Union), Hope Hospital of Salford Union, and Prescot Union Infirmary.

TABLE I.—AGE OF POOR LAW INFIRMARY PATIENTS.

Extended Age Periods.

COMPARATIVE TABULAR STATEMENT showing ages of patients in two General Hospitals and in five Poor Law Infirmaries, arranged in extended age periods.

	GENERAL HOSPITALS.		POOR LAW INFIRMARIES.					
	Glasgow Western Infirmary.	Glasgow Royal Infirmary.	King's Norton Union Infirmary.	Edmonton Workhouse Infirmary, Edmonton Union.	Enfield Infirmary, Edmonton Union.		Hope Hospital, Salford Union.	Prescot Union Infirmary.
Age in years, inclusive.	No. of cases dismissed during 1906.	No. of cases dismissed during 1906.	No. of cases in Infirmary on 10th Sept., 1907.	No. of cases in Infirmary on 29th Oct., 1907.	No. of cases in Infirmary on 25th Oct., 1907.	Age in years, inclusive.	No. of cases in Hospital on 27th Sept., 1907.	No. of cases in Hospital on 30th Sept., 1907.
0-2	130	280	9	—	—	—	—	—
3-5	291	378	2	4	—	0-7	60	54
6-10	355	500	4	1	1	—	—	—
11-15	547	702	4	1	1	8-16	48	36
16-20	623	789	8	11	1	—	—	—
21-25	714	863	17	7	1	—	—	—
26-30	629	862	10	13	1	17-30	40	44
31-35	511	646	6	14	3	—	—	—
36-40	518	667	10	21	6	—	—	—
41-45	394	537	14	18	2	31-45	44	39
46-50	367	531	13	22	2	—	—	—
51-55	243	373	11	29	5	—	—	—
56-60	229	333	14	24	8	46-60	70	89
61-65	139	220	29	29	9	—	—	—
66-70	67	136	18	35	13	Over 60	139	88
71-75	53	50	26	42	17	—	—	—
76-80	10	30	28	50	18	—	—	—
over 80	6	10	24	51	22	—	—	—
Total	5823	7877	247	371	110	—	401	350

NOTE I.—The *General Hospital* figures represent the number of cases dismissed during one year. The *Poor Law Infirmary* figures represent the number of cases residing in the infirmary on the particular day indicated in each column.

NOTE II.—The *Hope Hospital* and *Prescot Union Infirmary* figures differ from the others in the grouping of the age periods. Also from the *Hope Hospital* total are excluded 37 persons suffering from ulcers of the leg, whose average age was 54.5 years, and persons in the two lunatic pavilions, with the exception of six imbeciles.

TABLE II.—AGE OF POOR LAW INFIRMARY PATIENTS.

Grouped Age Periods.

COMPARATIVE TABULAR STATEMENT showing ages of patients in two General Hospitals and in five Poor Law Infirmarys arranged in grouped Age Periods, together with the percentage equivalents of the number of cases in each group.

Grouped Age Periods in years inclusive.	GENERAL HOSPITALS.		POOR LAW INFIRMARIES.					
	Glasgow Western Infirmary.	Glasgow Royal Infirmary.	King's Norton Union Infirmary.	Edmonton Workhouse Infirmary, Edmonton Union.	Enfield Workhouse Infirmary, Edmonton Union.	Grouped Age Periods in year, inclusive.	Hope Hospital, Salford Union.	Prescot Union Infirmary.
	No. of cases dismissed during 1906.	No. of cases dismissed during 1906.	No. of cases in Infirmary on 10th Sept., 1907.	No. of cases in Infirmary on 29th Oct., 1907.	No. of cases in Infirmary on 25th Oct., 1907.		No. of cases in Hospital on 27th Sept., 1907.	No. of cases in Infirmary on 30th Sept., 1907.
0-5	421	658	11	4	0	0-7	60	54
6-15	902	1,202	8	2	2	8-16	48	36
16-25	1,337	1,652	25	18	2	17-30	40	44
26-60	2,888	3,919	78	141	27	31-60	114	128
61-75	259	406	73	105	39	Over 60	139	88
Over 75	16	40	52	101	40	—	—	—
Totals	5,823	7,877	247	371	110	—	401	350
PERCENTAGE EQUIVALENTS OF THE ABOVE FIGURES.								
0-5	7.2	8.3	4.5	1.2	0	0-7	14.9	15.4
6-15	15.5	15.3	3.2	0.5	1.9	8-16	12.0	10.3
16-25	23.0	21.0	10.2	4.8	1.9	17-30	10.0	13.6
26-60	49.5	49.8	31.5	38.0	24.5	31-60	28.4	36.6
61-75	4.5	5.1	29.5	28.3	35.4	Over 60	34.7	25.1
Over 75	0.3	0.5	21.1	27.2	36.3	—	—	—
Totals	100	100	100	100	100	—	100	100

TABLE III.—AGE OF POOR LAW INFIRMARY PATIENTS.

Under and Over Sixty Years.

COMPARATIVE TABULAR STATEMENT showing numbers of patients Under and Over Sixty Years in two General Hospitals and in five Poor Law Infirmarys, together with the percentage equivalents of these numbers.

Age Periods.	GENERAL HOSPITALS.		POOR-LAW INFIRMARIES.				
	Glasgow Western Infirmary.	Glasgow Royal Infirmary.	King's Norton Union Infirmary.	Edmonton Workhouse Infirmary, Edmonton Union.	Enfield Workhouse Infirmary, Edmonton Union.	Hope Hospital, Salford Union.	Prescot Union Infirmary.
	No. of cases dismissed during 1906.	No. of cases dismissed during 1906.	No. of cases in Infirmary on 10th Sept., 1907.	No. of cases in Infirmary on 29th Oct., 1907.	No. of cases in Infirmary on 25th Oct., 1907.	No. of cases in Hospital on 27th Sept., 1907.	No. of cases in Infirmary on 30th Sept., 1907.
Under 60	5548	7431	122	165	31	267	262
Over 60	275	446	125	206	79	139	88
Totals	5823	7877	247	371	110	401	350
PERCENTAGE EQUIVALENTS OF THE ABOVE FIGURES.							
Under 60	95.2	94.3	49.4	44.4	28.1	65.3	74.9
Over 60	4.8	5.7	50.6	55.6	71.9	34.7	25.1
Totals	100	100	100	100	100	100	100

The main fact shown by these tables is that in the Poor Law infirmaries from 25 to 72 per cent. of the patients are over 60 years old, whilst in the others barely 5 or 6 per cent. are over that age.

The difference which exists between hospital and infirmary is indicated in another way. By a very useful system of co-operation, the infirmary often receives from the voluntary hospital of the same locality convalescent or chronic cases, so that hospital beds may be set free for acute cases. For example, a fractured leg, put up in plaster of Paris, is often transferred from hospital to infirmary, or a slow-healing sinus after an operation.

The impression one receives in going through the wards of these great institutions corresponds generally with the above facts. They are partly hospitals and partly infirmaries. Very many of the inmates are of somewhat higher type socially than one sees in the sick wards of rural Unions. In Camberwell it is alleged that the ordinary "infirm" cases have been largely driven out of it and drafted into a workhouse in order to make room for better-off patients, and there seems a good deal of foundation for the statement.

To indicate the nature of the diseases treated in a Poor Law infirmary, apart from operative cases, I reproduce the list of cases in the Salford Union Infirmary (otherwise the Hope Hospital) at the time of my visit.

Influenza	10	Mental Deficiency	4	Bright's Disease	2
Scarlatina	1	Dementia	3	Albuminuria	1
Febricula	4	Chorea	1	Pregnancy	5
Diarrhoea	15	Epilepsy	4	Synovitis	2
Chancre	1	Vertigo	3	Bursitis	1
Stricture of Urethra	1	Cerebral Tumour	2	Ulcers of Legs	21
Pneumonia	5	Neuralgia	4	Eczema	5
Phthisis	18	Cataract	2	Psoriasis	1
Hæmoptysis	1	Mitral Regurgitation	1	Skin Disease	1
Alcoholism	3	Aortic Regurgitation	1	Dropsy	1
Lead Poisoning	1	Heart Disease	13	Oedema of Legs	2
Rheumatism	25	Bronchitis	107	Abscesses	3
Lumbago	7	Asthma	5	Hæmorrhage	1
Carcinoma	1	Pleurisy	6	Debility	27
Cancer	2	Tonsillitis	6	Senility	5
Anæmia	1	Gastritis	10	Marasmus	4
Chlorosis	1	Dyspepsia	5	Injury of Arm	1
Dentition	2	Hæmorrhoids	2	Injury of Leg	1
Paralysis	11	Jaundice	1	Injury of Ribs	1

3. ADMISSION OF PATIENTS.

Here also there is gradation of practice. At the one end of the series cases are admitted simply as paupers and sent into the infirmary wards of the workhouse because they are ill. At the other end, one institution (Whitechapel Infirmary) acts on the principle of never refusing an urgent case. And the definition of "urgency" is far from narrow. Of 7,000 annual admissions, 1,000 are "urgent." They are taken directly in without any order by a relieving officer, and without being seen by a district medical officer. If an applicant comes during the night, when the relieving officer cannot readily be found, that itself constitutes "urgency," and if the resident medical officer finds the case suitable for institutional treatment it is received at once. This is done notwithstanding the propinquity of a great voluntary charity, the London Hospital, so that the poor in the locality have really a choice of indoor treatment. But accidents needing operation appear always to go to the London Hospital.

4. PAYMENT FOR PATIENTS.

Part payment for patients is not infrequently received by some Poor Law infirmaries. Each has its own standard of weekly cost per bed, ranging from seven shillings to a guinea, and responsible relatives are asked to contribute amounts corresponding to their circumstances. Sometimes even the whole cost is exacted, but

this occurs almost solely after accidents where the case has been first admitted as urgent, and where it is found that the patient or his friends can pay. Also, if it is discovered that the Guardians have been imposed on by people able to pay, the patient is not necessarily sent home, but if not, the full charge is levied.

Apart from accident or urgency, I cannot find that in any of the Poor Law infirmaries which I visited a person is ever deliberately admitted under agreement to pay the full amount. In one infirmary I was told of a man earning £200 a year or more who was willing to pay the full charge for his bedridden mother, for whose treatment there was no convenience at home. The Guardians considered the application and rejected it as being from a man not belonging to the pauper class.

5. SUFFICIENCY OF INFIRMARY ACCOMMODATION.

Nearly all the urban infirmaries which I saw were full to overflowing, and three were in course of being extended. In one district (Camberwell) a very large addition was made in 1903, yet the whole building is again fully occupied, to some extent by a better class than had previously received Poor Law relief, whilst, as already noted, many old and infirm cases are treated in another institution belonging to the Guardians, which, though called a workhouse, is functionally midway between workhouse and infirmary.

Among the urban Poor Law districts which I visited, the greatest present need for additional indoor accommodation is to be found at Pontypridd, notwithstanding that four years ago the Guardians built a home for the deserving old and infirm in the Rhondda Valley. The population has grown very rapidly, and the voluntary hospital at Cardiff, supplemented by one or two small hospitals in the Rhondda Valley, is not nearly sufficient for the locality. There is very urgent need for the erection of a new Poor Law infirmary at Pontypridd. Independently of the Poor Law, the lack of hospital accommodation is such that serious surgical operations on non-paupers are not infrequently performed in miners' houses.

6. ACCIDENT HOSPITAL AT BARRY DOCKS.

It may be convenient here to refer to the accident hospital at Barry Docks, near Cardiff, as reported on in Appendix No. XVI. This is a rate-supported hospital, but it belongs to the Urban District Council, not to the Guardians. It was established owing to the frequency of accidents, and to the distance from and want of accommodation in other hospitals. At present it is on a very small scale. It consists of two adjoining half villas rented by the Council, and connected with each other internally. One villa is used mainly for the nursing staff, the other mainly for patients. There are beds for only seven cases, and their use is confined wholly to accidents and wholly to males. But the hospital is very popular, and land has now been bought for a new building of 19 beds, which is to be available for both sexes, and is to receive not only accidents, but urgent cases requiring immediate operation, such as appendicitis or strangulated hernia. I enquired whether there was any thought of providing out of the rates a general hospital for ordinary diseases, but the reply was a decided negative—the notion had never been mooted, and the cost would be too great.

7. THE FUTURE OF VOLUNTARY HOSPITALS.

It seems pretty certain that the maintenance of voluntary hospitals will become more and more difficult as time passes. Barry is close to Cardiff, and Cardiff Infirmary, a voluntary hospital, is supposed to serve the whole surrounding district, with its rapidly increasing population; but in the Pontypridd Union, near Cardiff, I was repeatedly told that Cardiff Infirmary is already far too small for the locality, that 500 cases were waiting their turn for admission, that its income does not nearly meet its expenditure, and that employers of labour, looking to their increased

statutory responsibilities, are becoming less and less willing to subscribe to hospital charities. There is no need, however, to meet such difficulties halfway. So long and to such extent as voluntary hospitals can be maintained, it would be folly to close them.

8. BUILDINGS.

I do not propose to deal in very great detail with the structural arrangements of the urban infirmaries. On the whole they are very good. The best of them are excellent—Camberwell, King's Norton, and Prescott. Indeed, in some particulars money might easily have been saved at Camberwell without any sacrifice of efficiency. The wards of most of them are quite equal to those of a first-class general hospital—with polished floors, smooth walls with rounded corners, easily cleaned woodwork, good beds and bedding, large opening windows, good heating arrangements, sufficient hot-water supply, suitable bathrooms and offices, and fine kitchen and storage accommodation.

Hope Hospital, the infirmary of the Salford Guardians, is not nearly so good as the rest. This is partly because it is not so modern, and partly because obvious defects have not been remedied. It harbours far more dust than any of the other infirmaries visited. Its walls are brick-lined, and the bricks have been very rough to begin with, so that their painted surface is most irregular and very difficult to keep clean. Some of its wards have old-fashioned trough water-closets and badly smelling urinals. Some of the windows do not open sufficiently. There is no proper storage for ward coal, nor sufficient lifts to the upper floors for patients or staff. It is mostly in old institutions that irregular walls are found. But in one workhouse, the Constance Road Workhouse of the Camberwell Union, opened so recently as 1894, the surprising device has been followed of covering the inner surface of the walls with good plaster yielding a smooth surface, and then deliberately breaking it up by horizontal and perpendicular lines, so as to make it resemble the traditional brick-lining of Poor Law institutions. The scoring of the plaster has been so well done that a second look is required to satisfy one that the wall is not really brick-lined, and of course the dust and the microbes which it can harbour take advantage of the provision thus made for them.

9. RENOVATION OF BUILDINGS.

As in the rural workhouses, there is no occasion whatever for wholly condemning even the worst of the urban Poor Law institutions. Their defects could easily be remedied, and much less renovation would suffice than for some of the rural buildings. Rough internal walls can be plastered over, the old "sanitary" conveniences cleared away, and other alterations made to remove grounds for criticism. But Boards of Guardians appear sometimes to have one favourite institution on which to spend freely, while the rest are more or less neglected. The same Board which owns the worst of the infirmaries possesses very excellent cottage homes for children, and is very proud of them and keeps them in first-class order. On the other hand, its workhouse has defects similar to those of its infirmary, and they also remain undealt with. If, owing to mistaken notions of economy, a choice had to be made between the renovation of an infirmary and that of a workhouse, the former should have the preference. But where an infirmary is not close to, or within the grounds of a workhouse, its improvement is more costly, owing to absence of pauper labour. In Hull, where the workhouse and infirmary are within the same enclosure, nearly the whole buildings were overhauled some years ago, the work being done almost entirely by the inmates. The result has been a very great improvement at very little cost.

How satisfactorily old buildings can be improved is exemplified by Whitechapel Infirmary. Originally it was both workhouse and infirmary, but about 40 years ago a new workhouse was built at Bow, and the old buildings adapted wholly for housing the sick. Further alterations have been made from time to time, and now, though the old house has not been made new, and could still be improved in various respects, it makes quite a serviceable and useful infirmary for a district where there is abundant need for its existence.

10. MEDICAL ATTENDANCE IN URBAN INFIRMARIES.

The whole conditions here are very different from those of rural institutions. The urban infirmaries in their need for medical attendance make a much nearer approach to the requirements of general hospitals, but among those that I visited no two are alike. Accepting the convenient distinction made in England (but not in Scotland) between "hospital" and "infirmary," the proportion of infirmary cases—of old and feeble, and bodily and mentally decrepit—differed in different institutions. In Camberwell Infirmary, of 800 patients about 300 could roughly be grouped as belonging to the infirmary class and about 500 to the hospital class. Also, as already noted, the number of surgical operations differs greatly in different infirmaries.

It is obvious that such facts have an essential bearing on the question of sufficiency or insufficiency of the medical staff, but endeavouring to weigh the conditions in each institution as I found it, the conclusion I have reached is that the medical staff is hardly ever sufficient. The amount of medical work is too great to permit of its thorough performance. The doctors do their best, and do wonderfully well, but they are always working under high pressure, and have insufficient time for quiet and deliberate investigation of cases, or for following difficult hospital problems to a practical conclusion.

In Camberwell Infirmary there are six doctors—a superintendent medical officer and five assistants—to 819 patients. Three of the doctors, of whom one is the superintendent, have certain medical duties at other Poor Law institutions belonging to the Camberwell Guardians. As already noted, about 500 operations are performed here annually. I am of opinion that two medical residents should be added to the staff.

At Whitechapel there are 590 beds, in charge of a superintendent medical officer and two assistants. Though surgical operations are very seldom performed, there is an unusually large proportion of cases of acute illness because, for want of accommodation at Whitechapel, many cases of the "infirmary" class are sent to the workhouse at Bow, where there are 160 beds for such cases, in addition to 45 beds for ulcerated legs. The medical superintendent has many duties in the infirmary other than medical, and some outside duties as well. The medical staff is obviously insufficient, and I am of opinion that two additional residents are required.

At Edmonton the arrangements are in course of change. The existing "new infirmary" has 170 beds, and the "old infirmary," reserved for more chronic cases, has 178 beds. In addition there are 111 beds for senile, epileptic, lunatic, and imbecile cases. The number of operations performed in the years 1902, 1903, 1904, 1905, and 1906 was 20, 57, 102, 134, and 186 respectively, and is now about 200. Up till the time of my inspection there had been no resident doctor, the work being done by the visiting medical officer and his privately-paid assistant. A resident assistant, however, had been newly appointed, and his duties include the dispensing of all medicines. I am of opinion that he will not have time for this dispensing work if justice is to be done to his medical work. In addition to the existing new and old infirmaries, another new infirmary is to be erected on ground immediately adjoining the workhouse. The staff arrangements will, of course, have to be altered to suit this.

The Edmonton Union has another infirmary at Enfield. It is chiefly for infirm and chronic cases, and has 111 beds. There is a visiting doctor, and, looking to the nature of the cases, a resident appears unnecessary.

At King's Norton, on the other hand, where operations are not performed, the total beds are 250, and the staff consists of one visiting medical officer and one resident. They have to do all the dispensing, and to perform what medical duties are required in the adjoining workhouse, including the supervision of 64 imbecile beds, the attendance on difficult midwifery cases, and the examination of children prior to their being sent to cottage homes. I am of opinion that another resident is required here.

In Hope Hospital, Salford, which is a long distance from the workhouse, the number of beds is 800, including 300 for imbeciles. Only about 20 to 25 operations are performed annually, operation cases usually going to a general hospital. The staff consists of a visiting surgeon (not a physician) and two medical residents. This is insufficient.

At Prescott Union the infirmary is within the workhouse grounds. The total beds are 375, including 36 (of which 11 are cots) in the maternity block. There are in addition about 200 lunatics and imbeciles. The operations with anæsthetics in two years were 163, including 26 midwifery, and 43 ophthalmic operations. Also 52 urgent cases were brought in by friends, police, and tramway or railway officials. There is a resident medical officer, a visiting anæsthetist, who besides acts as deputy for the resident, and an ophthalmic and aural surgeon who attends fortnightly, and when sent for. He does the ophthalmic operations. I am of opinion that another resident is required here.

At Kingston-upon-Hull the infirmary is also within the workhouse precincts. The total number of beds is 335, including those for imbeciles, who numbered 23 at the time of my inspection. Very little operative surgery is done here. There is no resident medical officer. The visiting medical officer lives close at hand, and is connected by telephone. I think there ought to be a resident doctor, as well as the visiting physician.

At Pontypridd the infirmary is within the workhouse grounds. The beds are 76, but owing to this accommodation being insufficient, some sick inmates sleep in ordinary dormitories. There is a visiting medical officer, who has a private assistant. His house is within a quarter of a mile of the infirmary, and is connected with the porter's lodge by telephone.

My general conclusion is that even where Guardians provide excellent, or perhaps extravagant, modern buildings, and equip these most elaborately with modern medical and surgical appliances, and furniture and furnishings, yet when they come to the appointing of a staff to do the work of these fine institutions, liberality of policy fails them, and parsimony takes its place. They may have most advanced views as to the manner in which the poor should be housed and fed, but when they come to medical work they are likely to adopt unknowingly a policy of sweating, both as to the amount of work required and as to the payment made for it. Members of a local governing body may themselves be drawn from a class, say, of small shopkeepers or the like, with comparatively small incomes, and they are apt to think that no servant should have higher pay than the masters. This cannot but result badly for all concerned.

The scale of pay of the assistant medical officers in most of the Poor Law infirmaries is lower than that given by the London County Council for its lunatic asylums and by the Metropolitan Asylums Board for its fever hospitals. The assistants, therefore, do not stay very long in the infirmaries, which is obviously disadvantageous.

11. MEDICAL AND SURGICAL APPLIANCES.

The following table shows the equipment of the Urban Poor Law Infirmaries in medical and surgical appliances. The mark × signifies that the institution possesses the item referred to. The table does not include ordinary surgical instruments.

APPLIANCE.	UNION TO WHICH INFIRMARY BELONGS							
	Camberwell.	White-chapel.	Edmonton.	King's Norton.	Prescot.	Salford.	Kingston-upon-Hull.	Pontypridd.
Ophthalmoscope	×	×	×	×	×	×	-	-
Test Types	×	×	-	-	×	-	-	-
Lenses for Testing Refraction	×	-	×	-	×	-	-	-
Ear Speculum	×	×	×	×	×	-	-	-
Politzer Apparatus	×	×	×	-	×	-	-	-
Tuning Forks	×	×	-	-	×	-	-	-
Laryngoscope	×	×	×	×	×	×	-	-
Nasal Speculum	×	×	-	×	×	-	-	-
Cystoscope	×	-	-	-	-	-	-	-
Rectal Speculum	×	×	-	×	×	×	-	×
Vaginal Speculum	×	×	×	×	×	×	-	×
Uterine Sound	×	×	×	×	×	×	-	×
Sphygmograph	×	×	-	-	×	×	-	-
Microscope	×	×	×	×	×	×	-	×
Oil Immersion Lens	×	-	-	×	×	×	-	-
Mechanical Stage with Vernier Scale	×	-	-	-	-	-	-	-
Microtome	×	-	-	-	-	-	-	-
<i>Blood Examinations:—</i>								
Hemocytometre	×	-	-	-	×	-	-	-
Hæmoglobinometre	×	-	-	-	×	-	-	-
Apparatus for Opsonic Index	×	-	-	-	-	-	-	-
<i>Quantitative Chemical Examination of Urine:—</i>								
Albumen	×	×	-	-	×	-	-	-
Sugar	×	×	-	-	×	-	-	-
Urea	×	×	-	-	×	-	-	-
<i>Light and Electrical Treatment:—</i>								
Finsen Apparatus	×	-	-	-	-	-	-	-
X-Ray	×	-	-	-	-	-	-	-
Brush Discharge	×	-	-	-	-	-	-	-
Other similar fittings	×	-	-	-	-	-	-	-
<i>Midwifery Instruments:—</i>								
Short Forceps	×	×	-	-	-	-	-	-
" " all Metal	×	×	×	-	-	-	-	-
Long Forceps	×	×	×	×	×	×	-	×
" " all Metal	×	×	×	×	-	-	-	-
Axistraction Forceps	×	×	×	×	×	×	-	-
Cranial Perforator	×	×	×	×	×	-	-	-
Cranioclast, Cephalotribe, &c.	×	×	×	×	×	-	-	-
Dilators	×	×	×	×	×	×	-	-
Other instruments	×	×	×	×	×	-	-	-
Weighing Machine	×	×	×	×	×	-	-	-
Height Measuring Machine	-	-	×	-	×	-	-	-

It will be seen from the above table that the equipment differs greatly in different hospitals. Camberwell is much better off than any of the others, and is the only one which possesses the most modern apparatus for light and electrical treatment, and for opsonic index work. In Kingston-upon-Hull all the instruments used are provided by the visiting medical officer. The same remark applies to Enfield, which I have not included in the table, as its patients belong almost entirely to the infirmary, as distinguished from the hospital class.

12. NURSING IN URBAN INFIRMARIES.

(a) **Sufficiency of Staff.**—The nursing staff for a large infirmary with a comparatively unfluctuating average of patients can be much more systematically provided than in the small rural workhouses whose arrangements have been considered in Part II. of the Report. But for urban infirmaries as for rural sick wards it is impossible to fix any numerical standard applicable to all. As in the matter of medical staff, so here: cognisance has to be taken of the amount of surgical work, including operative surgery, and the proportion of "hospital" and "infirmary" cases in the institution, and administrative difficulties or facilities, depending on conditions of structure and equipment. Even in general hospitals of the highest standing there is considerable difference in the ratio of nurses to patients. Dr. MacIntosh, superintendent of the Glasgow Western Infirmary, has kindly given me a copy of a table, prepared for his own information, from which I have calculated the following particulars:—

NUMBER OF BEDS PER NURSE.

COMPARATIVE TABULAR STATEMENTS showing the number of beds per Nurse in General Hospitals, both Teaching and not-Teaching, and in Metropolitan and Provincial Urban Poor Law Infirmaries, Matrons and Assistant Matrons being excluded.

TABLE I.—GENERAL HOSPITALS.

(TEACHING.)

Hospital.	Number of Beds.	Number of Nursing Staff, Matrons and Assistant Matrons being excluded.	Number of Beds per Nurse	Remarks.
London Hospital - - -	914	434	2.1	Private nurses excluded.
Guy's Hospital - - -	600	244	2.4	
St. George's Hospital - - -	350	145	2.4	
St. Mary's Hospital - - -	281	109	2.5	
Western Infirmary, Glasgow -	543	175	3.1	Average number of occupied beds.
Royal Infirmary, Newcastle -	400	120	3.3	
General Hospital, Birmingham	346	102	3.4	3 assistants to matron included.
Royal Infirmary, Edinburgh -	926	244	3.7	
" " Glasgow -	584	155	3.7	

TABLE II.—GENERAL HOSPITALS.

(NOT-TEACHING.)

Leicester Royal Infirmary -	200	64	3.1	
Sussex County Hospital -	193	62	3.1	
Salop Infirmary - - -	120	31	3.8	3 private nurses excluded.
Derbyshire Royal Infirmary -	229	60	3.8	
Bradford Royal Infirmary -	220	58	3.8	
Habifax Royal Infirmary -	150	36	4.1	
Cumberland Infirmary, Carlisle	108	24	4.5	9 private nurses excluded.
Kent and Canterbury Hospital	104	22	4.7	
Sunderland Infirmary - - -	210	44	4.7	

For the urban Poor Law infirmaries I have prepared a similar table as follows:—

TABLE III.—PROVINCIAL URBAN AND METROPOLITAN POOR-LAW INFIRMARIES.

Hospital.	Number of Beds.	Number of Nursing Staff, Matrons and assistant Matrons being excluded.	Number of Beds per Nurse.	Remarks.
King's Norton Union Infirmary	250	24	10.4	No surgical operations. 16 beds in infectious diseases ward included. The infirmary is much too small, and many cases requiring nursing, medical or surgical, have to sleep in ordinary dormitories. Also, there are two wards for male and female helpless cases, the former numbering about 25, a new receiving ward with 10 beds usually occupied, and lock and itch wards.
Pontypridd Union Infirmary -	76	7	10.9	
Hope Hospital, Salford Union	500	47	10.6	300 imbeciles with their attendants excluded.
Prescot Union Infirmary -	375	37	10.1	Night nurse excluded. Sometimes nearly 400 cases last winter, 1906-1907.
Hull Union Infirmary - -	335	20	16.7	The <i>old</i> or <i>convalescent</i> infirmary at Hull has 220 beds (including those for imbeciles), and a nursing staff of 6. The <i>new infirmary</i> is for cases requiring more active treatment and nursing; it has 115 beds and a nursing staff of 14. The sums of these figures furnish the figures of the Table.
Camberwell Union Infirmary -	819	113	7.2	2 night superintendents and 2 male nurses excluded. About 300 of the cases are infirm.
Edmonton Workhouse Infirmary, Edmonton Union	459	31	14.8	New and old infirmary and wards for senile, imbecile, epileptic, and lunatic cases.
Enfield Workhouse Infirmary, Edmonton Union	111	5	22.2	Especially for infirm and chronic cases.
Whitechapel Union Infirmary	560	43	13.0	30 lunatic beds, 2 female lunatic attendants and 2 male nurses excluded. No surgical operations.

It will be seen from Table I. that in teaching hospitals—that is, in general hospitals to which a medical school is attached, the number of beds per nurse varies from 2.1 to 3.7; whilst, as shown in Table II., in non-teaching hospitals, which are usually in smaller provincial centres of population, the number of beds per nurse is a little higher—namely, from 3.1 to 4.7. Table III., which gives the number of beds per nurse in the inspected Metropolitan and provincial urban Poor Law infirmaries, affords a striking contrast, the number ranging from 7.2 to 22.2. These figures are subject to explanation, which has an important influence on their value. As already pointed out, Camberwell Infirmary, which has proportionately the largest staff of nurses in Table III., has much more surgical operative work than any of the other institutions, and has five-eighths of its cases belonging to the hospital class as distinguished from the infirmary class. At the other extreme, Enfield Infirmary, which has only one nurse for every 22 beds, is reserved especially for infirm and chronic cases. But these explanations do not, to my mind, answer the whole of the questions raised by the figures in the tables, and in two or three of the infirmaries the nursing staff appears insufficient. For example, in Pontypridd, which I have set down as having 7 nurses to 76 beds, the remarks in the last column of Table III. have to be noted. Though, nominally, Pontypridd has as large a proportion of nurses as King's Norton, yet practically it is not nearly so well off. The staff in reality is seriously inadequate, and until lately it consisted of only 5 members, namely, a superintendent nurse, two other trained nurses, and two untrained nurses. Their accommodation is so defective that it must be difficult to get good nurses to accept or remain in office. In Whitechapel also the staff seems to me insufficient.

Constance Road Workhouse, belonging to Camberwell and not included in the tables, is in a somewhat anomalous position as regards its nursing arrangements. Nominally the institution is a workhouse, and like many workhouses, especially in the

country, it has sick wards, or wards which can be used for the sick when necessity arises. But in London, under ordinary circumstances, few sick cases are retained in a workhouse. Instead, they are treated in a separate infirmary belonging to the Guardians. In the case in question, however, the infirmary has attracted to itself many patients somewhat above the average level of pauperism, so that its wards are kept well filled, and many sick paupers of the ordinary class have to be retained in or sent to the workhouse. This has created difficulty with regard to the nursing arrangements there, as such use of the workhouse was not contemplated. The difficulty, however, ought to be only temporary, and if the workhouse is to continue to be largely devoted to the sick, there can be no question but that a sufficient staff of nurses will have to be appointed.

NUMBER OF PROBATIONERS PER TRAINED NURSE.

COMPARATIVE TABULAR STATEMENTS showing the number of Probationers per Trained Nurse in General Hospitals, both Teaching and not-Teaching, and in Metropolitan and Provincial Urban Poor Law Infirmarys, Matrons and Assistant Matrons being excluded.

GENERAL HOSPITALS.

Hospital.	Teaching, T. Not- Teaching, N.T.	Number of Beds.	Nursing Staff, Matrons and Assistant Matrons being excluded.			Number of Probationers per Trained Nurse.	Remarks.
			Total.	Trained Nurses.	Proba- tioners.		
Guy's Hospital	T.	690	244	110	134	1·2	
St. George's Hospital	T.	350	145	59	86	1·4	
London Hospital	T.	914	434	155	279	1·8	Private nurses excluded.
Royal Infirmary, Glasgow	T.	584	156	54	102	1·9	
Halifax Royal Infirmary	N.T.	156	36	9	27	3·0	
Derbyshire Royal Infirmary	N.T.	229	60	12	48	4·0	3 private nurses excluded.
Kent and Canterbury Hospital	N.T.	104	22	4	18	4·5	
Cumberland Infirmary, Carlisle	N.T.	108	24	4	20	5·0	9 private nurses excluded.
Salop Infirmary	N.T.	120	31	5	26	5·2	

PROVINCIAL URBAN AND METROPOLITAN POOR LAW INFIRMARIES.

King's Norton Union Infirmary	—	250	24	5	19	3·8	
Pontypridd Union Infirmary	—	76	7	4	3	0·7	16 beds in infectious diseases ward included.
Hope Hospital, Salford Union	—	500	47	7	40	5·7	300 imbeciles with their attendants excluded.
Prescot Union Infirmary	—	354	37	10	27	2·7	Night nurse excluded. Sometimes nearly 400 cases last winter, 1906-07.
Hull Union Infirmary	—	335	20	8	12	1·5	The <i>old infirmary</i> at Hull, for 220 convalescent patients, has a total nursing staff of 6, of whom 3 are trained and 3 probationers. The number of probationers per trained nurse is 1. The <i>new infirmary</i> , for 115 acute cases, mostly phthisis, has a total nursing staff of 14, of whom 5 are trained and 9 probationers. The number of probationers per trained nurse is 1·8. The figures of the Table are based on both infirmaries together.
Camberwell Union Infirmary	—	819	113	58	55	0·9	2 night superintendents and 2 male nurses excluded. 300 of the cases are infirm.
Edmonton Work- house Infirmary	—	448	30	9	21	2·3	In Edmonton Union. New and old infirmaries together.
Enfield Workhouse Infirmary	—	111	5	3	2	0·6	Especially for infirm and chronic cases. Also in Edmonton Union.
Whitechapel Union Infirmary	—	590	43	31	12	3·9	2 male nurses and 2 female lunatic attendants excluded.

(b) **Proportion of Trained to Untrained Nurses.**—Here also I submit tables comparing general hospitals with Poor Law infirmaries. The proportion of trained to untrained nurses is, on the whole, not very dissimilar, but I am satisfied that in one or two of the infirmaries the number of trained nurses is too small to allow quite satisfactory supervision of the patients and sufficient leave of absence for the trained nurses. When all the trained nurses are on duty, matters may work smoothly, but at holiday times, or during illness, Hope Hospital and King's Norton and Whitechapel Infirmaries must be rather understaffed unless temporary aid is obtained from the outside.

(c) **Quality of Nursing.**—I was interested to know whether the class of nurses in Poor Law infirmaries is equal to that of voluntary hospitals, and in my own mind the matter was left in a little doubt. A great deal depends on the particular institution, its reputation, and its facilities for training of nurses. If few operations are performed, if the infirmary is old and dingy-looking, if teaching in the art of nursing is not properly given, the tendency will be for the better class of applicants to try elsewhere. But in a bright, clean, well-managed infirmary, preferably apart from a workhouse, quite a good class of nurses appears to be obtainable. One matron gave rather an unexpected view of the matter. Formerly a very liberal scale of payment was in force for probationers. Then for some reason it was reduced, with the result that better applicants came, the salary not being the inducement as it was formerly. There is a natural desire to promote probationers to the position of charge nurses in their own infirmary, but this can be carried too far, and chiefs of the resident staff should always be consulted before such appointments are made by the Guardians, if indeed the whole selection is not left to the superintendent and matron. I understand that in one institution the Guardians take the matter into their own hands.

13. ADMINISTRATIVE DETAILS.

(a) **Cleanliness.**—In urban as in rural institutions the average cleanliness reaches a decidedly high standard, far higher than the average of the houses whence paupers come. But naturally there were differences, depending partly on structure, partly on management. As already stated, many of the older Poor Law institutions have brick-lined walls, presenting a rough surface, painted over for about four feet from the floor, and colour-washed above that height. A workhouse so built is very difficult to keep clean, and an infirmary so built is likely to be even less clean, because in the workhouse pauper labour can be utilised, whilst in the infirmary paid labour is the rule. Scrubbers and cleaners brought in from the outside are usually chosen from women who would otherwise need help from the rates. But, judging by the dust observable in at least two urban infirmaries, the staff of charwomen is insufficient. Whatever is always in sight is clean, but ledges and pipes above the level of the eye of the doctor or nurse, may harbour dust, and iron bed frames concealed by bedding are not invariably dust free.

Similarly, old floors with wide seams favour dirt, but in some institutions these are covered with linoleum, which is easily cleaned.

Yet, as already said, the average of cleanliness is high, and I have no doubt the supervision of the General Inspectors of the Local Government Board is largely responsible for this and many other good features of workhouse management.

(b) **Ventilation.**—There was in some places that curious apathy as to ventilation which I have already emphasised. Control keys were the exception, not the rule, and inattention to the opening of windows was too often apparent.

(c) **Bathing.**—Once more it is necessary to mention the want of safety keys for the hot water taps of the baths. In one infirmary, where I was struck by the unvarying attention paid to this detail of good government, it turned out that the present vigilance is the result of dearly bought experience. A serious scalding accident had occurred owing to want of precautions. It is a pity that all the infirmaries do not equally profit by the blunder of one of them, rather than wait for a lesson of their own. In a quite recently renovated part of one large urban workhouse I found the baths entirely without safety keys.

In every case, an inmate, whether old and infirm or able-bodied, should have an attendant whilst bathing. Objection to washing is sometimes such that if the bath is merely made ready, and the man or woman sent into the bathroom and the door then shut, no bath will be taken, but a little splashing of water and damping of towels be done to deceive the nurse. In one institution where this evasion is said to have been practised, a bathman has now been appointed to prevent it.

(*d*) **General.**—The bedding, beds, water beds, medicine stores, poison presses, linen stores, food stores, food service, kitchens and offices, were generally in good order, and indicative of good management. Most of the wards were tidy, and the patients clean. The small number of bed sores was notable. While in various respects urban infirmaries are open to criticism, yet, even in the least satisfactory of those which I visited, the conditions are much better than in the average home of the sick pauper.

PART IV.—CERTAIN QUESTIONS OF POLICY COMMON TO RURAL AND URBAN MEDICAL RELIEF.

I. MANAGEMENT OF EPILEPTICS.

All over England, urban and rural, epileptics are found lodged in workhouses and Poor Law infirmaries. Sometimes there are only a very few, say, two or three, sometimes as many as 50. Often they occupy day rooms and dormitories along with ordinary or imbecile inmates. In some cases, especially in the larger urban institutions, they occupy special departments, and are under supervision by attendants detailed for the purpose. In Hope Hospital, of the Salford Union, the wards for imbeciles and epileptics accommodate 300 cases, of whom about 50 are epileptics. The larger the institutions, the better, on the whole, are the arrangements.

There is now a pretty general consensus of skilled medical opinion as to the proper management of epileptics. They should lead, as far as possible, an outdoor life, not of idleness, but of regular employment. Many of them being irritable and excitable, they should be wisely controlled by experienced attendants and should on no account be made the subject of mischievous pranks. They should be under skilled medical supervision, especially as to their diet, some authorities holding that purin-free food is of particular value.

The mental condition of epileptics is anything but uniform. Many between their attacks are active and intelligent, and quite fit for doing good work; but employers of labour dare not engage them owing to the risk of accidents and the responsibilities laid on them by the Workmen's Compensation Acts. Even the best type of epileptics, if left to lounge about the day room and yard of a workhouse, mingling with the imbecile and the senile, are apt to become dull and disheartened and lazy, a burden alike to themselves and to the community. For such reasons as these, a few epileptic colonies have been established, where a disciplined life is led, and regular employment provided. These are reported on most favourably. Though they are not self-supporting, the work performed in them goes far to meet the outlay, and in other respects the results are of a very satisfactory character. Such colonies appear to be the best method at present known for dealing with sane epileptics of the poorer classes.

In some of the largest workhouses a real attempt is made to find outdoor exercise and work. In Hope Hospital, Salford, the practice is as follows: The male imbeciles and most of the uncertified male epileptics usually get into the grounds in good weather in summer, two hours in the forenoon, two in the afternoon, and one in the evening. They also have two country walks weekly, each for about two hours. In winter the exercise is somewhat less, depending on the weather. A few of the more competent epileptics help the storekeeper in his work, and the imbeciles and epileptics distribute coal throughout the institution, riddle cinders, beat carpets, peel and wash potatoes, and work on the farm. The females get a good deal less outdoor exercise. The staff of attendants is probably insufficient to attend to them during long exercise, and the grounds, or "Park," are the same for both sexes, and so cannot be used for both at the same time. For work, the females attend to their own wards, scrub floors, dust furniture, and so forth. Some go into the sewing room, and some help in the laundry, but the total work available for them seems too little, looking to their limited outings.

At Prescott Infirmary, where there are about 150 imbeciles and over 20 epileptics, they have outdoor exercise for two hours on two days a week, if the weather permits.

In smaller workhouses in the rural districts, the arrangements are usually most inadequate. There is no sufficient separation of epileptics from imbeciles, old and infirm, and able-bodied. The epileptics may not have suitable and sufficient outdoor employment, they cannot have the best kind of supervision, nor be preserved against

irritation by their companions, and the spectacle of their seizures is detrimental to ordinary inmates.

I think it is quite unquestionable that there should be a radical change in the method at present in vogue of dealing with epileptics under the Poor Law. Colonies should be established to permit of an outdoor life at field labour and the like. The patients should be housed in one-storeyed buildings, where there are no stairs nor unprotected fireplaces to lead to accidents, and where administration would be easy and economical. Under such conditions the epileptics would spend as useful and quiet and happy a life as their affliction can permit. Needless to say, it would be necessary to make a careful selection of cases for such colonies; dangerous epileptics would ordinarily go to an asylum as at present, yet it is said that open-air work and exercise and proper diet may sometimes improve an irascible patient's condition to such an extent as to render asylum treatment unnecessary.

Female epileptics cannot be so largely employed in outdoor work, but even in their case a good deal of field labour is possible, and needlework need not all be done indoors. There is merit, too, even in indoor work in a specially organised institution situated in an open country district, as contrasted with similar employment in an urban or city workhouse where the staff have under their care a heterogeneous gathering of sick and healthy, able-bodied and infirm, well-behaved and ill-behaved, destitution being the one common fact which has caused them to be brought together.

It would seldom be practicable for individual Unions to establish epileptic colonies of their own, and necessity would arise either for joint action by adjoining authorities or for the formation of larger administrative units. But local jealousies and local conflict of interests make joint action notoriously difficult; so that once more it is apparent that one has to deal with a state of affairs which can best be remedied by enlargement of areas.

2. MANAGEMENT OF IMBECILES.

Imbeciles, like epileptics, are found distributed in workhouses, urban and rural, all over England. Hope Hospital had about 250 of them and Prescott about 150. Like epileptics, they are better managed in large institutions than in small, organisation, supervision, and separate accommodation being easier on a large scale. It is unnecessary to point out that the herding of imbeciles with the ordinary inmates of a workhouse is injurious to both. Imbeciles are apt to be tormented and irritated or ill-treated by the more foolish or evil-disposed of their non-imbecile companions, and the sane-minded should not be compelled to have continually amongst them the victims of imbecility and the gibbering speech and untidy habits of some of the afflicted. The hardship of such compulsory companionship varies, of course, on the one hand, with the condition of the imbecile; on the other, with the behaviour of the sane inmates; and proper supervision by the workhouse staff diminishes the unavoidable evils of the system. Some imbeciles themselves have little that is objectionable in their habits, others are the very opposite; and, no doubt, the periodical inspection of imbeciles in workhouses by the medical officer of the Guardians and by Lunacy Commissioners exercises a valuable influence over the whole system.

Imbeciles cannot be said to need medical treatment. They require training to prevent or arrest bad habits and to obtain from them a reasonable maximum of work. On these points there can be no division of opinion; but, when we come to the question of the actual methods by which imbeciles are to be dealt with, two very different schemes have to be mentioned.

In Scotland, boarding out of harmless imbeciles has been found very successful. Suitable cases have to be selected—such as are not passionate nor dangerous, nor wholly idiotic. The degree of mental defect varies in boarded out cases. Some are incapable of any work, whilst others can occupy themselves usefully and happily in farm labour, gardening and the like. Such a tranquil existence is usually found far more enjoyable by the imbecile than crowded institutional life. No young female imbeciles, or at least none with erotic tendencies, are boarded out.

In England the boarding out system appears to be not at all practised, and I quite understand that, the rural districts being more thickly populated than in Scotland, suitable homes are proportionately less numerous. Yet there must be many isolated hamlets and cotters' houses to which cases could be sent if only a beginning were made.

Whether there is any boarding out or not, institutional accommodation of many imbeciles remains a necessity. And where the necessity exists it is better that the imbeciles should be housed by themselves than that they should live along with the ordinary population of a workhouse. They do not need the costly life of an asylum. They cannot be cured, but have to be housed and clothed and fed in the simplest fashion; they have to be given such work as they are fit for and such exercise as is good for them. All this can best be effected when the superintendent of the institution has no diverse and distracting duties to perform, such as appertain to the varied departments of a rural workhouse; and there are throughout England many old workhouses which could quite suitably and economically be adapted for the reception of imbeciles. But once more, this policy of adaptation could best be carried out if local governing bodies had a large area and a large population under their control. Within the limits of the existing rural Unions, a scheme of the kind is impracticable.

3. MANAGEMENT OF CURABLE INSANITY.

I was interested to find that in the larger urban workhouses and infirmaries in England and Wales action is being taken along a line of policy which has been largely developed in Germany and the United States, and, in Scotland, by the Parish Council (the Poor Law Authority) of Glasgow. This policy is based on two considerations. (1) A most serious stigma attaches to insanity, a stigma that affects not only the patient, but also the offspring, making it difficult or impossible for them to insure their lives at ordinary rates, and hindering in other directions their advancement and success. (2) Many forms of mental derangement are easily and quickly curable, especially delirium tremens and other types of alcoholic insanity, and puerperal insanity.

The policy so based finds practical expression in the system now in force in Glasgow. In one of the Poor Law infirmaries within the city, known as the Eastern District Hospital, 50 beds are set aside for mental cases, and are placed under the charge of the Parish Council's "Certifying Physician in Lunacy." The same officer has the duty of visiting all outdoor mental cases as they come under the notice of the Council. When a poor person is considered by his medical attendant to be suffering from, or threatened with, insanity, and likely, therefore, to require institutional control, he causes the matter to be reported to the Inspector of Poor, who is the Scottish equivalent for Clerk to the Guardians and chief Relieving Officer combined. The Inspector thereupon informs the Parish Council's specialist above referred to, who visits the patient's house, investigates the case, and decides on the measures to be adopted. Practically the alternatives are two. Either, on the one hand, insanity will be certified, and the subject of it will be removed to a lunatic asylum, or, on the other hand, insanity will not be certified, and the patient will be removed to the mental wards of the Poor Law infirmary. The length of stay in the mental wards depends on the circumstances of individual cases. In a few days it may be obvious that confinement in an asylum is required. Such cases will be certified accordingly. In other cases the disease may recede. In a few days hopeful signs may appear, and treatment and rest and nursing—in alcoholic cases, too, the elimination of the specific poison—may effect a cure. Some cases may remain as long as six weeks; the residence of a few may even extend to twelve weeks, which is the maximum period. Cases are detained for six weeks in the first instance; extension to twelve weeks requires the sanction of the Local Government Board. The outcome of the system is stated as follows in a report by the certifying physician:—"We may say that 50 per cent. of the cases reported as requiring care and treatment on account of mental unsoundness have been found suitable for probationary curative care in the observation wards, and of that number 61·5 per cent. were discharged recovered or improved, 6·7 per cent. died, and 28·0 per cent. were certified insane. To be perfectly accurate, a few patients—forming, however, a small proportion of the total number—ultimately became insane, and had to be certified at various periods within the 23 months under review."

These mental wards in Glasgow are called Observation Wards—and so they are ; but, as indicated in the above quotation, they are more than probationary. They are used not merely for the diagnosis and prognosis of doubtful cases, but for the cure of curable cases. Pushed to its utmost limit, the policy would end in reserving the asylum for the incurable, and using the mental wards for all persons believed to be curable. It would tend to an obvious classification of types, and when once this came to be commonly recognised, the public might cease to draw a distinction between the mental wards and the asylum, and might come to attach the same stigma to both. If this were so, one of the main objects of the method would be defeated. But so long as the system is kept within reasonable bounds, and the hospital character of the observation ward maintained, it serves a most useful and salutary purpose.

Meantime the differences between the Glasgow practice and that which I noted in great Poor Law institutions in England are mainly these : the system in England is less developed and less organised ; the accommodation for cases is proportionately less ; the maximum period of detention is shorter ; the work is in charge not of a specialist, but of the medical officer of the institution ; the medical officer does not see patients in their own homes before removal ; and, apart from alcoholic cases, the purpose in England is not quite to the same extent the cure of recognised mental derangement, but to a somewhat greater extent the decision whether the patient is or is not insane. Yet this last distinction is largely verbal, and the difference in the maximum period of detention better expresses the real difference. The longer period favours a cure in hopeful cases, and facilitates a correct opinion where time for observation is required.

In Whitechapel Infirmary nearly all insane cases are detained for 14 days under a magistrate's order (Section 24 of the Lunacy Act, 1890). Sometimes an order is renewed for other 14 days. About three-quarters of the cases recover within this period. They include cases of alcoholic insanity and delirium tremens, and temporary nervous excitation which is said to be rather common in the Jewish population of the locality. In Edmonton the longest period of detention is 17 days.

Constance Road Workhouse, belonging to the Camberwell Guardians, has a reception house for lunacy cases on similar lines. The total yearly admissions are about 400, and more than one-half of these are sent home without being certified insane, the cured cases being mostly delirium tremens, alcoholism and hysteria. Of the certified, some remain in the workhouse as imbeciles. Cases requiring to be sent to an asylum usually go there after eight or nine days' detention at the workhouse. Under treatment, delirium tremens patients commonly get well in a week or two, but some wait voluntarily for a month or more.

So far as the English practice goes it is good ; if it were further developed it would be better. At present in England, as in Scotland, it seems confined to large centres of population. But it would be equally good for the poor of rural districts and of small areas. Once more, reform cannot well be carried out unless by enlargement of administrative units, so that institutions like the Glasgow Eastern District Hospital might be set up at a reasonable outlay, and placed under the charge of specialists in mental diseases.

4. MATERNITY DEPARTMENTS.

I am impressed with the admirable work done in the maternity wards of the large city infirmaries. The wards are in nearly all cases models of comfort and cleanliness, the nurses are well trained, the instruments and appliances are beyond criticism, and medical assistance is available whenever required. The arrangements in the wards occupied by the patients after confinement are not always in accordance with modern views, in respect that the babies do not invariably sleep in cots, but may be placed in bed with the mother, which is now regarded as objectionable. Also, I was surprised to find dummy teats, or comforters, not always debarred, and even tube feeding bottles not unknown. Yet there can be no comparison between the comfort and safety and results of midwifery practice in such surroundings and that conducted in the homes of the labouring classes. Quite certainly the future health of the mother is infinitely better protected in the former than in the latter. A mother who has to rise too soon to attend to her household duties often in so doing lays the foundation of life-long ill-health, rendering her ineffective for household work and for the proper upbringing of her children.

I was interested to learn that in some large cities the advantages of these maternity departments are coming to be so much appreciated that various underhand expedients are adopted to secure admission to the wards. A married woman will demand to get in on the ground that she is not married, or that her husband has deserted her. When this latter plea is advanced, if the application is made early enough to permit inquiry, a relieving officer usually visits the house, and, to meet this contingency, the husband, it is said, actually does go away to live elsewhere for a few days.

It seems to me well worth considering whether such maternity departments, either gratuitously or on moderate payment, should not definitely be thrown open to all women who wish their aid, without any taint of pauperism attaching to their use. At present, apart from those who benefit by such tricks as have just been mentioned, it is the unmarried women who get these rate-paid advantages, while the married woman, the wife of a respectable labourer, stays at home and pays a midwife or a doctor. The Midwives Act has been passed for the benefit of poorer women and their offspring, and, no doubt, it has been useful; but, looking to the national anxiety to do the best that can be done to make up for the diminishing birth-rate of the country, by preservation and protection of child-life, I see no sufficient reason for not giving institutional help at the birth of the child. When a midwife sends for medical aid in difficult labour she does not always send soon enough, or the doctor may not always be at hand, and the child's life may be lost. It is the largest and strongest infants who cause the most difficult labour, and are the most likely to be sacrificed in this way. But independently of such occasional accidents, great good would result from much more extensive resort to maternity wards or hospitals. The excellent work done by the voluntary maternity hospitals is well known. If or where these are insufficient for the locality which they serve, they might be supplemented by additional rate-supported institutions. Meantime, the Poor Law maternity wards make very good training schools for midwifery nurses.

5. COMPULSORY DETENTION IN POOR LAW INSTITUTIONS.*

In investigating workhouse government, the need for powers of compulsory detention there or elsewhere of certain classes of inmates soon made itself apparent. The ins-and-outs, from a medical point of view, and especially from the point of view of the alienist, show great differences in mental health and stability. There is continual classification of paupers into deserving and undeserving, but these terms have to be used with reservation in one important respect. Many a man who must be objectively regarded as undeserving when outside the workhouse, has to be re-classed as deserving once he is fairly established within its walls. His self-control is defective, and he easily yields to temptation. Outside, the sight of a public house is sufficient to bring him low if he possesses the necessary means, or if he meets with an acquaintance who will stand treat. Inside the workhouse, where there are no opportunities for backsliding, he may be steady, well-behaved and peaceable, using no bad language, and doing willingly the tasks required of him. But every now and then the desire to get out comes over him; no power exists to detain him, and leaving the place as a clean, healthy, tidy man, he returns to it debauched, filthy, and verminous. Such a man should be saved from himself. But the power of control should be very carefully safeguarded, so that the workhouse shall not come to be regarded as a prison. Indeed, to prevent this, detention of such cases in a separate reformatory or labour colony would be much better. Compulsion should probably be exercised only through a local law court, and perhaps after independent inquiry into the circumstances of every case. There should be little difficulty in devising suitable procedure. (See Recommendation 18, p. 151.)

Another class of inmate for whose detention in some kind of institution compulsory power is needed, consists of women of weak mind and facile disposition who are continually in and out, and become the mothers of illegitimate children, frequently defective like themselves, and tending to prolong a brood contributing to the pauper class of the community, and sometimes also to the criminal class. Such women cannot always be certified as lunatics, or even as imbeciles, but they should be

* Compulsory removal to sick wards or infirmaries is dealt with at p. 113.

under control on the same lines as the feeble-willed men whose case I have been commenting upon.

Distinguishable from both of these is the class of lazy, worthless vagabonds who come into the workhouse for shelter and recuperation in bad weather, and go out again when the weather improves to loaf and beg and steal and be a general nuisance to the community. At present the country provides these people with the workhouse as a kind of headquarters or hotel at which they may put up whenever they feel inclined, and which they may leave with practically no interference. It is true that certain limited powers of detention, for ins-and-outs, up to 24 hours in some cases, 48 hours in others, and 72 hours in others, and 168 hours in others, do belong to workhouse authorities, but these are quite insufficient to meet the cases I am speaking of.

Even a fourth class of cases might be distinguished—loafers who have never been in a workhouse, mostly young men, battenning on their parents or other relatives, perhaps on a widowed mother who herself is in receipt of Poor Law relief.

The following cases are given in illustration of the need for compulsory detention :—

Case 2.—An unmarried girl of weak mind, but not certified insane. Came into the workhouse infirmary recently to be confined. Her baby is a month old. She had been in service in London and had gone to Lambeth Workhouse, from which she was removed to the workhouse where I saw her. She has two other children, one kept by a grandmother, and the other adopted by a woman. The girl has no moral sense. Her condition is one not of immorality, but of non-morality. She is proud of her children, and would find entrance to the men's quarters of the workhouse if she could. Her father is a farm labourer, and the farmer will not permit her parents to keep her in the farm cottage.

Case 3.—A mentally weak woman married young and had four children, two male and two female. When she was 22 years old her husband deserted her, the youngest child being then a month old. She is an inmate of the workhouse; her two daughters are also inmates, both having been certified as of unsound mind in 1888. One of these entered the workhouse in infancy, the other when eleven years old. The younger of the two daughters was for a time off the imbecile list, and was discharged from the workhouse. She obtained a situation in London, and came back to the workhouse with an illegitimate child. The woman's two sons are not paupers. Both are married and one has a family.

A brother of the woman, aged 54, is also of weak intellect, and has been in and out of the same workhouse for the past 20 years.

Case 4.—A man kept a common lodging house and was intemperate. He came into the workhouse infirmary with delirium tremens three years ago and is now weak-minded. There is no power to detain him if he wishes to leave.

Case 5.—A plumber and painter, an unmarried man, aged 36. He is in good health and can earn about 30s. weekly. He came into the workhouse about a month ago, on the ground that he could not get work. He had been out of work for only about a month. He is in no sick club. This is his second time in the workhouse; the first occasion was December last after he had been out of employment for two months. An unmarried skilled tradesman should be able to keep himself, and no doubt drink and thriftlessness are at the bottom of his pauperism. He should be detained and compelled to work with a view to permanent improvement in his habits.

Case 6.—A hawker aged 50. He is a drunkard and a town loafer who leaves the workhouse in good weather and comes back again covered with lice. He is on test labour in the workhouse.

Case 7.—A carpenter aged 45. He was discharged from the army 13 years ago after eight years' service, and was admitted to the workhouse seven years ago with a fractured leg. He is lazy and inebriate, and is continually in and out. When in he is on test labour, and after a little time this usually drives him out.

Case 8.—A farm labourer aged 71, who has been in and out of a workhouse for the past six years. He is industrious but intemperate, well-behaved when in the workhouse, but ill-behaved when he goes outside.

Case 9.—A farm labourer aged 72, who was first admitted to the workhouse ten years ago. Is an industrious man when in the house, but is very intemperate when out.

Case 10.—A widow aged 64 has had medical and money relief from the Guardians owing to an attack of influenza. Her son, aged 18, lives with her, and is a permanent loafer. He simply refuses to work and requires compulsion.

Case 11.—A dwarf, aged 54, is a watchmaker, and also gets 2s. 6d. weekly from the Guardians. He is healthy and appears to have full use of limbs and brain. He bears rather a disreputable character, and says he cannot work. He seems to trade on his deformity as a means of obtaining charity.

The following case was seen in an urban Union:—

Case 12.—A household consisting of J. B., his married daughter, her husband, their five children, and a female lodger. J. B., who is a man of 54, has eczema of the leg, and one of his grandchildren is a baby with whooping cough. The family receive medical relief only. J. B. is a boatman who earns 21s. weekly. His daughter's husband is a fitter who earns 32s. to 38s. weekly when he works, but he is a lazy loafer. The house consists of four small apartments, and the rent is four shillings weekly. The children are neglected. Their breakfast consists of tea, bread, and lard, or occasionally butter; at mid-day occasionally rice, but usually tea and bread; at five o'clock tea, bread and lard or butter; at bedtime a piece of bread. A little Nestle's condensed milk is purchased for the baby, but no other milk comes into the house. Potatoes and bacon are seldom used, and porridge never. Compulsion to work seems necessary here.

(See also Case 55, p. 80.)

6. REFUSAL OF INDOOR MEDICAL RELIEF TO DEPENDANTS OF THE ABLE-BODIED.

While compulsory powers of removal to, and detention in, workhouses are required, I met with several cases illustrating what appears to me a defect in the opposite direction. The defect apparently results from local misunderstanding of what is no doubt in general a useful rule—namely, that no able-bodied pauper shall receive relief by admission to the workhouse of any of his family who are dependent on him. The purpose, of course, is to prevent imposition by men willing to throw on the poor law the responsibilities of family life which should attach to themselves. But as applied in practice it sometimes works out very badly. Here are cases in point, taken from notes made in the course of inspection of outdoor medical relief:—

Case 13.—A married woman, aged 68, has had paraplegia for the past six months. Her husband is a fisherman, aged 67. He is occasionally troubled with rheumatism, but is strong and able-bodied. He is willing and anxious to work if he could get his wife nursed. She requires to be lifted once or twice a day, and no neighbour woman is strong enough for the task. Following his own business of fishing would take the husband away all day and sometimes all night. His wife cannot be admitted to the workhouse infirmary unless he himself goes in along with her, because in the district where this case occurred indoor relief is never given to the dependants of able-bodied persons. The Guardians grant 3s. a week for nursing his wife, and also the attendance of the district medical officer. This is a wet and dirty case, and bed sores threaten to supervene. There is no water bed. The husband does his best by doubling up full-sized bed sheets and using them for draw sheets. The case is obviously being mismanaged. The woman is not being properly nursed outside, and yet cannot obtain admission to the workhouse infirmary unless her husband, who is anxious to remain at his occupation, ceases work and also becomes an inmate.

Case 14.—In a different part of the country a family of father, mother and three children lived in a small house. The mother and three children had itch, but the father was free from it. He was out of work. The Guardians could not, as was supposed, take the rest of the family into the workhouse without the father, consequently they all went in, and the father thereby lost work which he could have obtained had he been free to accept it.

Case 15.—A girl aged nine suffers from epilepsy, and would be better managed in the infirmary, but the parents will not let her go; and even if they were willing the Guardians would not admit the child of an able-bodied father unless the father also entered the institution.

Case 85 may also be noted.

But I am assured that all such action as is referred to in the above cases is based on a misunderstanding, and that the second exception under Article I. of the Out-Relief Prohibitory Order permits Boards of Guardians to receive such cases into the workhouse or infirmary without their being accompanied by the father in the second and third cases, and by the husband in the first case. The Order permitting this has been in operation for no less than 63 years, yet its provisions appear not to be always understood.

7. THE CHILDREN OF THE INS-AND-OUTS.

The effect of rigid adherence to the above discussed rule of refusing indoor relief to dependants of the able-bodied receives a most extraordinary illustration in respect of the children of the ins-and-outs in Camberwell. That large metropolitan parish, possesses two workhouses, an infirmary, a children's receiving home, and a large number of scattered homes. When parents are admitted into the workhouses or infirmary, their dependants are taken to the receiving homes, whence, after

a month, they are sent to one of the scattered homes. But the parents cannot be detained against their will, excepting for the limited periods of 24, or 48, or 72 hours, or 168 hours, according to circumstances. When undeserving parents have had a few days' rest and comfort inside, they often determine to go out for a day or two, usually to obtain drink. They, therefore, take their discharge, as they have power to do. This means that their children, who, in the Homes, have been undergoing washing and cleansing, and receiving proper food and enjoying quiet rest at night in clean beds, have also to be discharged. The children are handed over to the parents. These may go to their old haunts of dirt and debauchery and take the children with them. In a day or two, having brought themselves to their normal outside condition of filth and vermin, and the children having been reduced to the same condition, the parents determine to return to the workhouse. Then the children are taken back into the receiving home, and there cleansing and quarantine have to begin all over again.

On other days the parents may spend their day out in a public house, taking the children with them, very likely giving them drink and keeping them standing about all day in or beside the beer shop. At night they come back to the workhouse and the children to the Homes. The Homes adjoin Peckham Rye, a pleasant open park. Sometimes the parents simply send the children adrift in the park and go their own way themselves. Occasionally on wet days, or owing to hunger, the children come to the door of the receiving home to ask for re-admission, but there is no power to re-admit them, their parents being able-bodied and not in receipt of indoor relief, and so, unless the authorities at the Homes defy the law, the children have to go away again to be admitted at night when their parents have finished their drinking bout.

Such a system needs only to be described to be condemned. It is unbelievably bad, but I have set it down as reported to me by a thoroughly reliable authority, and I found the same complaint in more than one other urban Union, so that the Camberwell case is not unique. What is wanted, obviously, is proper control both of parents and of children, but so long as relief is given practically unconditionally, such abuses will remain. Every time the children return, their medical inspection and the disinfection of their clothing and the cleansing of their heads, and their month's detention in quarantine, have to commence anew, and even before the month so begun is complete the whole process has to be once more started. The books of the Camberwell receiving homes show several children in and out about twenty-five times a year.

8. SPREAD OF CONTAGIOUS DISEASES.

A matter which relates to both indoor and outdoor medical relief may conveniently be disposed of here. Persons suffering from contagious diseases, and receiving relief from the Poor Law, are under insufficient control against conveyance of the disease.* The following are two cases in point :—

Case 16.—A woman with three children, all suffering from itch, refused to go to the workhouse, and received out-relief, without any restriction on their movements. Their illness was unduly prolonged by the want of proper nursing, which indeed ought not to be provided outside, the obvious remedy being compulsory removal to the workhouse. But the whole family lived unrestrainedly in the poor part of a town, mingled with others of their class, and had every opportunity to spread the disease.

Case 17.—A labourer, aged 37, has had syphilis since February, 1906, and has been in and out of a workhouse and other institutions. I saw him in a workhouse. He declared he had avoided the possibility of infecting anyone, but there had been and could have been no control over his movements, though he was in receipt of Poor Law relief.

* In a poor-house in Scotland I saw a prostitute suffering from acute gonorrhœa. She had been in before, and after being cured of her present attack would return again to the brothel from whence she came, to resume her old life.

9. EDUCATION OF CRIPPLES.

In the course of my inquiry I met with cases which suggested need for some kind of control over the education of cripples.

Case 18.—A relieving officer introduced to me one pauper whom we met driving in a small buggy along a country road. The man is 46 years old. He was a sailor, and he lost one leg and injured the other when less than 30 years old. In consequence he became a pauper and has remained so ever since. He is, excepting for his inability to walk, a strong, lazy, overfed-looking man, who has never been compelled to learn any kind of manual occupation. Basket-making, or horse-collar making, or tailoring, or the like, could surely have been learned, perhaps not so thoroughly as to enable him to earn the full pay of a skilled workman, yet sufficiently to save the ratepayers from maintaining him all the rest of his life.

Various other cripples were somewhat similarly circumstanced. Sometimes they are maintained by their parents until it is too late to acquire skill in any handicraft. Such cripples may get aid from the rates from the beginning, or not until the parents become old or die. If they could be got hold of sooner their pauperism might be prevented.

Case 19.—A woman, now aged 46, has a club-foot. When she was a girl of 16 her mother died, and she then kept house for her father so long as he lived. Since her father died she has continued to live along with an unmarried sister, who goes out washing and charring, while the cripple does the house-keeping for the two of them. No attempt has been made to teach her any skilled handiwork so as to help her towards earning a livelihood.

See also Case 46.

Case 20.—A man, aged 35, is deaf and nearly blind. The deafness began after scarlet fever at the age of seven years. He has had the attendance of the district medical officer when required, but has never been treated in any institution, and has never been taught basket-making or any other light occupation. He gets 4s. a week from the Guardians, and does baking, washing, and housekeeping for his father, an old man not fit for work owing to lumbago. His mother is dead.

Case 21.—A miner, aged 65, became affected with asthma at the age of 38, and for 19 years has done no work, not even work in a garden. He is nursed by his wife. Seeing he left off pit work at a comparatively early age, he might perhaps have been taught some light indoor occupation.

To a somewhat different category belongs the case of two spinsters, who had been brought up by their parents without being taught any occupation yielding an income. Their father had rather a good wage as a skilled tradesman, and so long as he lived they were not ill off; but when he died they became paupers. Their pauperism appeared to be the result of parental pride or want of reasonable forethought.

In urban Unions I saw the two following cases illustrative of the need for training:—

Case 22.—A man, aged 50, is very lame. Illness began 5 years ago. He has been in the workhouse infirmary and at a general hospital, but without benefit. He would gladly learn any kind of work—leather work, basket-making, or the like, if taught.

Case 23.—A man, aged 55, has been blind for 30 years as the result of a colliery accident. He was only 25 years old when he lost his sight, and has learned no kind of handicraft such as the blind are capable of being taught. He sits at the door with a tin and gets coppers from passers-by. His relief is 3s. weekly. His mother, a widow, with whom he resides, also gets 3s. weekly. A son, who has 12 children of his own, contributes a shilling occasionally. Rent is 3s. weekly, and coals cost a shilling weekly.

See also Case 124.

10. GENERAL HOSPITALS AND DISPENSARIES IN RELATION TO POOR LAW MEDICAL RELIEF.

(a) **Hospitals.**—These at present play an important but a very irregular and variable part in Poor Law medical relief in the rural districts. Maintained by endowments and by private charity, and by contributions from workmen, they act as a kind of supplement to the Poor Law. The Guardians often subscribe to such institutions as are within reach of the paupers—to general hospitals and to special hospitals for the eye, ear, throat and the like, and sometimes to sanatoriums for consumption. The amount of these subscriptions probably does not, as a rule, at all adequately represent the benefits which the paupers receive. For an annual contribution of two or three guineas several paupers may be sent to a hospital in the

course of a year. In this way, therefore, the Poor Law is very appreciably supplemented by charity.

Occasionally the Guardians have at their disposal an ambulance-wagon in which to remove a patient to such a hospital. More often they have none, and the case goes in a cab, or by train if a railway is near, or sometimes an ambulance-van may be sent from the hospital for the patient. As regards the value of this outside aid to Poor Law administration, it obviously must vary very greatly in different localities. So far as the Guardians are concerned, it is a matter of chance whether their sphere of operations is convenient to general and special hospitals or whether these are many miles distant. Every large centre of population nowadays can be depended on to possess institutions of one kind or another for the sick; but in sparsely populated parts of the country paupers and the public alike are in this respect much worse off than elsewhere.

(b) **Dispensaries.**—The position here is similar. These dispensaries are a valuable supplement to the Poor Law, and in cities often give paupers a choice of relief. It is said that the traditional poor reputation of the parish doctor and the parish medicine makes many paupers resort to the public dispensary in preference. And one of the regulations of the King's Norton Board of Guardians is the following:—“VIII. Medical Relief.—Applicants for and recipients of medical relief—other than those in receipt of outdoor relief—shall be supplied by the relieving officers with the addresses of the local Provident Dispensaries.” In Birmingham there are three dispensaries, the largest, the Birmingham General Dispensary, having six branches, and one of the others two branches. Only the largest, with its six branches, is available without contribution by the patient, the other two institutions being provident in the ordinary sense. It is well known that every large city and many smaller towns have medical dispensaries connected with or apart from general hospitals. In some cases they are not intended for persons in receipt of Poor Law relief, but such restrictions are difficult to enforce.

11. MEDICAL INSPECTION OF POOR LAW INSTITUTIONS.

At present there is one Medical Inspector for all the workhouses, and infirmaries, and children's homes and schools in the provinces of England and Wales, and another for all the Metropolitan Poor Law institutions. From Dr. Fuller's evidence, which I was permitted to read, I conclude that the Medical Inspectors act practically as expert assessors to the General Inspectors, who, under the existing system, must be the best judges of when they want the help of their medical colleagues. I am of opinion that there should be on behalf of the Central Authority systematic medical visitation of all Poor Law institutions independently of calls for joint inspection by the general inspectors. The larger institutions, or those with the larger infirmaries attached to them, would want more frequent visiting than the smaller, but every one of those which I saw, small and large, would be the better of a rigid examination at not very infrequent intervals—perhaps every two years on an average. Pauper children's institutions of all kinds should be more frequently than adult institutions the subject of medical inspection, as children change more than adults in the course of a year or two. This part of the work could very well be done by women doctors. From what I have said about vagrant wards, it will be gathered that these also in my view should be medically inspected, and that does not appear to be ordinarily done at present, even where the Medical Inspector accompanies a General Inspector in visiting an institution.

Not merely should there be medical inspection; the inspector should report to the Central Authority as a matter of course. The minute of 1889, which states that “It is not the intention of the Board that [the Medical Inspector] should furnish reports after his inspections except in those cases in which reports are requested,” is surprising, but I gather from Dr. Fuller's evidence that under the present régime a better policy prevails, and that the minute has been to a great extent abandoned in practice. I speak, of course, as a medical man, and the Commission must make what deduction they think right from my observations on such a matter; but it seems obvious that a competent and judicious medical inspector could do a great deal of good work in the supervision of medical attendance, nursing, dieting, and health conditions

generally. He would discuss defects with the medical officers from the medical point of view, and replies that might silence a layman would not satisfy a Medical Inspector. Though in the course of my own inquiry I had absolutely no right to criticise, yet a word dropped in season seemed likely to bear fruit.

Medical supervision would greatly strengthen the hands of good workhouse medical officers in their own reports and advice to the Guardians. At present the workhouse doctor has a half-yearly duty of filling up answers to queries about sanitary conditions, appliances, furnishings, &c. I can well believe that many a man would more boldly call attention to defects, even at the risk of the Guardians' displeasure, if he had first of all consulted a Medical Inspector as to what he proposed to say. At present the filling up of these half-yearly reports is sometimes done in far too perfunctory a manner. The medical officer is unquestionably to blame for that, but the right course should be made easy to him by assuring him of the support of the Medical Inspector of the Central Authority.

PART V.—MEDICAL SUPERVISION OF PAUPER CHILDREN.*

Before entering on this inquiry I had not, any more than the average man in the street, given consideration to any of the problems of the Poor Law, and this negation applies to pauper children. But with regard to general advancement of the country in bodily and mental health and well-being, it has always been clear that the best way to achieve success is and must be to begin with the young. It is a mere truism to say that the young are more teachable than the old, and that bad habits are more difficult to cure than to prevent, and that good habits are more easily acquired in early life than in later years. The family of a tinker, such as one meets occasionally on a country road, is typical of an up-bringing which has its natural development in an ineffective life ending in crime or pauperism.

Illustrations of the importance of beginning any kind of physical reform with the young rather than with the grown-up are continually forcing themselves under the notice of the health officer. For example, belonging to general sanitation, the subject of improved housing occupies a prominent place. Improved housing includes in its essential items better means of ventilation and of personal cleanliness. Better ventilation is structurally provided for by ensuring that dwelling-house windows shall be large and properly situated and capable of opening freely. Better cleanliness is aimed at by requiring that each new dwelling—no matter how small—shall have its own water supply within the house, and it is even possible in many new working-class houses to secure the introduction of a good bath. But having structurally provided these fundamentals, one finds on subsequent inspection that the windows are kept closed and that the baths are used for winter gardens or for solving the difficult problem in every small house of finding a place to store cycles. And the critic points to such facts as showing the futility of sanitary effort, and as furnishing a reason for no longer insisting on such a costly equipment of a poor man's house. The weight of the criticism cannot be altogether denied, and the case can only partially be met by health visitors instructing the people to use the conveniences provided for them. Much good, no doubt, will be done in that way; but while making these efforts to help the present generation, a much more successful line of action is to see that the children of the country are from the beginning so trained that when they come to have houses of their own they shall use the bathing facilities provided for them. Dr. Leslie Mackenzie very vigorously called attention some time ago to the German system of making weekly or bi-weekly bathing a part of elementary school routine—not by swimming baths, which are used only by a minority, and which, if unduly indulged in, may result in heart strain and permanent injury to health, but by spray baths so arranged that a score of children can bathe themselves at one time and in a period not exceeding twenty minutes or half an hour, so that in a well-organised school all the children of seven or eight years and upwards can be bathed once or twice a week. Juveniles so instructed, when they come to have houses of their own, will require no health visitors to advocate the regular use of the bath. And so it is with regard to almost every line on which progress is desired to be made.

Holding these views, I have in the present inquiry given much attention to the conditions under which pauper children are reared, both indoor and outdoor.

I. THE CAUSES OF CHILD PAUPERISM.

It is understood to be a principle of English Poor Law that the condition of the pauper shall be less eligible than that of the poorest labourer earning his own livelihood. In considering whether this dictum is applicable to pauper children a theoretical distinction can be drawn between two classes. Child pauperism may be due (1) to illness or death of a well-behaved or normal parent before his children are able to maintain themselves; and (2) to desertion or neglect by an ill-behaved or abnormal parent, thriftless through mental defect, or a criminal or inebriate. This distinction sufficiently leads up to the point I wish to make, that deserted children, or those belonging to criminals and drunkards and to the mentally defective, have

* For the children of the Ins-and-Outs, see p. 59

received a heritage which puts them in a lower category than other children whose parents were normal, but died, or were incapacitated by illness from maintaining their offspring. For the latter class it may hold true that they need receive from the State no more than the poorest non-pauper labourer is able to give to his own, but the former class—the offspring of the ne'er-do-wells—require from the beginning, in their own and the public interest, exceptional up-bringing, both bodily and mental, to counteract their evil inheritance, always evil in the one sense that they come of a bad stock, and often evil in the additional sense that in the period before their desertion they have been under the influence of bad examples. In short, this class of children needs exceptional care on the part of the State in order to prevent hereditary inefficiency and crime and pauperism. While this theoretical distinction can be drawn, even the children of the well-behaved father require, as we shall see, in their upbringing much supervision to ensure that they shall be properly fed and reared by the widowed mother. The father's illness may have been due to transmissible weakness, and the widow may be unable or neglectful to give her children that amount of attention which they would have received if the father had been alive.

The administrative conditions under which I have seen pauper children are as follows :—

- (1) In workhouses, those of school age attending a school outside ;
- (2) In cottage homes ;
- (3) In so-called " Barrack " schools ;
- (4) In scattered homes ;
- (5) In receiving homes ;
- (6) Boarded out with foster parents ;
- (7) Living with widowed mothers.

2. WORKHOUSE CHILDREN.

These are divided into two classes according to age ; (1) In the nursery those under three years old ; (2) In the children's department those over that age, and up to 14 years, or occasionally to 15 or 16 years.

(a) **Nurseries.**—In the workhouse nurseries some of the babies were breast fed and others were bottle fed. In some workhouses where there was bottle feeding the children had the right sort of bottle—the boat-shaped bottle without a tube, and with a glass stopper, and in some cases with an opening at either end to facilitate thorough cleansing. In other workhouses there were tube bottles of the usual mischievous character, apt to retain sour and curdled milk, and to set up indigestion, colic, diarrhoea and vomiting. In some workhouses objectionable " comforters " or dummy teats were forbidden, whilst in others they were freely permitted. In one case a child was busily sucking air through the ordinary glass tube of a feeding bottle, the bottle having been detached for convenience.

As regards sleeping arrangements, in some workhouses cribs and cradles are insisted on, whilst in others the baby sleeps with the mother and is under some degree of risk of being overlain. That risk, of course, is very much less in an institution where alcoholic intoxication is practically impossible ; but it is bad in so far as many of the mothers are " ins and outs," who may be intemperate outside, and, if not educated in the crib or cradle system when in the House, may suffocate the child by over-lying when outside the institution.

In addition to attendance by the mother, the babies in the nursery of rural workhouses are usually looked after by the children's caretaker, perhaps with the help of a female inmate who in some cases is partly imbecile. Attention other than maternal is necessary where the mothers are required to give aid in the workhouse laundry or otherwise. Where such work is done by a nursing mother it is important that, in the interests of the baby, the mother should be well fed. In earliest infancy help from an imbecile can have no evil influence, but when the child reaches the observant or imitative age it had better be looked after by women who are healthy both mentally and morally.

With regard to children who have been weaned, but are not yet three years of age, and are, therefore, still in the nursery, one of the regulations of the Local Government Board is that they shall be dieted in accordance with written instructions by the medical officer of the workhouse. I do not think this rule was being adhered to in any workhouse in which I visited the nursery.* In all of them there is a printed dietary scale for young children, and this is the guide for the feeding. The Board's regulation is certainly a good one. No printed dietary table can guide the feeding of every infant, and the fact of having to put his instructions in writing would itself direct the medical officer's attention to the child and its requirements, but if written instructions are not given, the whole arrangement is likely to lapse. In the urban institutions, perhaps, this regulation is not so important, if there is a resident medical officer. If a child is not thriving it is usually taken into the infirmary, and put under regular medical treatment and nursing. But in both urban and rural workhouses the nursery should serve as a school in which pauper mothers are taught how to feed their infants.

Concerning bodily cleanliness, the babies were in a very satisfactory condition.

(b) **The Children's Department** is a regular feature of rural workhouses, but is seldom found in the workhouses of urban districts, which usually provide special institutions for children. The department, where it exists, includes all from three to 14 years old, at which latter age the workhouse life of the child pauper usually terminates.

The children are commonly under the charge of a female caretaker. Caretakers, of course, exhibit differences of qualification and capacity. In one rural workhouse a girl aged 22 was in charge, and seemed to me too young to exercise sufficient control over boys and girls reaching 14 years old.

I made a brief examination of the children at the workhouses, as regards cleanliness of skin, hair and scalp, and the condition of the teeth, throat, eyes and ears. Cleanliness reached a decidedly high standard; the feet were hardly ever dirty, and the skin in general showed the healthy condition which results from regular washing. I have no hesitation in saying that in this respect workhouse children are much better off than pauper children outside, or than non-pauper children of the labouring classes. This rule, however, was not without exceptions. The hair of some of the girls showed many nits, which quite possibly were got from infection at school; but in some cases washing of the head was not being properly done, and the hair had the sticky feeling which results from the use of soft soap not removed by abundant ablution. The finger-nails, also, should have received more attention; some were dirty, and some children were being allowed to indulge in the degenerative practice of nail-biting. Not nearly all the children were provided with handkerchiefs, and quite an appreciable number of boys were evidently in the habit of using their jacket-cuffs in substitution. Their supply of towels, &c., was, in some cases, quite satisfactory; in others it was not being duly supervised. The towels were being used, not to dry the hands after they had been cleaned, but to wipe wet dirt from unclean hands. It was only in a small minority of workhouses that each child had its own brush and comb, and these toilet articles were, in various instances, very far from clean.

Very little attention indeed was being paid to the cleanliness and soundness and development of the teeth. In only one or two workhouses were the children provided with tooth brushes, and I was told repeatedly that the Guardians would laugh at the suggestion that these should be obtained for children old enough to use them. Many of the teeth were decayed, and many were going wrong owing to want of regular dental attention, such as removal of temporary teeth to permit proper growth of the permanent set. Looking to the well-known importance of sound teeth for healthy digestion, and to the particular attention which is given to the teeth in examining candidates for military service, the absence of any systematic dental inspection and supervision was very notable. Not one of the rural workhouses which I visited employs a dentist for any periodic examination of the children's teeth.

* I cannot speak on this matter as to the workhouses at Forden, Caersws, and Machynlleth.

Concerning enlarged tonsils, adenoid growths and obstruction of the nostrils resulting in mouth breathing, and slight defects in hearing, a similar criticism applies, but not nearly to the same degree. There being a medical officer for every workhouse, he sees children who are ailing, and to whose condition his attention is called when he visits, but there appears no such thing as systematic periodic medical inspection of workhouse children. The medical officers are not paid for such work, and there is not over them any local authority guided by medical advice which would suggest that such regular supervision should be a routine duty.

The eyes were receiving more attention than the throats, noses and ears. Most children suffering from squint were being looked after, and most of those needing spectacles were being furnished with them.

In physical development with relation to age the children varied a good deal. Looking to their origin, their condition was quite as good as could be expected, which means that on the whole they impressed one as falling somewhat short of normal standards. There was no time to note height and weight in relation to age and sex, but some were so puny as to indicate the need for extra dieting. Yet the dietary on the whole seemed good and suitable, and at meals, of which I witnessed several, the children ate heartily and enjoyed their food. They were mostly being fed according to appetite, which is a good rule, but some who were on ordinary diet would have been the better for special feeding to bring up their weight.

The cribs and beds and bedding in the nurseries and children's department were usually very good, and the bedrooms were being well ventilated by open windows during the day. I did not see any of them when occupied in the evening.

Most cases requiring mackintoshes on the cribs or beds were properly supplied with them, but in one or two instances the mackintoshes were old and worn and of little use. In some urban institutions for children there are excellent bedsteads for such cases—a light iron frame work, with a canvas stretcher fastened to the frame at head and foot, and one or two folded blankets instead of a bed—the whole being easily removable for washing whenever required. But I saw none of these in the rural workhouses.

3. COTTAGE HOMES.

I inspected six sets of cottage homes, all but one of them belonging to urban Poor Law authorities. A typical institution of the sort is always situated in a rural or suburban locality, has ample grounds, and contains half-a-dozen to a dozen or more handsome cottages or villas for groups of children, a superintendent's house, an elementary school, a small hospital, workshops in which elder children are taught various trades, a drillhall or gymnasium, a swimming bath, a playfield, and a large garden. The total inmates in those visited ranged from about 130 to 700.

The cottages themselves are the essential part of the institution, all the rest being accessory or supplementary. The usual accommodation in each cottage is for 12 to 24 children, but occasionally this number is exceeded. The highest figure amongst those visited was 38. The ages are graduated from three to 16. Sometimes the children in a home are of one sex, but sometimes younger children of both sexes are placed in the same home, to make a closer resemblance to family life. A paid foster-mother takes charge of each home, and may have the assistance of one or two of the older girls, who are thus taught housework. A typical home has a good kitchen, in many cases used as a dining room, also a sitting room, and two dormitories, with a small room for isolation of any doubtful ailment until it appears whether the patient should go to the hospital. Some of the officers in charge of the individual homes are married couples, the wife being foster-mother and the husband a trade instructor or other employee of the institution.

The children attend school within the grounds, or if not numerous enough to require a school for themselves, they go to the nearest village school. The teachers of the homes school live outside. The schools are under the Education Department for inspectorial purposes. School attendance continues up to the age of 14 years as a rule. Afterwards the children receive suitable instruction for a year or two, the boys

at trades, and the girls at sewing or laundry work or domestic service. Situations are then found for them, and some supervision is exercised over them by the superintendent, or by voluntary organisations, until they reach the age of 18 years or even later.

The children are well fed and taught, and have plenty of exercise and interest in life. They play matches at cricket or football with school teams outside, have swimming and athletic competitions, and on holidays may, if near London, be taken to the British Museum, St. Paul's, the Zoo, &c. In some institutions there is a bandmaster and a boys' brass band, many of the members afterwards finding situations in military or other bands. At a function in India where regimental bands attended, so many of the bandsmen had been trained in one of the Poor Law homes near London that they had a reunion and got photographed together. The photo is now one of the school treasures.

The success of these homes in leading the children out of pauperism and into a useful life is said to be great, and I have no doubt whatever that it is so; indeed, it is hard to see how a system with so many good points could be other than successful on the whole. Sad to say, the children who most frequently go wrong afterwards are those whose parents or other relatives get hold of them on their discharge, sponge on them when they are beginning to earn a living, and drag them back into their own evil, drunken, thriftless ways.

(a) **Medical Attendance.**—Before children are admitted to the regular life of the homes they are kept under observation by a Poor Law medical officer for two weeks to a month, until it becomes certain that no infectious disease is incubating. Any child found affected with ringworm, or itch, or ophthalmia is isolated until recovery. This period of probation is most probably spent at the workhouse, but the arrangements are not identical in all the Unions. The medical officer visits the homes regularly, and examines any children whom the superintendent, or the mothers, or teachers have noticed to be ailing. He also may see the children at meals or at play or in school. In these ways many cases requiring medical attention will be noticed—defective sight or hearing, bad throats, febrile conditions, skin diseases, swollen glands and the like. But periodical and thorough medical inspection of children is not systematically practised, and I am quite satisfied from what I saw that various defects requiring attention may and do escape notice—adenoids, or enlarged tonsils, or nasal polypi, or otorrhoea, or, occasionally, defective sight, and other such conditions. I do not want to enlarge unduly on this defect in the system; but, notwithstanding the good medical work that is already being done, there is decided room for improvement, and there is every opportunity and facility for such improvement as is required, if only there were some authority to insist on the work being done, and to see that it is done, and that the officer is paid for the doing of it.

(b) **Dental Attendance.**—At the first cottage home which I visited I was disappointed to find the children's teeth dirty and in bad order. Not a tooth-brush was in use, and I was told that the Guardians would scout any suggestion to provide them. The medical officer was doing his best in the matter of extracting bad teeth; but no dentist had any place in the home, and stopping of teeth or preventive treatment of any kind was unknown. Fortunately, this experience was quite exceptional. In no other cottage home or barrack school did I find any child old enough to use a tooth-brush not provided with one, and only one other home was without a dentist on the list of its visiting officers; indeed, the dental work done is one of the finest features of the management of these homes, and I regret that the medical work does not reach the same high standard of efficiency. No doubt part of the explanation is that a dentist can easily and quickly see all that needs his care, whilst a doctor's examination is much more lengthy and elaborate.

As an example of the dental supervision of a children's institution, I may refer to what is done at Shenley Fields Cottage Homes, belonging to King's Norton Union.

Several years ago a dentist was appointed to take charge of children's teeth at these homes. He was paid at first by fees but latterly by salary. He lives in a neighbouring village. Inspection of all children's teeth is made several times a year. Those requiring attention are noted, and suitable treatment is carried out. The work

is not restricted to extraction; it includes regulation of development and filling when required. The nature and extent of the work are indicated in the accompanying tabular statement which covers a period of four years. It will be observed that examinations of mouths and extractions for regulation show an upward tendency, having increased from 178 to 290 and from 19 to 33 respectively. Extractions for toothache, on the other hand, have declined from 33 to 17. The period concerned is short and the figures are not large, but these results suggest the utility of preventive dental methods. The advantage of the new anaesthetic referred to in permitting extraction without loss of consciousness is obvious.

	Year ended Lady-day, 1903.	Year ended Lady-day, 1904.	Year ended Lady-day, 1905.	Year ended Lady-day, 1906.
Examination of Mouths - - - - -	178	194	183	290
Extractions for Toothache - - - - -	33	26	20	17
Extractions for Regulation (chiefly temporary teeth) - - - - -	19	30	50	33
Extractions under Nitrous Oxide Gas - - - - -	13	14	10	11
Extractions under new local anaesthetic - - - - -	—	—	—	13
Teeth filled - - - - -	65	70	80	74
Treating of Gums and Scaling - - - - -	5	4	2	—
Mechanical Work - - - - -	...	1 crown	...	...

The following Table shows the dental work done at the largest group of Cottage Homes which I visited—those belonging to the Kensington and Chelsea Guardians, and situated at Banstead, in Surrey:—

	Stoppings.	Extractions.		Regular Cases.	Scaling.
		Permanent.	Temporary.		
Sept. 1899 to Sept. 1900 - - - - -	193	17	438	10	9
" 1900 to " 1901 - - - - -	170	24	490	—	26
" 1901 to " 1902 - - - - -	169	18	345	5	36
" 1902 to " 1903 - - - - -	173	20	471	1	22
" 1903 to " 1904 - - - - -	192	30	588	—	30
" 1904 to March 1905 - - - - -	106	25	244	3	28
" " to Sept. 1905 - - - - -	148	34	457	3	149

(c) **Cleanliness.**—In nearly all the cottage homes the children were very clean, and were being taught cleanliness of skin, hair, and nails. The rule was (but there were exceptions) for each child to have its own comb, hair-brush, towel, and handkerchief. Regular bathing is part of the routine of these homes.

Similarly, domestic cleanliness is taught by example as well as precept. The cottages were clean and neat as to floors, walls, furniture, beds and bedding. In some of them ventilation of dormitories had been partly sacrificed to architectural effect, and full advantage was not in every case taken of such facilities as existed, yet the general condition in this respect was reasonably good, though to test the ventilation properly would have required a visit late at night or in the early morning while the rooms were still occupied.

(d) **Physical Condition.**—I took several opportunities of inspecting large groups of children in school or at play, with reference to their physical condition. As was to be expected, they showed a considerable number with a bad inheritance; but it would require a great amount of detailed examination and observation to justify anything beyond this general statement of the impression produced by what I saw. The good food and fresh air during the day, the quiet rest at night, the cleanliness and general regimen of their life, very quickly make a difference in the condition of the slum children. A marked change is said to be readily produced in six weeks from admission.

(e) **Mental and Moral Condition.**—I inquired of superintendents and teachers as to the mental and moral condition of the inmates, and was fortunate in learning the conclusions of several who had experience both of non-pauper and of pauper school children.

The conclusions were not unanimous, but the great bulk of opinion, where there was opportunity to take note of any sufficiently large number of pauper children, was to the effect that they contained a decidedly high proportion of individuals backward physically, or mentally, or morally, and not infrequently these defects were combined in the same child. Some teachers pointed out to me the unusual proportion of dullards in pauper classes. One village schoolmaster who had 800 on his roll, of whom 120 came from adjoining cottage homes, was able to state without hesitation that the 120 were definitely below the average of the 680 in the above respects. In addition to bad inheritance, there is the influence of bad example in the part of the child's life spent before coming to the cottage home. The ages of admission are from three to 14, and many children do not come in until they have had ample opportunity for deterioration under parental influence and example. Mentally, the defects in the pauper children include want of perseverance and capacity for application to their tasks. They often exhibit a certain smartness and intellectual agility when under direct observation, but when left to themselves may fail to maintain any attention to their lessons. Morally there is some tendency to falsehood and petty mischief. The life in the cottage homes is undoubtedly valuable towards curing such defects as are curable. Dull children are brightened and drawn out of themselves. Physically weak children are well fed and strengthened in body. Tuition and discipline have their influence on moral obliquity, but the bad effect of heredity and wrong training is not wholly counteracted, and when the time comes for the children to leave the homes, it is very important that they should be placed in such circumstances as are least likely to lead them into temptation or to give opportunity for wrong doing.

(f) **General Results.**—See page 73.

4. BARRACK SCHOOLS.

I inspected two schools, both near London—one the Chase Farm Schools, of the Edmonton Union, near Enfield, and the other the West London Schools, which belong to Fulham, Paddington, St. George's and Hammersmith, and are situated at Ashford, near Staines.

The name "Barrack" Schools usually given to these institutions, and various references which I had chanced to read, had rather prejudiced me against the system. Briefly, it is not a good system, but good management at both places does very much to counteract its bad features.

The buildings, as the name indicates, are on a large scale, like those of a hospital or asylum or workhouse or barracks. The dormitories are like hospital wards, and the day rooms, dining rooms, &c., correspond. The children thus live, not in small groups under foster-mothers, but in mass, and family life in any ordinary sense is impossible. Excepting in this essential respect, and in what it involves, the barrack school system resembles the cottage home system. There are schoolrooms, hospitals, play fields, swimming baths, drill halls, brass bands, training in shoemaking, baking, tailoring, gardening, &c., for the boys, and in needlework, cookery, and housework for the girls. The officials show the same kindly interest in the children—in their happiness and health while at the schools, and in their subsequent success in life. On holidays the elder children are occasionally taken to places of interest in and around London. School matches at cricket and football are played with other institutions, and though the holidays have to be spent mostly within the grounds, these are large enough to give scope for enjoyment. Instruction of the boys in instrumental music is rather a feature in one of the barrack schools, and many of them find permanent employment in military or other bands. The girls are systematically taught needlework and dressmaking. Also a housewifery mistress in one institution has a small department to herself in which the principles and practice of housekeeping are taught and exemplified—cooking, scullery work, bed making, house cleaning, and so forth.

I do not propose to describe the buildings in detail. Most of them have the great advantage of cross ventilation, as in hospital wards. They are roomy and clean and comfortable, but are sometimes rather overcrowded. Beds and bedding are satisfactory, and canvas stretcher beds are used for children suffering from incontinence of urine. Bathing is well attended to. In the Chase Farm Schools I was surprised to find that what I had always regarded as a quite recent development of German thoroughness had been initiated by the superintendent as much as a dozen years ago—a large spray bath, built of glazed brickwork, and capable of accommodating half a score of children or more at once, so that bathing of all the children can be readily and quickly overtaken, with much saving of time to the officers. Incidentally, this bath has rendered unnecessary several plunge baths, the apartments containing which have been devoted to other purposes.

I inspected a large number of the children in these schools. In general appearance, health, cleanliness, tidiness, and cheerfulness they were indistinguishable from those of the cottage homes.

(a) **Defects.**—Coming now to the defects of the barrack school system, these readily divide themselves into two classes: (1) Special liability to infectious disease; and (2) absence of family life. The latter defect is discussed at p. 86.

Without any actual evidence of the fact, it is obvious that the housing together of hundreds* of children must greatly favour the spread of the infectious diseases of childhood—measles, scarlet fever, diphtheria, chicken-pox, &c.; also ringworm, ophthalmia, and the like. At one of the institutions, as it happened, the actuality of this risk was being demonstrated on the day of my inspection. Eighteen children were simultaneously suffering from the first febrile symptoms of some common infection, which turned out afterwards to be a mild type of influenza. All were being isolated in one dormitory, and were under observation there.

The officers of the institutions are quite alive to these risks, and I was much impressed by the systematic arrangements which experience has evolved towards their prevention. To begin with, there is, of course, as a preliminary to admission to the common life of the schools, a period of probation, during which newcomers are isolated until it is proved that they are not in the incubation stage of any infectious disease. No child with ophthalmia or ringworm would be admitted, all such being sent to the special schools of the Metropolitan Asylums Board.

After admission the children are still kept under regular observation. Here is the practice followed at the West London Schools with reference not merely to the prevention of infectious and other diseases, but to the general health and cleanliness of the children. The head nurse of the schools' infirmary makes a regular daily inspection of the children. It takes a week to go over the whole of them. The hour is from 8 to 9 a.m. The children stand stripped to the waist in the day rooms, and the nurse inspects them row by row. Every Tuesday also the girls are inspected whilst bathing by the charge mistress or her staff. The feet and toe nails are seen to on Thursday mornings, the scalp and hair on Saturdays, and the finger nails on Sunday mornings. In school hours, the teachers note defects in hearing, eyesight, &c. Sneezing, watery eyes, or other such symptoms would result in the child being taken to the superintendent, who would send it to the infirmary to await the medical officer's visit.

At the West London Schools a record has been kept of outbreaks of infectious disease, and is tabulated here. It will be seen that there has been only a single case of scarlet fever since a serious outbreak in 1891-2, and that the intervals between outbreaks of measles have been much longer than in the ordinary child population of the country, and that diphtheria has been absent excepting in 1898-9. The efforts to prevent the introduction of infection have evidently met with a large measure of success, but it is also evident that, once introduced, some of the outbreaks have been rather extensive—more so than one would expect to find in cottage homes, for example, though I have not attempted any statistical comparison. It will be noted that chicken-pox, whooping-cough, and mumps are frequent visitants.

* In the Chase Farm Schools there are about 600 children, and in the West London Schools about 700.

LIST OF INFECTIOUS CASES AT WEST LONDON DISTRICT SCHOOL, ASHFORD,
MIDDLESEX—1891 TO 1907.

Diseases	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.
Scarlet Fever	84	2	-	-	-	-	-	-	-
Roseola	-	-	-	-	-	-	-	43	-
Measles	-	52	7	52	1	-	-	-	-
German Measles	-	-	-	-	-	-	-	-	-
Chicken Pox	7	-	16	18	18	15	1	22	19
Whooping Cough	2	21	9	1	-	6	-	-	6
Erysipelas	-	2	-	-	-	-	-	-	-
Small Pox	-	-	1	-	-	-	-	-	-
Mumps	1	-	-	-	-	76	-	31	5
Diphtheria	-	-	-	-	-	-	-	10	7

Diseases	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.
Scarlet Fever	1	-	-	-	-	-	-	-
Roseola	1	12	1	-	-	-	-	-
Measles	-	-	-	75	-	-	-	15
German Measles	-	31	-	-	-	-	-	10
Chicken Pox	6	17	18	-	2	14	7	4
Whooping Cough	4	12	11	12	-	10	-	-
Erysipelas	-	-	-	-	-	-	-	-
Small Pox	-	-	-	-	-	-	-	-
Mumps	-	20	14	-	13	29	13	-
Diphtheria	-	-	-	-	-	-	-	-

(b) **Medical Attendance.**—The medical officer of Chase Farm Schools lives about two miles away, and of the West London Schools within a mile. There is no direct telephonic communication between the doctors' houses and the schools.

The children are examined by the medical officer on their admission. He visits the institution daily, and goes, of course, to the infirmary to see the cases there. As already explained, it is the duty of the staff to note all evidences of illness of any sort, and such children are submitted to the doctor for examination. A dull child may be taken into the infirmary so that its mental condition may be studied. The doctor also may see the children at food or play or in school. Special defects of eyes, ears, throat, &c., would result in the children being sent to suitable hospital dispensaries in London, or else they would be treated by the medical officer at the schools. But there is no periodical medical examination of the children apart from evidences of illness. That is a stage of health protection which has not been reached.

(c) **Dental Attendance.**—A dentist visits regularly and attends to all cases brought under his notice. Also he sees every child in the institution, and examines every mouth. But at the West London Schools it takes about 15 months to go over all the children, and in private practice a half-yearly interval is found long enough. There is a suitable consulting room for dental work, and the medical officer acts as anaesthetist if necessary.

(d) **Nursing.**—The nursing staff for the infirmaries at the homes appears reasonably sufficient, but in such an institution the occurrence of an epidemic would involve an increase in the staff.

(e) **General Results.**—Concerning the general results, as regards after-life, of these institutional methods of rearing pauper children, I cannot do better than quote from the last issued (36th) Annual Report of the Local Government Board (pp. cxxvii.-viii.) :—

“The Metropolitan Association for Befriending Young Servants continue their valuable work in supervising girls sent from London Poor Law institutions to domestic service. During the year 1906 they had under their supervision 2,818 girls from Poor Law schools, and 405 from Roman Catholic and other certified schools. Reports on almost all these girls have been received by the Association, and 1,729 of them were classed as girls who ‘throughout the year have been spoken of as satisfactory in conduct and work’; 777 as ‘those against whom no serious faults have been alleged’; 223 as ‘accused of dishonesty, untruth, extreme violence of temper, &c.’; and 20 having lost character, or who have been in prison for theft, &c. Of the remainder, 19 had married or emigrated, 96 were with relations, 25 were found unfit for service, 168 were in training homes, 6 dead, 49 refused visits, and 70 ‘lost or never traced.’

“The Association for Befriending Boys, which was founded in 1898 with the object of securing for boys the same services as are rendered for girls by the Association just referred to, continues to do very useful work. The total number of boys under the care of the Association in 1906 was 1,889, an increase of 242 over the number in the previous year. A statement appended to the report of the Association accounting for these boys classifies 1,006 of them as ‘satisfactory,’ 59 as ‘fair,’ and only 45 as ‘unsatisfactory.’ Of the remainder, 158 were ‘reported upon directly to Guardians,’ 349 had not yet, or not lately, been reported upon, 63 had been ‘lost sight of,’ 20 ‘emigrated,’ 3 were ‘dead,’ 157 ‘over age,’ and 29 ‘had been returned to Guardians.’”

5. SCATTERED HOMES.

The system of scattered homes occupies a place midway between cottage homes and boarding out. The Guardians lease or purchase small half villas, rented perhaps at £30 a year, and containing a kitchen, a sitting room, and three or four good sized bedrooms, with the usual offices. They are fitted up for occupation by about a dozen children. The Guardians appoint and pay a foster-mother, who takes charge of each home. The children may be of one or both sexes, but older children of both sexes are not housed in the same home.

The foster-mother has the assistance of a work girl, one of the older children, who in this way receives training for domestic service. The homes are provided with bath-room and lavatory accommodation to suit the number of inmates. They are under regular supervision and inspection by Guardians and their officers. In Camberwell the system is largely developed, and a lady superintendent of the receiving homes, to be afterwards referred to (p. 75), has general charge of the scattered homes. The children attend an elementary school. The homes, as their name indicates, are not situated together, but are selected in suitable localities here and there throughout the district of the Guardians. The foster-mother is allowed, within limits, to arrange for the dieting of the children just as an ordinary mother would. She makes her own purchases from tradesmen selected by the Guardians. She enters in a book kept for the purpose the articles of food and the amounts used at every meal.

The practice as to bathing and general cleanliness of the children resembles generally that in the cottage homes. Every child has its own tooth brush and flannel and sponge and comb and hair brush. The comb and hair brush in most cases are not kept in a bag, but in little compartments on an open shelf, where they can be inspected at a glance.

I visited about ten or twelve of these homes in Camberwell district, and three in Kingston-upon-Hull. The management of the homes and the condition of the children was not, of course, uniform, but generally speaking it was very good. I inspected many of the children as to personal cleanliness. In nearly all the homes it was quite satisfactory, but in one or two there was definite want of cleanliness. Also the condition of the bedrooms as to use of the means of ventilation was usually good, but again there were exceptions, certain of the foster-mothers being unmistakably uneducated as to the value of fresh air. The principal means of ventilation consisted of course in the windows, and in that respect the scattered homes, not having been built for the purpose, were below the standard of the cottage homes. The bedrooms had seldom been structurally altered, and, belonging originally to an ordinary dwelling house, there were only one or two windows in each: this, looking to the situation of the windows and to the number of occupants, was in many cases short of satisfactory. Yet thorough use of existing means of ventilation would in great measure atone for the want of window space.

I saw many of the children, most of my inspections being made outside of school hours. The great majority of them were clean and neat, and looked bright and happy, but there were exceptions.

Here are two instances of defective children, which illustrate the difficulties that may be met with:—

Case 24.—A boy, aged 7, and his brother, aged 10, are in one of the scattered homes. The younger boy has been under the control of the Guardians and in the scattered homes since the age of three years, so that there has been practically no opportunity for him to acquire a habit of theft by imitation; but he pilfers whenever he has a chance, taking coin out of the hand of a child on the street, stealing fruit at windows of fruit shops, and so forth. His brother has the same fault. On being reprimanded, as he was in my presence for a recent theft, the little boy appears repentant enough, but he resumes the practice when he has the opportunity. The boys have been flogged repeatedly, but they persist in the bad habit.

Two sisters of these boys, aged 17 and 18, have both been sent out to service from the scattered homes. They also are troublesome. They pick food from plates and help themselves to trifles. The father of this family was an epileptic, who died not long ago, and the mother was very immoral.

Case 25.—A girl of 15 is a working girl in one of the scattered homes. There she is being taught household duties with a view of fitting her for domestic service. She is quiet and reserved, did quite well at school, and is not in the least impertinent, but she cannot be induced to keep herself clean. Unless washed by others she will escape washing entirely, and will allow her hair to become most untidy. When found fault with, she appears grieved for her remissness, but she nevertheless reverts to it. She has been under the Guardians for five years, but these five years have not been enough to eradicate habits of uncleanness due to mental defect, or acquired during her ten years' life with her parents.

Her younger brother, aged 10, is apparently defective, and is in a special school. Three older sisters are in service, and are doing fairly well. The mother died nine years ago in Guy's Hospital. The father is very intemperate, and is an inmate of a workhouse, where he helps in the bakery. When outside, he would live, if he could, on the earnings of the elder children.

The children have the benefit of such swimming baths, athletic drill, play fields for cricket and football as are available for ordinary school children in the same locality; but the conveniences in these directions cannot usually be so great as in cottage homes and "barrack" schools, whilst the training which these institutions provide in instrumental music, shoemaking, tailoring, and the like, is wanting. But on the other hand, the children are brought up more like those of non-paupers. They mix more constantly with outside children, and their whole life is much more that of the family, and much less that of the institution.

(a) **Medical Attendance.**—In Camberwell I found in the scattered homes the nearest approach to my own conception of a proper system of medical inspection. The medical superintendent of the Camberwell Infirmary requires, amongst his other duties, to make, personally or through his staff, a monthly visit to all the scattered homes. He informs me that in the course of these visits every child is examined independently of illness. Its scalp, eyes, ears, nose, and teeth are all inspected. There is, besides, systematic (of course, not monthly) examination of the chest by the stethoscope. The child's weight is not taken, but emaciation is noted, and doubtful cases are sent to the infirmary for observation. The condition of the homes as to cleanliness, ventilation, and general sanitary condition is also noted, both by the medical officer and by the lady superintendent, and reported to the Guardians.

(b) **Dental Attendance.**—No dentist is appointed for the Camberwell scattered homes, but children requiring to have their teeth attended to are sent to the dental

department of Guy's Hospital, and are treated free there. The Guardians do not contribute to the hospital funds.

6. RECEIVING HOMES.

As a preliminary to admission to separate schools, cottage homes, and scattered homes, children are regularly kept under observation for three or four weeks—that is, for a period long enough to more than cover the incubation of all acute infectious diseases. Also, the condition of eyes, ears, throat, and nose is noted, and the general health kept under observation. At the same time ablutions are frequent and thorough, and dirty or verminous heads are vigorously treated. This probationary month is in some Unions spent in the workhouse, and sometimes the children's institution itself has a probationary home.

But in Camberwell the probationary system has been so elaborately developed as to require a special institution under the title Central Homes or Receiving Homes.

As will be learned from my Appendix report on Camberwell, the children's Central Homes are situated at Stewart Road, Nunhead. There are seven cottages, with twelve beds each. At the time of my inspection they were overcrowded, and there was the prospect of further overcrowding owing to the condition of trade.

These homes are under the supervision of a lady superintendent, who also has charge of the whole of the scattered homes. The children on admission are taken into a receiving room, whence, after being inspected, they are transferred to one division of the homes. There they are kept for a fortnight undergoing regular washing and bodily purification, then they are transferred for another fortnight to other cottages in the institution, and from these they are drafted to the scattered homes. But if the scattered homes are already crowded the children have to wait longer in the central homes.

The Guardians some years ago purchased two or three small villas or cottages on a street front adjoining the receiving homes, the grounds being directly connected. The cottages in question are managed like scattered homes, but are specially reserved for children of the in-and-out description.

If during their stay in the central homes scarlet fever or diphtheria develops, the child is sent to the Metropolitan Asylums Board's fever hospital. If measles, chicken-pox or other disease which is not receivable by the fever hospital develops, then in Camberwell the patients would be taken to the Poor Law infirmary, which has wards reserved for these diseases. The cottage in which the case had occurred within the receiving home would be quarantined for a sufficient period.

I formed the opinion that the receiving homes were very well managed, with the exception of the glaring defect in the in-and-out system reported at p. 59, for which the Guardians are not responsible. The homes were clean and tidy, and the children were being well looked after in every respect.

7. BOARDING OUT.

Boarding out of pauper children may take place either within or outside of the Union to which the children belong. If within their own Union the children are subject to quarterly visits by the medical officer, but if there is a local visiting committee, this medical inspection may be dispensed with, and it is not required for children boarded outside the limits of their own Union, who are always in charge of such a committee. Lady inspectors of the Local Government Board visit children under the latter conditions, but the responsibility always rests with the local committee.

(a) **Boarding Out in Urban Unions.**—The most complete opportunity which I had of investigating this system was at Kingston-upon-Hull, where boarding out is largely resorted to, and is under the charge of a committee of ladies, whose president is a member of the Board of Guardians. She was good enough to give me explanations

as to the practice followed, and to accompany me in visiting many of the children in the homes of their foster parents. The most important point in the success or failure of the system consists in the selection of foster parents, and this is a main duty of the ladies' committee to which much attention is given. It has been found that widows are unsuitable, their aim being to make profit from the allowance given to them. Very poor people are rather avoided for the same reason. It is quite exceptional for parents who have more than two children living in family with them to be selected as foster parents. Naturally the age and sex of the foster parents' own children is noted with regard to the pauper children proposed to be sent to them. Trouble is taken to select for children foster parents who are of the same religion as the child's own parents are understood to profess. Married couples without children of their own, or whose children have died or grown up, but who are still filled with the parental instinct and affection, usually make good foster parents.

I visited many boarded-out children in Hull, and found in the great majority of cases that the conditions were very satisfactory and home-like. The bedrooms were usually, but not always, clean and well aired, and the children appeared happy and well fed. Commonly, but not invariably, they were clean in person and clothing. The boarded-out children whom I saw in Hull were, of course, being brought up, not to a rural, but to a city life. I inspected boarded-out children in other urban Unions. Notes of cases seen are given below. Without attempting to state percentages, the conclusion I formed was that the proportion of children who were not clean was greater than in the barrack schools or the cottage homes, and was also somewhat greater than in the scattered homes. On the other hand, the life was much more home-like than in the schools and cottage homes, and was even more home-like than in the case of the scattered homes.

(b) **Boarding Out in Rural Unions.**—Wherever there was opportunity in the rural Unions I called at the houses of boarded-out children, and at the day schools which they were attending. The condition of the children varied greatly in different houses. In most cases they were very clean as regards skin and hair and clothing, and were plump in body and bright and cheerful-looking, and had clean, well-aired bedrooms and good beds to sleep in. They had genuinely been adopted into a family at the head of which was a woman with the best qualities of a mother. In a minority of houses the conditions were very different. The children's feet were dirty, their heads showed an abundance of nits, their bedrooms were ill-ventilated and untidy. In one case of a somewhat backward child, the foster mother, though very cleanly, seemed to me unkindly and domineering in disposition, repressing the intellect and intimidating a naturally slow and dull child who very specially required development.

(c) **Medical Inspection.**—Though quarterly medical inspection of children boarded within their own Union is no doubt useful, the question, *Quis custodes custodiet* occurred to me. Even among these medically-visited children there were cases requiring treatment of nose or throat. The teeth were in no better condition than those of the workhouse children.

Some of the work is done in a perfunctory manner, and the Guardians do not always encourage thorough medical inspection. One medical officer told me that he had at first taken a good deal of pains with his periodical reports, especially giving details as to dietary, but he was instructed to use only the single word "satisfactory," unless particular reason existed to the contrary. I doubt that, in the absence of illness, some of the children are not submitted to anything like a complete medical examination on the occasion of the doctor's quarterly visits. But the number of cases which I saw was too small to enable me to express any strong opinion on the point, and I was satisfied that in some instances the medical officer was taking a genuine interest in the boarded-out children.

(d) **Cases Seen in Rural Unions.**

The following cases illustrate some of the defects above noted :—

Case 26.—At one house where there were two boarded-out children, my visit was made at two o'clock in the afternoon. The slops in the bedroom had not been emptied, the bed was not made, and the room had not been aired. I went to the school and saw the children, who were girls. I found their hair abounding in nits and their feet dirty. It was stated that the condition in which I found the children and the bedroom was exceptional.

Case 27.—Four children of one family, aged 5, 7, 11 and 13, respectively, are boarded out in a farmhouse. The eldest is a boy and the others are girls. The three girls sleep together in a double bed; the window of their bedroom is sealed excepting for a single opening pane. The boy, who suffers from incontinence of urine, sleeps in an entirely unventilated room, which has its window sealed and which is without any fireplace or chimney. His bed is dirty and the room smells badly. Through some misunderstanding the cases in this house have never been reported to the district medical officer nor seen by him. The children are well fed, but when I saw them at school their feet were dirty and their teeth needed attention. The teacher states that the boy is short-sighted.

Case 28.—The following children boarded out in one district were inspected at a school which they attended:—

1. A girl aged 13. Her feet were dirty and she bit her nails. Her hair was clean. When I went to the house where she is boarded out her foster-mother stated that the bedroom was being cleaned, and that she objected to its being inspected.
2. A girl aged (?) Cleanliness satisfactory.
3. A girl aged 13. Nits in hair; otherwise clean.
4. A girl with very dirty feet; otherwise clean.
5. A girl aged 11. Head and feet dirty.
6. A boy aged 12. Clean.
7. A boy aged 14. Tonsils are enlarged, and seem to require removal. Teeth need attention.
8. A boy aged 9. Quite satisfactory.

Case 29.—A girl, aged 12, has been boarded out for three years. The foster-mother is not a relative. The house is clean; the child, too, is clean and healthy-looking, and has a bed of her own; but she is dull intellectually, and a visit leaves the impression that the foster mother does not act in a way likely to brighten her mind, but rather to retard development by bullying and want of sympathy. The child's father is a drunkard, an "in and out" at the workhouse. Her mother died of phthisis in the workhouse; not a woman of bad character, but weak-minded. Unless this child is carefully looked after, she is very likely to go wrong.

Case 30.—Four children boarded out in one house. The children are clean, but a boy eleven years old has a large polypus blocking his nose. He is, therefore, a mouth-breather, and requires treatment. Another boy also appears to be a mouth-breather. A girl of nine has very dirty feet, and her teeth need attention. The house in which the above children live is clean. They do not like porridge, but use about two quarts of milk daily. They have meat about four times weekly, tea twice daily, rice pudding and "sop" occasionally.

See also Case 86.

(e) **Cases seen in Urban Unions.**—The following are notes of boarded-out children seen in urban Unions. With regard to the examples of dietary given in the cases of boarded-out children, and subsequently in the cases of children living with widowed mothers, it will be understood that the facts are set down as stated to me by the foster-parents and parents. There would, of course, be more or less variety from day to day, but I do not attempt to give any details of such variety.

Case 31.—M. J. A., aged 13, and G. M. A., aged 10—sister and brother, are boarded out with an aunt, who has two grown-up children of her own. The bedrooms of the house are well ventilated. For breakfast the children have tea, bread, butter, and cheese, and for their mid-day meal the same; at five o'clock they have dinner, consisting of broth, meat, potatoes, or the like, and at bed time they have a piece of bread. Dinner is provided also on Sunday. Twopennyworth of milk is used daily in tea and to drink.

Case 32.—S. E. and R. E., two children, and a brother, aged 16, sleep in a very small room, the dimensions being 6 feet by 8 feet by 9 feet, [a total of 432 cubic feet, for the three inmates. The room has no fireplace and the window is closed. Two lodgers sleep in an adjoining small room. The foster-mother told us that the children were at school. We went there to see them, but found both absent. We then went back to the house to inquire why we had been misinformed, but the woman had locked the door and gone out, whether to avoid seeing us or not I do not know.

Case 33.—H. T. (female), aged 9, is boarded out with Mr. and Mrs. L., her uncle and aunt, who have three boys of their own. Her bedroom is small but clean. Her teeth are not very good, but her feet are clean. Her breakfast consists of bread and butter, egg and jam, and her dinner of meat, potatoes or rice pudding. At five o'clock she has tea. She does not like porridge. It is not customary to board out a girl in a family where there are boys, but the relationship justifies the arrangement here.

Case 34.—F. W., D. W., and A. W., three sisters, aged 11, 6, and 5, orphans, are boarded out with Mr. and Mrs. B. The children were clean, and the bedroom well-aired. Their breakfast consists of tea, bacon, eggs, and dripping; their dinner of potatoes and sometimes rabbit; at five o'clock they have tea, with bread and jam, but no supper is given.

Case 35.—M. W. (female), aged 6, and M. W. (female), aged 8, have been for 18 months with a married couple who have a grown-up family. The children's teeth are clean, and they are provided with tooth brushes. Their diet is good, and their bedroom is clean and in good order.

Case 36.—J. H. (male), aged 12, is boarded out with Mrs. S. Her bedroom is in fair condition. Her teeth are clean, but her feet are very dirty. For breakfast she has tea, bread and bacon; and for dinner, potatoes, meat and vegetables. At five o'clock she has tea, bread and butter and jam; for supper she has bread and milk. Twopennyworth of milk is got daily for four inmates.

Case 37.—W. E. (male), aged 13, and W. G. (male), aged 12, have been for six months with foster-parents, who have three boys of their own. The bedroom window was open when I visited, but the room was not fresh. The children's feet were not clean. Their breakfast consists of tea, bread and butter and sometimes bacon; and their dinner of meat and potatoes. At five o'clock they have tea, followed by a supper of pie or bread and butter. One pint of milk is consumed daily by the household of seven.

Case 38.—J. H. (female), aged 12, has been boarded out for seven years with Mr. and Mrs. M., who have no family. This is a very clean house, and the child is also clean. The foster-parents are very suitable.

Case 39.—L. M. (male), aged 9, and P. M., aged 7, orphan brothers, are boarded out with a spinster, who keeps a small shop in the front part of her house. The boys have been with her for 18 months. The house is clean, but the upper sash of the bedroom window is fixed. The teeth of the younger boy require attention. Breakfast consists of porridge or bread and milk or tea, and dinner of potatoes and meat and vegetables. The boys have tea at five o'clock, but no supper.

Case 40.—A. R. (male), aged 11, and A. S. (male), aged 11, are boarded out with Mrs. S. The children are clean, but have no tooth brushes. Their breakfast is composed of tea, bread and bacon, and sometimes porridge, and their dinner of beef puddings, rice, etc. At five o'clock they have tea, with bread and butter. Two pints of milk are got daily for a household of five.

Case 41.—C. R. H. (male), aged 11, an orphan, who has been with his foster-parents since infancy, and A. M. (male), aged 11, are boarded in the same house. The foster-parents are a married couple with no family. They are very fond of the children. The foster-father is a coal trimmer with 30s. a week. For breakfast the children have tea, bread and butter and jam; for dinner they may have rabbits with potatoes and vegetables, and sometimes they have puddings also. At five o'clock they have tea and kippered herrings; at supper they have varied sustenance, sometimes pie.

Case 42.—E. T. (female), aged 12, has been for five years with the present foster-parents, who have a grown-up family. The girl is clean, and sleeps with one of the other children. Breakfast consists of grape-nuts, tea, milk, and fish, and dinner of meat or fish and pudding. Five o'clock is the hour for tea; and supper consists of porridge or fish, and the like. Ordinary milk is used for puddings, condensed milk for other purposes. The girl, who had been deserted by her parents, was bandy-legged, and was operated on in a neighbouring town. Her teeth need attention.

8. PAUPER CHILDREN LIVING AT HOME WITH WIDOWED MOTHERS.

I took many opportunities of seeing these, and made much inquiry regarding their dieting, cleanliness, and sleeping accommodation.

(a) **Dieting.**—In one of my earlier inspections I found a household of children sitting at their mid-day dinner, as provided by their mother, who was a widow. The dinner for each consisted of a plateful of new potatoes, with water for the accompanying beverage. New potatoes were that day selling at 1½d. per pound, having been just reduced from 2d., and the mother had wanted to give the children a treat. There was no one to tell her that she was partly wasting the small allowance made to her by the Guardians, nor that she would have done much better to give the children old potatoes and to spend the balance of the money in milk. And this case was typical of a large number of the houses visited. The dieting was far too often alike poor and costly. "Tea and white bread three or four times a day," was the reply to my question in various cases, but more so in some districts than in others, so that local custom is partly responsible. In many the attempts at feeding the children were much more successful, milk, porridge, puddings, pork, dripping, broth, and other varieties of food being included in the weekly menu.

The very small amount of milk received into many of the houses was a notable fact. In cottage homes, a pint of milk daily for every child under ten and half a pint for every child over ten was a common amount, whilst in the houses of widowed mothers, at least in urban Unions, there was seldom more than a pint or half a pint daily for the whole family, and quite frequently the only milk purchased was that required for tea. The difference was striking where some children of the same family were in a cottage home and some with their own mother. In pauper houses in city slums I was continually told that only condensed milk was used. If I suggested that this practice was unprofitable the reply frequently was that liquid milk would not keep and had often to be thrown out. The fact indicates only too truthfully the condition of the houses. The use of preserved milk has probably, however, one incidental advantage. If, as I assume must always be the case, its preparation involves submission of the milk to a high temperature, destruction of any contained tubercle bacilli should be assured. The drinking of uncooked milk by weakly children certainly does involve risk of phthisis. But the ideal method of prevention would be to have the production of milk for human use so supervised as to prevent its containing the tubercle bacillus, and to have pauper

houses kept so clean that their atmosphere would not favour decomposition of fresh milk. Deliberate resort to artificially prepared milk as a preventive of tubercle and of fermentation is itself a confession of administrative failure.

(b) Conclusions as to this Class of Cases.

Taking the facts as a whole, four conclusions were forced on me:—

(1) In many cases the amount allowed by the Guardians for the maintenance of outdoor pauper children cannot possibly suffice to keep them even moderately well.

(2) Many mothers having to earn a livelihood as charwomen or washerwomen or otherwise cannot attend to their children at home, so that there is no proper cooking, the house is untidy and uncomfortable, and the living rooms and bedrooms unventilated and dirty. But there were exceptions to this rule—mothers who, though forced to go out to work, were yet able to keep their houses very clean and to give a surprising amount of attention to the feeding of their family.

(3) The mothers, even those who were not out working, were often too ignorant, and occasionally too indifferent, to make the best use of the money allowed them by the Guardians.

(4) Throughout England and Wales there must be a very large sum of public money given for the maintenance of pauper children in their own homes without any control whatever being exercised over its expenditure. The money is handed to the widow, and, unless no doubt in cases of immorality or intemperance, she is practically allowed to do with it as she pleases. The amount given for the support of the children is often too little to begin with, and, such as it is, it is often wasted in bad or ignorant feeding.

A system which is long established and goes on in routine fashion year after year runs some risk of being accepted without question by those who have grown up beside it, but, the whole administration of the poor law being new to me, I was much struck by the uncontrolled and unguided manner in which pauper children are being fed and reared. While the supervision of boarded-out children, including medical supervision, where it exists, is by no means all that can be desired, yet there is certainly some supervision where foster parents are in charge, but where children live with their own mothers a free hand is allowed them for mismanagement, and the facts are all the more serious on account of the large number of pauper children involved—a far greater number, as we shall see, than are dealt with according to all other systems combined.

(c) Cases Seen in Rural Unions.

The following instances are selected from my notes taken in rural Unions in illustration of the observations above made:—

Case 43.—A widow aged 53 has three dependent children. They have tea three times a day, and only about one and a half to two quarts of milk weekly amongst the three. They have meat about once in ten days. The children are badly kept and very dirty. Though my inspection was made in the afternoon, two of them were lying in bed, this being a school holiday. The children were quite well, but the mother had simply not taken the trouble to dress them. The house is very untidy. The mother does not go out to work, and has no excuse for neglect. She is a dirty slattern, and it would be a kindness to the children to remove them from her charge.

Case 44.—A widow aged 45 has two children, a boy and a girl, whom I saw at school. The mother receives from the Guardians 1s. weekly for each of the two children, and gets some assistance from two grown-up sons. The father died four years ago from heart disease, at the age of 40. The mother is delicate, so does not go out charing, but is able to attend to her house. Yet the children's feeding is very unsatisfactory. Their breakfast is tea and white bread and butter. At noon they have tea and white bread and butter, or else meat and potatoes, and at four p.m. they have tea and white bread and butter. They never have milk and they never have porridge. They are rather thin. The girl's hair is not quite clean, but otherwise they are fairly tidy.

Case 45.—A widow aged 46 has two boys, aged 10 and 9. Her husband died six years ago, aged 51, from cancer of the gullet. She gets 4s. weekly from Guardians. Her rent is £3 10s. The children's breakfast is tea and bread and butter, or occasionally bacon and potatoes. Their dinner is tea with bread and butter, or occasionally bacon and potatoes. At four o'clock they have tea, with bread and butter, and at eight o'clock bread and butter, with tea or milk. Occasionally they have porridge or gruel. The mother goes out washing sometimes, but not regularly. She suffers from prolapsus uteri, and wears a support. The boys, though showing no evidence of disease, are thin. They need more food and better dieting. They get hardly any milk, owing, the mother explains, to want of money to buy it.

Case 46.—This case illustrates more than one point in Poor Law administration. A widow, age 53, has a crippled son 29 years old, and two children aged 12 and 10 at school. She receives 5s.

from the Guardians, being 2s. for the cripple, and 1s. 6d. each for the two children. The father died eight years ago, and the Guardians were not asked for relief until then, so that they had no control over the education of the cripple. He has never been taught to do tailoring or basket-making, or any other such skilled labour, though he makes bird-cages occasionally and can cut hair. The mother used to do charing, but has not done this during the past 18 months, owing to poor health. She lives mostly on a diet of tea, which she drinks four times a day. The children have a good deal of skimmed milk, and get porridge and rice pudding sometimes, but they never have any meat or meat broth. The bedroom in which they sleep was very dirty, and its windows were closed at the time of my visit.

(d) Cases Seen in Urban Unions.

In urban Unions children living with widowed mothers appeared to be better fed, on the whole, than in the rural districts. But examples of neglect and dirt and mismanagement were very numerous. I submit notes of 31 families visited. Some of the cases might have also been grouped under the headings, such as phthisis, but cross references are given to these. The better managed cases are given last :—

Case 47.—Mrs. — is a widow with four dependent children. Her husband died of phthisis; so also, it is said, did seven brothers and sisters. The house and the children are alike very dirty. The woman is believed to be immoral. The relieving officer strongly urged that no out-relief be given, but that the children be sent to the pauper children's institution. The Guardians, however, took their own course, and give 5s. weekly and four loaves.

Case 48.—Mrs. —, aged 43, a widow, with rheumatism in the knees and shoulders, has four children, aged 6, 10, 13 and 14. The woman is a drunkard. All the children occupy one bedroom. The slops were not emptied, the window was shut, and the place very dirty at the time of visit. She refuses to go to the workhouse, and receives 5s. and four loaves weekly from the Guardians. The children should be taken away from such a mother.

Case 49.—A female child, aged 11 months, is suffering from diarrhoea. Is one of three children living with a widowed mother. The district medical officer has been in attendance, and the child is getting better. The father died in May of the present year from acute pneumonia after nine weeks' illness. There are five children, of whom two have been taken by the Guardians to their children's homes, and three are left with the mother. The mother, aged 32, and the three children lodge in a single room. The woman is intemperate, and the children will certainly be mismanaged. The two who are in the institution will be well and carefully brought up, but the three left at home have very little chance of doing well. Owing to the mother's habits, no money relief is given, but the Guardians provide bread, meat, rice, tea, sugar, milk for the children, and the services of the district medical officer. The woman goes out charing.

Case 50.—Mrs. —, aged 27, is a widow with four children. Her husband died of sciatica and catarrh eight weeks ago. The widow gets 4s. and two loaves weekly. She does charing two days a week. Her father lives with her and gives help. The house is dirty, and though the bedroom windows are open the room smells badly. Mrs. — suffers from neuralgia.

Case 51.—Mrs. —, aged 54, is a widow with four children, two of whom are dependent. The house has three apartments. The bedrooms are dirty, though the windows are open; and the children also are dirty. Relief is given only in kind as follows: weekly, 4 loaves, 4 lbs. meat, 2 ounces tea, 1 lb. sugar, 1 lb. rice, and 1 lb. flour. No milk is given, and the Guardians do not give potatoes as relief in kind.

Case 52.—Mrs. —, aged 40, is a widow with four dependent children. One of the children suffers from incontinence of urine. This child's bed smells badly, and is not provided with a mackintosh. It had not occurred to Mrs. J. to consult the district medical officer regarding the child. The children's teeth are bad. Their skin is clean, but shows many flea bites. The house consists of two apartments in a tenement building. The weekly relief is 5s. in money and 5s. in food.

Case 53.—Mrs. — aged 46, is a widow with three dependent children. Her husband died of phthisis three years ago. One of the children, a girl aged seven, has a weak chest, and the doctor fears phthisis. During the father's illness precautions against infection had been taken, and the girl referred to did not sleep in the same room. At present all the family sleep in one small bedroom. Its window was open at the time of visit. The woman drinks, and is reported to be immoral. The children should be taken out of her charge.

Case 54.—Mrs. — is a widow with four children. The woman goes out charing, and a girl of 14 attends to the children in her absence. The house is dirty. Relief is given in money and food on the usual scale.

Case 55.—Mrs. —, aged 39, is a widow with three children dependent and two working, of whom one lives with her. She has had a bad throat for a fortnight and been to the district medical officer and to a public dispensary. She goes out charing, but is unfit at present. A girl of 17 is at service. The children at home are aged 7, 10 and 21. The oldest is a lad who is nearly always idle. He refuses to work and is simply a loafer. The children's bedroom is very dirty and the window was closed at the time of my visit. The mother told me that she regularly opened it at the top, but on attempting to do this I found that the top sash was hermetically sealed. Rain enters through the ceiling. Breakfast, tea, bread and butter; 1 o'clock, potatoes and bacon; 5 o'clock, tea, bread and butter; 8 o'clock, tea, bread and butter. Tinned milk used, and about two pints of other milk. Porridge about twice weekly.

Case 56.—Mrs. — is a widow with five children, aged 4 to 15, of whom the eldest is working. Her husband died of acute pneumonia three years ago. All sleep in one fair-sized bedroom. Breakfast tea bread and butter; 1 o'clock, potatoes and bacon twice weekly, otherwise bread and butter;

5 o'clock, tea, bread and butter or dripping; supper, bread and butter. Milk, one half-pint daily. Porridge, twice weekly. Sunday dinner, potatoes and meat.

Case 57.—Mrs. —, aged 31, is a widow with four children, aged 3 to 12. Her husband died of acute pneumonia a year ago. She receives 10s. from the Guardians and does sewing at home. Breakfast, bread and milk, or bread and jam; 1 o'clock, broth and potatoes, meat once weekly; 5 o'clock, tea, bread and butter. One pint of milk daily. The mother is pale but has no cough. She does her best with her children, but refuses to let them go to the cottage homes, saying that it would break her heart.

Case 58.—Mrs. —, aged 31, is a widow with five children, aged 3 months to 9 years. Her husband died at the end of May, 1907, from acute pneumonia. Breakfast, tea, bread and butter; 1 o'clock, potatoes and meat or gravy, and tea; 5 o'clock, tea, bread and butter and jam; supper, bread and butter. She spends 2s. 6d. weekly on Nestlé's milk for the baby, and uses it in a tube feeding bottle. She keeps two lodgers, and gets 10s. weekly from the Guardians. The children's bedroom is dirty, and the windows were closed at the time of visit.

Case 59.—Mrs. —, aged 42, is a widow with five children, aged 2 to 14. Her husband died eight weeks ago from Bright's disease. He had been in a Poor Law infirmary for eight weeks. The money relief is 10s. weekly. The house is passably clean. Breakfast, tea, bread and butter; 1 o'clock, dinner of potatoes, &c.; 5 o'clock, tea, bread and butter; bedtime, bread and butter. Milk, only half a pint weekly.

Case 60.—Mrs. —, aged 35, is a widow with five children, of whom two, aged 11 and 10, are in the cottage homes, and three, aged 3, 4, and 7, are at home. Her husband died of Bright's disease two and a-half years ago. Breakfast, tea, bread and butter, porridge two or three times weekly; 1 o'clock, potatoes, meat, &c.; 5 o'clock, tea, bread and butter. The woman keeps a small shop for the sale of sweets and milk. The living rooms are clean, but the bedrooms are untidy.

Case 61.—Mrs. —, aged 40, is a widow with three dependent children, aged 7, 9, and 11. Her husband died from heart disease seven years ago. The eldest girl had tonsillotomy performed three years ago at a nose, ear, and throat hospital. The youngest girl had a nasal polypus removed at the same time, attention having been called to it by earache. It did not occur to them to go to the district medical officer, and a lady who called advised them to go to the hospital. The mother and three children all sleep in one small room, of which the window is kept open. The children have a dinner frequently, and get porridge and milk or sugar in the morning, but the total milk is only half a pint daily for the three. The other meals are the usual tea, bread and butter or dripping. The mother does dressmaking, and the Guardians give 4s. 6d. weekly.

Case 62.—Mrs. — is a widow, with five dependent children. Her husband died of a fever. She earns 9s. a week at sack mending, a son earns 6s., and she gets 3s. and two loaves from the Guardians. The rent is 3s. A widow aunt, who has a bad leg, lodges with her. The children's bedroom is dirty and stinking, the slops not emptied and the window not opened at the time of visit. Breakfast, tea, bread and dripping; mid-day, tea, liver and bacon, potatoes, onions; five o'clock, tea, bread and butter or dripping; supper, a piece of bread. One 5d. tin of Nestlé's milk is got weekly, but no other milk. The youngest boy, aged 4, was in the house at the time of visit. He was very dirty.

Case 63.—Mrs. — is a widow, aged 51, with two children dependent and two working. A girl, aged 12, has bad teeth, but is clean. The bedroom window is open a little, but the slops are not emptied. Breakfast, tea, bread and butter; dinner, cabbage, rice pudding; five o'clock, tea; supper, piece of bread.

Case 64.—Mrs. —, aged 35, is a widow with three children. Her husband died four years ago from pneumonia. The children are aged 4, 9, 11. They sleep in a most unhealthy apartment, a damp cellar with its wall abutting on the soil under the street level, and a small opening, intended for ventilation, under a street grating. The teeth of the eldest child are very bad.

Case 65.—Mrs. —, aged 47, is a widow with two dependent children. Her husband died a year ago from cerebral hemorrhage. The widow did not apply for relief until two months ago. The children are aged 7 and 11. I saw one of them. He was dirty and his teeth were in bad order. His bedroom window was closed. Breakfast, tea, bread and butter; 1 o'clock, dinner; 5 o'clock, tea, bread and butter; supper, bread. Milk, a quart daily. Quaker oats and rice pudding occasionally. Relief consists of 3s. and two loaves (value 3d. each) weekly. A lodger son lives in the house and helps. A daughter, aged 22, has been in a general hospital with anæmia for three weeks, but is home again. The house is in a slum.

Case 66.—Mrs. —, aged 42, is a widow with seven children, of whom two are working. One child under 3 years old is badly deformed in the legs by rickets, and has a squint. The mother has not seen the district medical officer regarding this child; it did not occur to her that he could do any good, and no one had made the suggestion. Another of the children, a boy of twelve, has recently had enteric fever and has been in the Fever Hospital. The house was disinfected and the disease has not spread. Her husband was a bricklayer, who died of phthisis two years ago at the age of 42. He had been employed in a brewery for eight years, and was intemperate. He was at home for three years before his death. Throughout his whole illness he slept with his wife; sometimes also with a baby in the bed. No one else occupied the same room. No special precautions had been taken, and the window was kept closed at night. The widow is not very strong, but has no cough and has not been to the district medical officer. Breakfast, tea, bread and butter; 1 o'clock, dinner two or three times weekly, at other times tea, bread and butter; 5 o'clock, tea, bread and butter or jam; bedtime, tea, bread and butter. A pint of milk is got daily, chiefly for the baby and for tea. Occasionally a pint extra is obtained and bread and milk is made. The house was clean when seen. Relief 6s. weekly.

Case 67.—Mrs. — is a widow, aged 52, with three dependent children. Her husband died of bronchitis six years ago. The children are aged 7, 8, and 11. The allowance from the Guardians is 4s. 6d. weekly. The meals are: Breakfast, tea, bread and butter; noon, tea, bread and butter; 5 o'clock, sometimes t.a., bread and butter, sometimes potatoes and meat; bed-time, bread and butter. Milk only once in a week or two. Proper dinner only on Sunday. Porridge never. The bedroom windows were open, but the rooms were not tidy at the time of visit.

Case 68.—Widow — is employed in a rivet works. She has four children, one at work, two at school, and one too young for school. A grandmother lives in the house with them and is understood to attend to the children. The children's breakfast consists of tea and bread alone, or sometimes bread and lard. The midday meal is bread and butter or broth received from neighbours in charity. At 5.30 they have tea and bread with butter or lard or dripping, and they sometimes have a piece of bread and dripping at bedtime. They receive no milk, and potatoes are very seldom used. The Guardians give 3s. and three loaves weekly. The boy who is at work earns 6s. The woman herself earns 7s. or 8s. A female lodger pays 1s. 6d. weekly. The weekly rent is 5s. 6d.

Case 69.—Mrs. —, aged 37, is a widow with five children, aged 5 to 12 years. The mother does charring and the grandmother keeps the house, which is clean, with the bedroom windows open. Breakfast: tea, bread, and butter; 1 o'clock dinner twice or thrice weekly, at other times tea, bread and butter; 5 o'clock: tea, bread and butter; bedtime, a piece of bread. One pennyworth of milk (two-thirds of a pint) is obtained daily, and a whole pint on Sunday. The milk is used for tea and for making bread and milk. Porridge is not used.

Case 70.—Mrs. — is a widow, aged 40, with seven children, aged 2 to 14. Her husband was a gas stoker, and died of pneumonia. One of the children, aged 2, who has been ill, has been to the district medical officer at the dispensary, and is getting medicine. The disease is noted as debility, perhaps rickets. The bedrooms seem quite clean, but the children are flea-bitten. The mother earns 10s. weekly by charring, and for relief gets 8s. in money and 5s. in food. The rent is 8s. 6d.

Case 71.—Mrs. —, 41, is a widow with two children dependent and one working. Her husband committed suicide two years ago. She herself has been ill for two years with "phthisis and bronchitis." The district medical officer has attended, but is not attending at present. She says that she is improving. She takes some precautions as to her spit. She sleeps alone in the kitchen as advised by the Guardians, while the children sleep upstairs. These two apartments, the kitchen and the bedroom, are a sub-let. The children usually have a meat dinner, but sometimes they only have rice or porridge. The morning and evening meals are tea-meals. A 3d. tin of condensed milk is used weekly.

Case 72.—Mrs. — is a widow with three young children. Her husband died two years ago from abscess of the shoulder. The youngest child has club-feet, and is to go to an Orthopedic Hospital for observation. This arrangement has been made quite independently of the Guardians. The children are clean, and their feeding is reasonable so far as means and available time for cooking permit. The Guardians give 6s. weekly, and the woman, by taking in washing, earns about 5s.

Case 73.—Mrs. — aged 32, is a widow with five dependent children, aged 1 to 12 years. The husband, who was a labourer, died a year ago from heart disease, at the age of 42. The widow is a charwoman, but is at present doing washing at home, owing to two of the children having whooping-cough. The children are very clean, but their teeth require attention. The Guardians give 5s. weekly in money and following relief in kind:—five 4-lb. loaves, 5 lbs. of meat, 1 lb. of sugar and 2 ounces of tea, together with rice and flour, making up the total relief in kind to 5s., besides the 5s. in money. The rent of the house is 10s. weekly, but the upper floor is sub-let at 5s. Sub-letting is a universal custom in this part of the district in question.

Case 74.—Mrs. — is a widow with four children, aged 8 to 17. Her husband, who died two years ago from phthisis, was under institutional treatment in the local infirmary and in a sanatorium during practically the whole of his illness. The children are clean, the house is clean, and the bedroom windows are wide open. There is always a dinner, but never porridge, and only threepennyworth of condensed milk is used weekly by the family. The morning and evening meals are usually tea and bread. The Guardians give 6s. weekly, and the woman does washing at home.

Case 75.—Mrs. —, aged 36, is a widow with four children, aged 2, 7, 10 and 12. Her husband died two years ago from phthisis. He had been ill for two years, but did not apply for Poor Law relief. He was a warp dresser—a dusty occupation. For three months before his death he slept apart from his wife. He was attended by the doctor of the dispensary attached to a local general hospital, and had received instructions as to sputum. His wife looks poorly and has had a cough for a week or two. She is also troubled with night-sweats. She works in a cotton mill from 6 a.m. till 5.30 p.m., and a neighbour attends to the children. The youngest child evidently feels the mother's absence very badly. Breakfast, tea, bread and butter; 1 o'clock, tea, bread and butter; 5 o'clock, tea, bread and butter. At bed-time a piece of bread. One pint of milk is obtained daily, chiefly for the two-year-old baby. There is a dinner on Saturday afternoon and on Sunday, when the mother is at home. She receives 6s. weekly from the Guardians, and usually earns 11s., but lately her weekly earnings have only amounted to 8s., owing to slack trade. The bedroom windows were closed at the time of visit.

Case 76.—Mrs. —, aged 41, is a widow with five children, of whom four are dependent. Her husband, who was a miner, died three years ago of acute pneumonia. He had had erysipelas three years previously and never regained strength afterwards. The children have a dinner twice a week and on Sunday. All other meals are tea meals. The woman takes in washing, and evidently works hard, but she has not sufficient time to attend properly to her house. The boy who works earns 12s. The Guardians give 6s., and the rent is 3s. 6d.

Case 77.—Mrs. —, aged 36, is a widow with six children. Her husband died in an asylum. The children are aged 3 months (posthumous) to 15 years. The eldest, a boy, has just begun

to work. The mother is not very strong and does no outwork. The Guardians give 10s. weekly. Breakfast consists of tea or cocoa and bread and butter. At mid-day a dinner is always attempted, and may include broth, fish, or meat, potatoes, &c. The 5 o'clock meal is the same as breakfast. Supper is bread and butter or cheese. The baby is not being suckled by the mother, who spends 1s. 6d. a week on milk for the child, and gets a pint of milk in addition for the rest of the family. Thus the total daily amount consumed is 2½ pints. This is a clean and well ventilated house. The mother is doing her best for the children, and there is no occasion either to board them out or to send them to an institution, but unless there are other means of support, the allowance is insufficient.

Other cases.—See Cases, 127, 130, 137, 140, 141, 146, 147, 153, 170, 224, and 275.

The following cases are distinguished from those given above only in respect that the mothers are not widows :—

Case 78.—Mrs. —, aged 48, is a deserted wife with three children, aged 4, 6, and 8, and all at school. The children have a dinner two or three times weekly and on Sundays, and a pint of milk daily, chiefly in tea. The house is clean, and the windows are open. The children are very tidy. The woman does laundry work in a washhouse behind her dwelling. Her relief is 4s. 6d. weekly. She seems a good mother who could be trusted to spend properly on the children more money than she gets from the Guardians.

Case 79.—Mrs. — is a deserted wife with seven children, aged 4 to 22. Two of the children are working, and the Guardians give 4s. a week and four loaves. Breakfast consists of tea, bread and lard or dripping, &c. At midday there are potatoes, or stew if possible. The 5 o'clock meal is the same as breakfast. At bedtime bread is taken. Potatoes are used two or three times weekly. No milk comes into the house excepting very occasionally when porridge is given at night as treatment for a cold. Six of the inmates sleep in one room, which is overcrowded and insufficiently ventilated.

Case 80.—Mrs. — is a married woman with five children. Her husband is in the infirmary, suffering from general paralysis. The woman receives 5s. and five loaves weekly from the Guardians. She does a little work at home, and if well can earn about 2s. 6d. weekly. A lodger pays 2s. 6d. weekly. The rent is 4s. 6d. The house is clean and the windows are open. Four of the children are at school, but one, two years old, is too young for school. Their breakfast is varied: they have porridge twice a week, and at other times tea, with bread and butter or lard or dripping. At midday they often have a dinner of potatoes or rice, vegetables, and cheap pieces of bacon. At 5 o'clock they have tea and bread, with butter or lard, and at night a piece of bread and butter. Only half a pint of sweet milk is brought into the house daily.

Case 81.—A man, aged 38, and wife and five children. He is an epileptic. His epilepsy is said to have resulted from an injury to the hip which he sustained while working as a labourer. He does garden weeding, coal carrying, etc. Four of the children are at school. The relief given to the household is 4s. a week and four loaves. The children's breakfast consists of bread and dripping and tea. At midday, bread and butter and tea, or bacon occasionally. The last meal at 5 o'clock is the same as at midday. The children are aged 3 to 11. The only milk coming into the house is half a pint daily, used for tea. It costs ½d. Potatoes or other vegetables are hardly ever obtained, and there is very seldom a Sunday dinner. The mother of the family goes out charing and earns about 5s. a week. The father's earnings are 3s. or 4s. The house was fairly clean, and the mother stated that the children get a bath every Saturday.

Case 82.—Mrs. —, aged 31, is married and has three children. Her husband is in an asylum. The Guardians give 7s. weekly. The woman does a little outwork. A bachelor brother boards with her, but sleeps out with one child, so that the mother and two children sleep in the house. The rent is 23s. monthly. The house is on the ground floor, and about two yards behind the back door of the kitchen there are two water closets, each for two persons, but the closets have no water supply, and slop water from buckets has to be emptied into them. Breakfast, tea, bread and butter or cheese; midday, potatoes about twice a week, bone broth with vegetables about once a month. Meat on Sundays. At other times, tea, bread and butter and cheese. At 5 o'clock, tea, bread and butter. No milk and no porridge are used.

Case 83.—Mrs. —, aged 36. A married woman with four children, aged 3, 7, 14 and 15. The husband is in gaol for theft and the mother has a bad knee. The bedroom windows are closed, and the house in disorder, though the walls are hung with pictures of angels and religious subjects. The only child at home when I called was very dirty. The woman receives 2s. weekly from the Guardians. Breakfast, tea, bread and butter; 1 p.m., potatoes, liver and bacon; 5 o'clock, tea, bread and butter and jam; supper, bread, butter and jam. About one pint of milk weekly besides tinned milk for tea. Porridge occasionally.

Case 84.—A man, aged 68, lost one leg 13 years ago, but had some money when he left employment and received help from a son. The son died lately, and the man came on the parish some months ago. He receives 2s. 6d. a week. He lives with his son's widow. There are six children in the house, which has four apartments. The children were at school, excepting a baby five weeks old, born after the father's death. The house and beds are exceedingly dirty, and the widow explains that since the baby was born she has had no help to clean the house and has been unfit to do it herself. This is manifestly true, and help should be given to her. In addition to the 2s. 6d. which her father-in-law gets, she receives 8s. and four loaves weekly in respect of her own pauperism.

Other Cases.—See Cases 144, 148, 186, 201, 268, and 281.

9. CONCLUSIONS AS TO THE REARING OF PAUPER CHILDREN.

(a) **Numbers and Distribution of Pauper Children.**—The following are the statistics of the numbers and distribution of pauper children in England and Wales, as given in the latest Parliamentary Return (15th April, 1907):—

Pauper Children.—The children under 16 years of age (except those relieved with casual paupers and lunatic or idiot children) in receipt of indoor relief numbered 60,421, and those in receipt of outdoor relief 171,497.

The children in receipt of indoor relief were maintained by the various Unions* on the 1st January in the following classes of establishments:—

Classes of Establishments.	Unions in London.	Unions outside London.	Total.
(a) In establishments provided by Poor Law Authorities:—			
Workhouses and Infirmaries:—			
i. Infirmaries - - - - -	1,933	3,601	5,534
ii. Infirm Wards of Workhouses - - - - -	112	1,044	1,156
iii. Other Wards of Workhouses - - - - -	1,046	13,630	14,676
District Sick Asylums (4 Unions) - - - - -	132	—	132
Separate establishments for children:—			
i. District Schools (16 Unions) - - - - -	3,244	537	3,781
ii. Separate Schools (47 Unions) - - - - -	3,950	4,078	8,028
iii. Grouped Cottage Homes (50 Unions) - - - - -	2,830	5,590	8,420
iv. Scattered Homes (47 Unions) - - - - -	1,061	3,902	4,963
v. Receiving Homes and other Cottage Homes not classed under the preceding headings (69 Unions) - - - - -	693	1,813	2,506
Institutions belonging to the Managers of the Metropolitan Asylums District (other than Fever or Smallpox Hospitals, and Institutions for Imbeciles, &c.) - - - - -	1,669	234	1,903
Other establishments under the control of Guardians† - - - - -	—	3	3
TOTAL - - - - -	16,670	34,432	51,102
(b) In establishments not provided by Poor Law Authorities:—			
Institutions for Blind, Deaf and Dumb, Epileptics, &c. - - - - -	141	455	596
Hospitals and Convalescent Homes for the Sick - - - - -	123	150	273
Training and Industrial Homes and Schools, not included under preceding headings:—			
i. Training Ships (113 Unions) - - - - -	2	412	414
ii. Other Homes and Schools (366 Unions) - - - - -	2,882	4,995	7,877
Other Institutions - - - - -	12	147	159
TOTAL - - - - -	3,160	6,159	9,319
Total of Indoor pauper children, excluding casual paupers and insane - - - - -	19,830	40,591	60,421
<i>Difference as compared with 1st January, 1906</i> - - - - -	-239	+627	+388

The above table relates to indoor children. The following is a summary of particulars of outdoor children.

Of the 171,497 children in receipt of outdoor relief (exclusive of insane and casual paupers), 161,595 were dependent on parents and were relieved with them. Of the remaining 9,902 children, 8,659 were boarded out by Guardians. On the 1st January, 1907, there were:—

	Unions in London.	Unions outside London.	Total.
Children boarded out within the Union - - - - -	—	6,806	6,806
Children boarded out beyond the Union - - - - -	748	1,105	1,853
TOTAL - - - - -	748	7,911	8,659
<i>Difference as compared with 1st January, 1906</i> - - - - -	-2	-120	-122

* The several figures referring to Unions and mentioned within brackets in the table relate not to the number of the Unions by which the establishments were provided, but to the number of those from which the children were sent to the establishments.

† Comprising two children in the Margate Convalescent Home belonging to the West Ham Union, and one in the hospital for tuberculosis maintained jointly by the Guardians of Liverpool, West Derby, and Toxteth Park Unions.

The returns also classify the whole number of children relieved (exclusive of insane and casual paupers) according to the personal condition of the recipients or of their parents. The numbers were as follows:—

	Unions in London.	Unions outside London.	Total.
Indoor:			
Children relieved with parents	3,410	16,380	19,790
Orphans or children relieved without parents	16,420	24,211	40,631
Outdoor:			
Children relieved with parents:—			
i. Children of able-bodied widows relieved	6,492	86,559	93,051
ii. Other children relieved with one or both parents being able-bodied	5,869	43,131	49,000
iii. Children of not able-bodied parents relieved	840	18,704	19,544
Orphans or children relieved without parents	864	9,038	9,902
TOTAL	33,895	198,023	231,918
<i>Difference as compared with 1st January, 1906</i>	<i>- 2,832</i>	<i>- 5,153</i>	<i>- 7,985</i>

The above figures indicate the enormous importance of the problem in relation both to the children themselves and to the public interest in the prevention of future pauperism. They also show the preponderating value which attaches to the proper rearing of pauper children with able-bodied widowed mothers, the number of such being 93,051; of other children relieved with one or both parents able-bodied, 49,000; and of children whose parents were not able-bodied, 19,544; whilst the total number of boarded-out children was only 8,659.

(b) **Comparison of Methods.**—I proceed now to try to compare the various methods above described of dealing with pauper children.

(1) *Cleanliness.*—If personal cleanliness were the only criterion, then cottage homes and barrack schools would take the first place, workhouses and scattered homes the next, boarding out the next, and the homes of widowed mothers would come last of all. The children in the cottage homes and barrack schools are drilled into habits of systematic washing and tidiness which are very much above the standard of working-class houses and of many better class houses. And the scattered homes are not far short of the other institutions.

(2) *Health.*—Next, as regards physical health and its conditions of proper feeding and abundance of fresh air, and physical exercise in the way of swimming, cricket, football &c., or the more systematic physical culture now practised in elementary schools, the larger institutions—barrack schools, and cottage homes—have a decided advantage. They are always situated in open suburban or rural districts, and in the better managed of them very great care is taken not merely of the children as a whole, but of individual children in these respects. Emulation plays an important part in developing the strength of those who are naturally the strongest, and at the same time the weakly and emaciated are carefully nurtured and fed and attended. The children in all Poor Law institutions naturally contain an undue proportion of defective members owing partly to the bad stock from which many of them come and partly to neglect by ill-behaved parents. In inspecting large groups in their class rooms or at drill or play outside one cannot but notice a number who are badly handicapped in this way for the race of life, but such children are a special charge of the superintendents of the institutions and are wonderfully built up in health and strength before they leave. They are being well reared physically, and in that respect are being well prepared to fight the battle of life.

(3) *Diet and Medical Attendance.*—The proper feeding of children is of immense importance for their future bodily health, and indirectly for their mental and moral well-being. The almost entire absence of milk from the dietary of many pauper children reared by widowed mothers is a very serious fact. As regards diet in general, children living with widowed mothers are much worse off than any of the others; but between the best and the worst of the other systems there is not so much to choose. The same remark applies to medical attendance, though if scattered homes were all as well managed in this respect as those of Camberwell, then that class

would be first. In the matter of dental attendance the cottage homes and barrack schools are decidedly in front of the rest, and the scattered homes come next.

(4) *Institutional Life and Family Life.*—But all these considerations are on the same plane, and, after looking at the subject from every side, I have concluded that they do not outweigh the great disadvantages of institutional and especially of workhouse life as compared with proper and well-conducted home or family life.

A child should not be reared in such a way as to make him look on pauperism and its institutions as normal. In most workhouses the children above the nursery age are as well separated from the other inmates as circumstances will allow; but in small institutions separation is difficult, and even in a well-managed workhouse one may find the children's dormitory overlooking the labour yard, where the worst characters—vagrants and inmates—are employed, or their airing ground so little separated from that of the vagrants and able-bodied paupers, that foul language may readily be heard and repeated by the children. It is remarkable how early in its life a child may learn to swear; even in the nursery stage, under three years of age, one little girl, with an "in-and-out" mother, habitually used the foulest language without having the remotest idea of its meaning.

In a cottage home or barrack school, though the pauper children are still congregated together in one institution, they are quite apart from ordinary workhouse influence, yet the life is in the former case partly, and in the latter case wholly, institutional.

I quite acknowledge that in barrack schools every effort is made to overcome the disadvantages of the want of family life, as well as the risks of spread of infectious disease to which I have already referred. For example, at the West London Schools the housewifery instructor has her own department in the institution and half-a-dozen girls always under training, one day learning cooking in their own kitchen with its own cottage fireplace, another day dusting bedrooms and making beds, another scrubbing floors and cleaning culinary utensils. In fact, an effort is made to give these girls just the kind of training that nowadays is being more and more resorted to in the middle classes in the case of their own daughters. Yet there is an important distinction. Under the Poor Law the girls enter into this domestic training not from a home of their own, but from a large institution where family life as such has been impossible for them, whilst on the other hand, when a non-pauper girl is sent to learn domestic economy in a special school, she goes from her own home, from the midst of family life, and it is on this foundation that her new knowledge is built.

In the cottage homes a much nearer approach to family life is achieved. Though the households are abnormally or impossibly large, yet the total inmates are not so great a multiple of the family as to destroy all resemblance to home life. Here also each foster-mother has a work girl to help her—a girl who has ceased school attendance at the age of 14 and is taught household duties by the foster-mother. But it cannot be denied that real family life is not achieved, and is only imitated, and also that the system is a costly one as compared with boarding out.

In scattered homes, as has already been indicated, family life is still more closely approached, and under the boarding out system, where well conducted, it is practically reached. People with no children of their own, and with the parental instinct well developed, apply to the Guardians to get charge of two or three orphan or deserted children, and these, along with the foster-parents, constitute the household. In other cases, people with only one or two children of their own at home are glad to adopt one or two additional.

Quite unquestionably family life is of great value in the up-bringing of the young. Their environment in infancy and early life should be exactly such as it is desired that they shall continue in all through life. When they themselves become parents with all their household duties and responsibilities, the difference between an institutional and a family up-bringing in their own case will make a great difference

in their lives as the heads of families. It is better that household interests and cares and griefs and joys should be a part of their experience from the beginning, than that, after living in unnatural surroundings till they are 16 years old, they should, when they get married any time from four to ten or twelve years later, be suddenly plunged into a new kind of life, into a domestic environment of which they have had no previous knowledge.

(5) *Supervision of Family Life.*—But the family life of childhood must be of the right sort, and at present, in the homes of thousands of pauper widows, it is of the wrong sort, and the children have very much less chance of doing well than in cottage homes or barrack schools, or even, perhaps, in some workhouses. If the mother is ill-behaved, obviously she should not be in charge of the child. If she is merely uneducated or thriftless, then, if capable of being improved by supervision and instruction, she should be guided and instructed by a competent officer of the local authority—no doubt an active and educated female visitor. And if the children are to be left in the care of the widowed mother, she should receive enough to enable her to maintain them. At present it is a not uncommon practice for a widow with four or five children to have some of them taken to a children's home, where they are likely to lead a kind of hot-house life, and the rest left with the mother, who receives 1s. or 1s. 6d. or (less often) 2s. weekly for each of the latter, and has to go out to work to earn sufficient to make up the minimum amount on which her house can be kept. Why should she not retain all her four or five children, and get for each of them the 4s. weekly which the foster-mother gets for boarded-out children? Then, with the usual allowance for clothing, she could make both ends meet, and keep her house and children clean, and cook their food, instead of leaving them dirty in a dirty house to live on tea and bread and butter or jam all the week through. This arrangement would be a saving to the ratepayers. If the children are orphans or deserted, or if the mother is immoral or drunken or incurably incompetent, then the next best should be done: the children should be boarded out with a carefully selected foster-mother, as at present. If necessary, the boarding out should be at a distance, to prevent evil parental influence and interference. If boarding out is impracticable, the scattered home is the best alternative as being the next approximation to family life.

Whether boarded with their own mother or with a foster-mother, the whole system should be under proper guidance and supervision. Obedience to instructions should be exacted alike from the widowed mother and the foster-mother, and persistent disobedience should result at least in removal of the child, and, if necessary in bad cases, in control of the parent, say, in a female labour colony.

There should be no difference in the health supervision of pauper children, whether boarded with their own mothers or with foster-mothers or in a scattered home. The sanitary condition of the house, the dieting, the health and strength of the children, their personal cleanliness, should all be attended to. If the children are to be maintained from the rates, the parent must comply with the rules prescribed by the ratepayers. In one district where the point happened to be raised, I was told that the same inspection of bodily cleanliness made in the case of a boarded-out child would not be attempted in the case of a pauper child living with its own mother, because the mother would regard herself as having a right of refusal to submit the child to examination. But experience shows that as great or greater need for inspection exists in the latter case, and if the public funds make the same contribution, the obligation to obey rules applies equally in both.

(6) *Existing Medical Inspection of Boarded-out Children.*—Looking to the criticisms which I have had to offer regarding some points in existing medical work among pauper children, the question may be asked, Would additional medical inspection be any better done? It is a natural question. I believe the main reason for present defects to be that the children are regarded as belonging to the Poor Law system of the country, are under charge of the Poor Law Authority, and that their whole management is pervaded by the Poor Law spirit. They are a burden on the rates; no more should be done for them than the absolute minimum demanded by necessity. It is the duty of the Guardians to keep down expenditure, and to see that pauper children shall not be better cared for than the children of the poorest labourer. Proposals as to better treatment, better feeding, and better control hardly belong to the sphere of

Poor Law work. The medical officer is not expected to suggest the calling in of dental aid for the right ordering of the growth of the teeth. Operations for removal of enlarged tonsils, or adenoids, are not so regularly done among labourers' children as to yield a good precedent for their performance among pauper children. One medical officer told me that he did a good deal of tonsillotomy among his own private patients, charging the moderate fee of £3 3s. per case, but that the operation is not on the Poor Law list for special fees, and that his small salary could not possibly cover such work, and that the Guardians would not think of his doing operations on paupers not rendered urgently necessary by accident or disease, the result being that pauper children are allowed to grow up with enlarged tonsils or adenoids entirely neglected. The feeding of such boarded-out children as are under medical inspection seems regarded as a matter not for the medical officer but for the foster-mother—supervised or not supervised by the Guardians. The ventilation of their bedrooms is rather a duty of the health authority. All that is expected of the medical officer where he has to see boarded-out children is to drop in quarterly when he happens to be visiting in the village, so that he can fill up the necessary form of report. If, however, the same medical officer were the servant of an authority whose special duty would be the proper guidance and control of these children from birth onwards, so as to fit them for a useful life, and to remove, as far as practicable, the evil effects of their mental and physical heritage—if this local authority were definitely appointed and centrally guided with these as its aims, I have no doubt that the medical supervision of children would be very much better done.

(7) *Cost.*—The cost of boarding children either with their own mother or with a foster-mother is less than the cost of institutional life, even taking into consideration all the items of expenditure—schooling, clothing, &c.—that have to be added to the boarding expenditure, and all that have to be deducted from the institutional expenditure in making any such comparison. At present, so far as I can judge, the different systems of dealing with children range themselves thus in order of outlay, beginning with the highest and ending with the lowest—(a) Cottage homes, (b) barrack schools, (c) scattered homes, (d) boarding-out with foster-parents, (e) boarding-in with widowed mothers.

10. PUBLIC POLICY AS TO PAUPER CHILDREN.

(a) **Boarding in Rural Districts.**—I am strongly of opinion that, as far as possible, the rearing of pauper children should be done in the country, not in the town; and the holding of that opinion is partly why I prefer boarding out to scattered homes. In a very small village or hamlet a scattered home would bulk much more largely as an institution than it can do in a town. As a matter of fact, I have seen no scattered homes in entirely rural districts, and would be surprised if many of them are to be found there. Small country towns seem the best place for scattered homes.

My reasons for preferring the country to the town are as follow :—

(1) As already urged, pauper children have often a bad inheritance, both bodily and mental. They are apt to grow up weak in health and feeble in resolution. In the fresh air of the country there is a much better chance than in the city of their bad inheritance being counteracted by their good environment. (Needless to say, in the country as well as in the town, weakly children have to be sensibly dealt with. If they have to walk through wet fields and along bad roads to distant schools, systematic attention should be paid to the drying of their clothes to prevent risk of injury to health; and the same remark applies to non-pauper children. And very young children should not be sent to school. At present many are sent too soon.)

(2) If pauperism does not begin until children are old enough to have been already more or less influenced by the evil example and evil surroundings of city life, their removal to the country gives the greatest likelihood of these influences losing their effect.

(3) These being children of the State, the State has a right to consider its own interests, in addition to the interests of the child. There is constant complaint about depopulation of the rural districts and overcrowding of town slums. It is more than justifiable to have regard to this in dealing with the children whom the State has to support, and to place them in the country as an aid in counteracting rural depopulation.

(4) By guiding the pauper children into a healthier and quieter and more regular life than towns afford, the chance of the children themselves drifting into disease and crime and pauperism is much diminished, and the best is being done both for the child and for the nation.

(b) **The Falling Birth Rate.**—A very striking change has taken place in the course of a generation in the attitude of the public to the problem of population. It is not so long since Malthus wrote his famous work, nor since a widespread fear existed, that the world, or at least the civilised part of it, ran risk of becoming overcrowded. A health officer in Scotland, less than twenty years ago, was one day reading a report to his sanitary authority, in which he stated as a gratifying fact that in the period with which he dealt the births had been no less than double the number of the deaths. Then an appalled listener, accustomed to old ways of thinking, interrupted the reading with the exclamation: "God bless me, gentlemen, that's very serious!" The spirit which prompted this expression of opinion has now almost disappeared, and in its place alarm is constantly expressed at a diminishing birth rate attributed to parental selfishness, or luxury, or over anxiety for the future of the offspring. Municipal authorities everywhere are beginning to take action for the purpose of lowering infantile mortality, so as to counteract in some measure the fall in the birth rate and to continue that steady increase in population which has characterised Britain ever since a periodical numbering of the inhabitants was begun. Whether, as I have heard suggested by a thoughtful medical mathematician, there is anything cyclical in the changing birth rate, or whether it is wholly due to such causes as have just been indicated, is a question which is obviously outside the scope of this report. But there can be no doubt that the modern view is the correct one, and that a falling birth rate is not desirable, and that infants' life and health should be carefully protected.

(c) **Opportunity for Action.**—If this be granted, it is manifest that an admirable opportunity exists for dealing with part of the problem on practical lines. As already urged, pauper children require more attention than others because, taken as a whole, they are derived from an inferior stock, alike mentally, morally and physically; and if it is desired—so far as training, example, and culture are concerned—to improve this stock, then the work, at least as regards the children living with widowed mothers and many of the boarded-out children, will have to be tackled in better fashion than at present. From one point of view pauper children are no doubt a burden on the rates, but from another and a better their pauperism provides an opportunity for improving the condition of an appreciable portion of the lowest class of the population in its earliest years, and for diminishing the non-effectives of life in the next and in succeeding generations. The authority which takes charge of these children will make far more out of them by forgetting that they are a burden and looking on them as an opportunity.

The opportunity is unique in respect that it embraces not merely medical inspection and advice, as in the dealings of educational authorities with school children, but that it includes also medical treatment. And there is a noteworthy contrast between the incomplete and imperfect opportunity which educationists are earnestly striving to make the best of, and the almost fallow field, both of opportunity and of duty, lying before the country in respect of the great majority of that particular though limited portion of the youthful population which most of all requires to be dealt with in the interests alike of the individuals and of the public welfare. The pauper children are already in charge of a public authority. They are the children who most of all need careful rearing. The opportunity for looking after them exists in many cases from birth onwards—in many other cases from very early years of life. The opportunity is not limited to mere medical inspection and advice to parents; the local authority is itself for these children *in loco parentis*. It is responsible for proper medical attendance at their birth, for proper feeding and clothing and cleansing and education, and mental and moral up-bringing until the age of 14 or 16 years. It has a duty not only of medical inspection but of medical treatment, and, more important than all, of preventive guidance, so that medical treatment in the sense of curing already established diseases shall be minimised, while medical treatment in the sense of preventing the onset of disease shall be magnified. Yet this great opportunity is not being properly utilised, and this great duty is not being well done.

PART VI.—OUTDOOR MEDICAL RELIEF.

1. IN PHTHISIS.

Excepting the necessity for the proper management of pauper children nothing in the course of my inquiries has impressed me so much as the need for more thorough investigation of the phthisis problem in certain of its aspects. This may seem a surprising statement looking to the enormous amount of attention which phthisis has received by Royal Commissions and otherwise in this and other civilised countries, since Koch's epoch making discovery of the bacillus tuberculosis a quarter of a century ago. But that very discovery has naturally and indeed inevitably directed the stream of modern thought and action very largely into one channel—that relating to the infectivity of the disease and its direct preventability by destruction of the micro-organism or isolation of the victim. It is quite true that individual or family susceptibility is far from being ignored, and it is regularly pointed out that environment has great influence. But in going about from case to case in country and city, and asking questions about personal and family history and noting the sanitary condition of the houses in which the disease has occurred, the fact that we are only on the threshold of the subject has more and more been borne in on me. The relative place and power of (1) hereditary susceptibility of the individual, (2) infectivity of the bacillus, and (3) environment both of the human being and of the bacillus have not been sufficiently ascertained.

I have taken notes, often brief and imperfect, of many cases, and they have presented many suggestions for further inquiry. Not infrequently I found that in a house where one of two parents, either mother or father, had died of phthisis, some of the children were afterwards attacked by the disease, whilst the other parent remained entirely unaffected. Was the difference due to the children being of an unhealthy stock, and the unattacked parent of a healthy stock, or was it due to the children being at a more vulnerable age, or partly to both causes? Sometimes, however, the other parent was attacked. Would he or she have escaped if a different bedroom had been occupied, or a different bed in the same room, or if strict precautions had been taken as to sputum and cough spray whilst occupying the same bed? Sometimes the second parent had had a very suspicious cough, accompanied by weakness or night sweats, after the death of the first, but had recovered. Had there been invasion by and subsequent defeat of the tubercle bacillus here? Were such recoveries more numerous in the case of husband or wife (of different stocks) than in the case of children? If so, was the lower ratio of child recovery due to the lower age of the children attacked and not to their being of a feeble stock? Sometimes (or, at least, in one family) children resembling the affected parent were threatened or attacked by the disease, whilst children resembling the other parent remained strong and well. Was this heredity or mere chance? In a quite appreciable number of cases, after the most intimate exposure to infection, whole families had remained entirely free from the disease. How often would this freedom from attack be found in 1,000 or in 10,000 invaded houses? How much oftener would it be found in clean houses than in dirty? How much oftener where precautions were taken than where neglected? How much oftener in the country than in the town? What part did the use of uncooked milk take in causing the disease among children? Sometimes a workman attacked by the disease had been an employee in a very dusty trade or workshop. Would such attacks be less likely to occur amongst temperate than intemperate workmen, and amongst workmen living in clean, well-aired, roomy houses, than in dirty, close, and contracted dwellings?

To some of such questions it would be pretty safe to risk an answer. To others any answer would be a mere guess. But all the questions are, in differing degrees, worth answering; and before attempting definitely to answer certain of the most important a great deal of additional investigation is desirable. Enormous sums of money are being spent for the prevention of phthisis. It would be very profitable to spend more than at present in its elucidation, not in the laboratory, though that also is most useful, but in the houses in which the disease actually exists.

Influence of Domestic Conditions.—But some facts about phthisis are so very plain that, without any delay whatever, they can safely be made the basis of administrative action. One of these facts is this—that the conditions under which the disease is being treated in thousands of pauper homes in England give to such infectivity as it possesses every facility for doing all the harm it is capable of doing. In saying this I am not leading up to a proposal for universal isolation of phthisis patients. Sanatoriums are very good indeed, but the disease is far too prevalent to be controlled in this way at the present time. What I would emphasise is the absolute necessity of more stringently dealing with phthisis in the homes where it exists. It is the opinion probably of every one that phthisis is a disease of feeble infectivity, that it usually needs for its spread prolonged opportunity to attack a naturally susceptible person, living in surroundings which increase his natural susceptibility on the one hand, and strengthen the attacking power of the disease germs on the other. These surroundings are at present provided for phthisis over the length and breadth of England. It is true that hospitals and sanatoriums, in dismissing a patient, explain to him that he is to take precautions with his sputum and to keep his window open, and so forth; also many public health authorities issue prints of instructions, or send an officer to call at the house of the patient. But even where voluntary notification is in force, some district medical officers do not appear to intimate cases to the medical officer of health, and as a matter of fact, domestic prevention is, up till now, very little more than a name. Precautions are not properly understood, and only half practised, and are hardly at all enforced. A little carbolic acid or Condy's Fluid is mixed with the sputum. The contents of whatever vessel is used as a spittoon are more or less completely washed into the drain, and during the day the patient spits in the direction of the fireplace. Also a window is, in not a few cases, kept open, and that in itself is a very useful measure. But too often the house is dirty and overcrowded, the clothing and furniture are dirty, the children are unwashed and improperly fed, the mother is untidy, and the skins of the whole family are unclean.

Under the Poor Law there is practically no sanitary supervision of phthisis in the home of the patient.

(a) *Phthisis in Rural Workhouses.*

I have already explained that, in order to deal with the subject as a whole, reference to phthisis in rural and urban workhouses has been deferred until now.

The rural workhouses inspected by me have made practically no special arrangements for dealing with phthisis, and they contained very few cases of the disease. In most of them there is abundant spare accommodation which could be so altered or arranged as to make it quite suitable for treatment of phthisis. Small wards for two or three patients, or for as many as local conditions might require, could easily be adapted for the purpose. Windows could be extended from floor to ceiling, and could open directly on a verandah protected from rain by a shed roof, and supported on pillars if on an upper floor. A proper aspect, of course, would be chosen. Such accommodation could be provided at a very moderate cost.

But it does not exist at present. Such consumptive patients as I found in rural workhouses were being treated side by side with other patients in ordinary wards, not suited for modern methods of dealing with consumption. One workhouse master had, of his own accord, erected, from temporary and provisional materials, an outdoor shelter for a case of phthisis. Such shelters could equally well have been set up in other workhouses.

The amount of provision for phthisis in rural workhouses has to be considered in relation to the small number of patients who are to be found in them. The Union reports in the Appendices indicate how few there were. So far as risk of infection is concerned, it has to be observed that, excluding the children's department, the great majority of inmates are old, and unlikely to develop phthisis. They are at an age of low susceptibility, but if, as is very likely, some degree of susceptibility still remains to them, it is quite probable that they will die of some other disease before the infection has time to show itself. But the incubation period of phthisis is not so certainly known as to allow a definite conclusion on such a point, and in any case it will hardly be denied that, even in a workhouse, phthisis patients should have proper accommodation alike in their own interest, so that they may get the benefit of fresh-

air treatment, and, in the interest of other inmates, so that none who are susceptible may become infected.

There still remains the general consideration referred to elsewhere in this Report, that the sick wards of a rural workhouse are not at present regarded as places to which acute cases of illness are habitually to be sent. I doubt whether it would occur to some boards of guardians that a man or woman, aged 30 to 40, whose pauperism was the result of acute phthisis, should go into the workhouse infirmary. If the Guardians were subscribers to a sanatorium, they would consider whether the case should be admitted there, otherwise the patient would probably be treated at home. The country workhouse infirmary has come to be so universally regarded as a place for infirm and bedridden paupers, rather than for acute diseases, that its utilisation for active phthisis in a young person might never cross the mind of anyone interested. If, however, a group of workhouses could be put under the control of a single authority, and if these workhouses were overhauled with the view to their being devoted to particular purposes, I do not see why workhouses, or parts of workhouses, in various parts of England should not be wholly devoted to the treatment of phthisis, some perhaps for incipient and others for advanced cases. They would in fact have to be turned into hospitals or sanatoriums, and have to be regarded as such by the public. In order to get them so regarded they would have to be under an authority looked on as suitable for the provision and supervision of hospitals and sanatoriums.

(b) *Phthisis in Urban Infirmaries.*

In the urban Unions phthisis is very much more prevalent, and in one particular direction a very appreciable effort is being made to deal with it by most of the boards of guardians. The effort consists in receiving into the infirmaries large numbers of phthisical patients. In this way a great amount of infectious sputum gets no opportunity of injuring the families of the patients or the general public. This is manifestly a useful measure, and is being increasingly resorted to by means of extensions of accommodation. Up till now the number of beds provided bears no relation to the size of the Union, and infirmary wards used for phthisis are not always wholly reserved for that disease, as they ought to be if the principles of isolation are to be followed. In some wards about one-half of the inmates are ill with diseases other than phthisis, and even then the precaution is not invariably followed of ranging the consumptive patients on one side of the ward and the rest on the other. In most phthisis wards the cubic space per bed is no greater than for other diseases, and in only one institution have these wards any extra means of ventilation, though such means as do exist are usually well taken advantage of. None of the wards have verandahs directly outside their walls, into which beds could be wheeled through open windows used as doorways; but one institution uses the flat roof of one of its pavilions as an open-air shelter, and another makes use of an open bridge of connection between two pavilions.

(c) *Outdoor Phthisis in Rural Unions.*

In the course of my inquiry I saw very many houses or families in which there were or had been cases of phthisis. In preparing this Report I read over my notes with a view to dividing the cases into the following classes:—

- (1) Those in which there was suggestion that infection of phthisis had already spread from one individual to another owing to want of proper preventive precautions;
- (2) Those in which conditions were found such as might lead in the early future to spread of phthisis among the inmates;
- (3) Those in which cases were being reasonably dealt with in respect of measures taken to prevent the spread of the disease;
- (4) Those in which there appeared to have been free exposure to infection without any infection having resulted;
- (5) Those in which infection may have occurred and been recovered from.

But in going over the cases I find exact classification impossible, as the same families exhibit facts coming under different headings, and so, while keeping in mind the general arrangement thought of, the cases are not divided into groups. The notes were taken in the course of my visitation of workhouses and outdoor paupers, but in my earlier inspections in rural unions I omitted to make any record of various cases in which no spread of infection could be found. It has not been practicable to fill up subsequently many omissions of relevant facts which may be observed by the student of infectious diseases, but once more it is to be clearly understood that the object of the inquiry has not been to suggest individual or corporate responsibility for particular cases, but only to picture the system of Poor Law medical relief as presenting itself throughout the country. It will be seen from these notes that there is very great diversity of practice in the matter of phthisis precautions. In some cases careful instructions had been given as to preventive measures, and these instructions were being reasonably carried out. In others instructions had been given, but were not being very well attended to. In still others there was no evidence that anything whatever was being advised or done to prevent spread of the disease. Assuming ready personal infectiveness of phthisis, some houses indeed looked like probable manufactories of the disease, and some boards of guardians who at present have a phthisis case in hand may have in a few years several secondary cases from the existing source. Neglect of the most elementary precautions was in one or two instances nothing short of appalling.

Rural authorities do not seem aware of the opportunities for management of phthisis which their situation affords them. The boarding out of pauper children is a well recognised system, but the boarding out of phthisis cases is seldom heard of. In many a little cottage in the country there is no reason why the old couple who occupy it should not receive a patient in a suitable stage of the disease—say a girl not far advanced in her illness who could have a well-ventilated bedroom upstairs, and a shelter in the back green or in an adjoining field during the day, and who would be attended by the district medical officer, and fed and guided under his instructions. Many parts of this country are natural sanatoriums, but instead of removing cases from unsuitable surroundings into such localities, one finds that cases of consumption actually developing there do not get the benefit of their fortunate situation. They are allowed to sleep indoors in an over-crowded and ill-ventilated room, bad for phthisis and even dangerous for other members of the family, while immediately outside of the closed doors and windows there are the open soil and the fresh air and the freedom from smoke and dirt which are the natural means of arrest of the disease. For a few shillings a shelter could be provided, but this is not thought of, and a case is allowed to grow worse and other members of the family to be at the risk of becoming contaminated without anything being done in the way of prevention.

Once more, this want of management of phthisis is part of a bad system. The Guardians are not appointed for disease prevention or health preservation. They are there to protect paupers from dying of starvation but not to protect them against acquiring and dying from consumption. It is a curious fact that the same body which sits as a board of guardians at one hour sits as a sanitary authority at another hour, but the spirit of the Poor Law is over all. In their election they are thought of as Guardians rather than as sanitarians. Their areas are for public health purposes too small. They cannot suddenly transform themselves from a board whose duty is to provide doles for paupers into a body which immediately afterwards is to put into practice the principles of disease prevention. And so the case of the pauper having been considered by them when they meet as Guardians is not subjected to any reconsideration when they meet as a Rural District Council. The Rural District Council looks after water and drainage and fever hospital accommodation; it does not attempt the prevention of consumption. The same remark applies to many public health bodies throughout the length and breadth of the land. They are not yet awake to their duty in the prevention of tuberculous disease, but it may be taken as absolutely certain that in a very few years public health authorities will have seriously tackled this serious question.

(d) Cases seen in Rural Unions.

Case 85.—A farm labourer, aged 46, and his wife, aged 42, are in a workhouse, both affected with phthisis. They have had twelve children, of whom eight are living. The wife has always had a cough after childbirth. Her present illness began after a miscarriage about eight years ago, and her cough has been continually troublesome since a child was born five years ago. She has been attended by the district medical officer for the past five years. He sent her to a general hospital, but she was refused

admission ; he then tried to get her into a home, but failed. She began to spit blood about three years ago, took to bed in November, 1906, and came into the workhouse in January, 1907, after a bad attack of hæmorrhage from the lung.

At home she slept with her husband in an upstairs room. He began to cough about a year ago, and is now accepted as a case of phthisis, but continued to work until January of the present year. He came into the workhouse with his family a week after his wife, because there was no one at home to look after his children, and in accordance with the Poor Law regulations, as locally understood, they would not be taken to the workhouse unless he also came in. He has twice wanted to go out to work, but cannot be allowed unless the children go too. Seeing he has phthisis, he is better in the workhouse.

His wife sleeps in a sick ward, and is not separated from the other inmates, but they are mostly old people. The master of the workhouse has erected a small shelter for the wife in the workhouse grounds.

The domestic management and balance sheet of this family may be noticed. The husband earned 13s. weekly in summer and 11s. in winter. His house had four apartments, for which he paid £4 10s. yearly to the farmer. He had a garden, in which he planted potatoes and vegetables. He has been an Oddfellow since before marriage, and his wife had been insured for funeral benefit in the Prudential Society since before marriage. The youngest child is also insured in the Prudential. About four years ago the eldest boy went to work ; he got 3s. 6d. and is now earning 8s. and lives in lodgings. There were seven children living when he went to work. Up to that time the average family income was, in addition to the garden produce, 12s. weekly, out of which 1s. 9d. was paid for rent, 6d. into the Oddfellows' Society, and 3d. into the Prudential. A clothing club received a contribution of 1s. monthly and under a church charity the amount repaid was 15s. yearly, being an addition of 25 per cent. to the contributions. Into a boot club they paid 1d. per week for each of six children. To every 4s. paid yearly in respect of each child, the club through charitable funds added another 1s., so that the amount available for boots was 5s. each. They had the services of the district medical officer in confinements, but they paid the nurse. They also had his services in illness. The main articles of dietary were potatoes, of which they used about one stone daily ; they also had about 2 lbs. of salt pork weekly. The morning meal consisted of bread and butter or bread and dripping the dripping costing 6d. per lb. The dinner at 1 p.m. was of potatoes, and the husband had in addition a little piece of pork. The evening meal was at 6 o'clock, consisting of tea and bread and butter with a herring occasionally. Sometimes at dinner there were suet puddings for a change. There were never any eggs, and they never bought any milk. The wife did no outdoor work.

The wife's mother is living, aged 73. Her husband was a farm labourer. They had 13 children, of whom seven are still living. Five died within a year after birth. Their father had 12s. a week, and made about £6 5s. at harvest time, which more than paid the rent of £5 5s. He became unfit for work at the age of 68, owing to rheumatism and pleurisy. He was in a works' club, which allowed 8s. weekly, but when he changed his work he lost the club benefit. They had no relief from the parish until the husband became unfit for work.

Case 86.—I visited a household of four boarded-out children living with a relative in a country village. One of the children is a mouth-breather, and the teeth of another are going wrong. Another, a girl of 15, is phthisical, and was sent by the district medical officer to a sanatorium, where she remained for ten months. She is now much better, but is still thin and has a cough. By instruction of the medical officer she has a bed to herself close to an open window in a very clean room, and she spits into a dish containing disinfecting powder. When outside she uses a paper bag spittoon and burns it. Both her parents died of phthisis, the father in November, 1903, and the mother in March, 1906. The wife's illness began before her husband's, but her disease followed a slower course. When the husband developed phthisis he had an acute attack, of which he died. Under the strain of nursing the wife's health broke down completely. The girl who is now suffering from phthisis nursed her mother, and fell ill in turn.

Case 87.—A widow, aged 45, whose husband died eleven years ago from phthisis, after they had been married for three years. The wife was ailing at the time of her husband's death, and her own phthisis began definitely about eight years ago. She had nursed her husband and they had slept together in a small bedroom. It was a dry house, much drier than the present one, of which the walls are very damp in winter. The husband's brother and grandfather died of phthisis, but there is no phthisis in the widow's family. Eight years ago, after her illness began, the district medical officer had her sent to a sanatorium for nine weeks, and a month after her return she went to another sanatorium, where she stayed for eight months. An order for this sanatorium was obtained from a charitable lady in the district. She became much better then, but the disease is once more active. She sleeps in the usual small cottage bedroom with the window top too far from the ceiling, but one half opening laterally. She spits into a cup containing disinfectant provided by the medical officer. There are no printed instructions. The children, aged 12 and 13, sleep in an insufficiently ventilated room whose cubic capacity is 468 feet. There is no rain gutter at the back of the house and no down pipe attached to the gutter in front. The Guardians allow the woman 9s. weekly and two loaves, and the medical officer orders extras—milk, meat, &c. The house is structurally defective. There might be an outdoor shelter in the garden for this patient.

Case 88.—A widow, aged 49. Her husband died of phthisis ten years ago. A daughter, aged 12, slept with her father during his illness, and died of phthisis a year after him. He spat into a jar, and no precautions seem to have been taken to prevent infection. There have been five children. The eldest son, aged 26, is a tailor, married, and is in delicate health. The girl who died had a strong resemblance to the father, and so also has the eldest son. There has perhaps, therefore, been inherited a special susceptibility to the disease ; the other three strongly resemble the mother, and are healthy. The widow is not very well owing to change of life. She sleeps alone. She gets 2s. from the Guardians and other help from the children. Her rent is 1s. weekly.

Case 89.—The household consists of a widow, aged 62, a son, aged 27, and a daughter, aged 24. The father died of phthisis 15 years ago, aged 61. A daughter, aged 25, died of phthisis three years ago, after having been ill for at least four years. She had never been robust, and, looking to the long interval after her father's death, she may have been the victim rather of inherited susceptibility than of

direct infection from her father. The district medical officer was sent for only eight weeks before her death.

The present household, as above noted, consists of three persons. The son, aged 27, has had a bad cough for several years. He is a member of a club, which he joined before his cough began. He is able to do light work. He has not been in any hospital or sanatorium.

The daughter, aged 24, was in service but came home about a year ago, owing to eczema and varicose veins, which had begun some three years previously, and had resulted in ulceration. She looks ill, and suffers from night-sweats. The district medical officer said that she should go into a hospital but nothing has been done in the matter.

The mother also has had a cough.

The house in which they lived with the father had to be vacated because the roof fell in during a storm. They have lived in the present house for ten years. It was very damp until rain gutters were provided not very long ago. It has a brick floor. It does not appear that any precautions for the prevention of phthisis infection were taken with regard to any of the cases.

Case 90.—I heard of the following non-pauper case from a district medical officer. A married woman lives with her parents and suffers from phthisis. Two sisters died of phthisis. At that time the present patient lived with her parents and nursed the sisters. The people cannot afford medical attendance. They have not applied to the Guardians, and have a sentimental objection to the doctor's attending them privately without prospect of payment.

Case 91.—A farm labourer with a wife and eight children earns 13s. weekly and about £6 15s. at harvest time, out of which he pays a rent of £4 10s. One of the children, a boy aged 13, earns 3s. 6d. weekly. A daughter aged 18 was at service and fell ill in March, 1906, with what she had been told was inflammation of the lungs. She came home in July and died from phthisis in October. She had a bad cough during her illness. The mother nursed her and slept in the same room. The mother has now been ill, not with a cough but with night-sweats. She was allowed 1½ pints of milk daily for a month; this was discontinued by the district medical officer's locum tenens because the patient was regarded as better. It is likely to be again allowed. The woman cannot afford to buy milk.

Case 92.—A widow, aged 42, lives with her five children. Her husband was a weaver, and died from phthisis eight years ago, after seven months' illness. The children are aged from 10 to 15. No precautions against infection were taken during the husband's illness, and the house was not disinfected after his death. One of the children, a boy aged 13, is very delicate, and has had repeated attacks of "inflammation of the lungs." The mother and the five children all sleep in the same room. An old woman (the husband's mother) has come to the house and occupied another room since the death of her own husband six years ago. The old woman is crippled with rheumatism, and is never out of doors. The house is much overcrowded, and the children require medical supervision.

Case 93.—A man was ill with "inflammation of the lungs," and was nursed by his wife. He died eight years ago. His widow is now suffering from phthisis. She is attended by a club doctor. The house is not well ventilated. There is no nursing, the daughter having to go out to earn her living. Her son, aged 15, lives in the house.

Case 94.—A widow, aged 43. Her husband died ten years ago, aged 35, from phthisis. She nursed him and has herself been ailing for a long time. She is recovering now under attendance by the district medical officer.

Case 95.—A man aged 32 lives with his wife and children, aged 3, 5, and 7, in a house consisting of a single apartment on the first floor of a tenement building in the middle of a town. The man is far advanced in phthisis, coughing freely and discharging much sputum. He has no spittoon, but mostly uses a chamber-pot for his spit. The room is very badly ventilated and ill-smelling. The bed on which he lies is very dirty. The room contains another bed in which his wife and three children sometimes sleep. At other times two of the children sleep at the foot of the father's bed. The family have been in the present house only two months. In the previous house, at the end of December last, one of the children, aged 10 months, died, as was said, of bronchitis and pneumonia. The district medical officer visited the child, and saw the father at the same time and on some other occasions. A district nurse called once about three weeks before my visit and gave an order for 3s. worth of groceries to be obtained at a shop. The man is in no club and the amount received from the Guardians is 10s. weekly. In reply to my inquiry the people said that no one had suggested the workhouse infirmary. Phthisis is voluntarily notifiable in the town, but this case had not been notified to the medical officer of health. The house previously occupied by the people, and evacuated only two months ago, would not be disinfected by the sanitary authorities as they were not aware of the existence of the disease. No precautions are being taken to prevent spread of infection in the present house.

Case 96.—An unmarried woman, aged 39. Her father and her sister (aged 16), both died of phthisis. She herself was a housemaid, and attributes the beginning of her illness to occupying a damp bedroom, but she probably had free use of uncooked milk, and she is evidently of a susceptible stock. She was in a sanatorium, and is now being treated in the workhouse infirmary. She sleeps in an ordinary sick ward, but has an open window over her bed. The other inmates are old women.

Case 97.—A farm labourer, aged 35. He has a wife and eight children, aged 1 to 15 years. The eldest is a girl, and has gone to service; the rest are at school. The man's illness began about eleven years ago. He was sent to an institution about ten years ago by a charitable lady, stayed there three months, and got much better. He resumed work, and continued at it pretty regularly until last Christmas, when, his cough being bad, he went to the district medical officer. He then ceased work for about five weeks, after which he began again; but about nine days ago he coughed and vomited blood, and is again off work. He is becoming emaciated and has night sweats. The house has four apartments, a kitchen and small room downstairs and two bedrooms upstairs. The kitchen is 12 feet square and its ceiling is about 6½ feet high. The small room is 9 feet square and the ceiling also 6½ feet high. Upstairs the larger

room is 12 feet square by 7 feet high. It contains two beds. In one of these the husband, the wife, and a baby a year old sleep, and in the other three children aged 11, 5, and 3 years. There are thus six occupants in a room with a cubic capacity of 1,008 feet. The room has one window about 2 feet wide by 2½ feet high, of which one lateral half opens. The top of the window is about 2 feet from the ceiling. The room contains a fireplace. The other children, aged 13, 9 and 7, sleep in a very small bedroom closely adjoining that of the patient. This bedroom has no fireplace. The man keeps his bedroom window open because, as he explains, he observed that the windows of the sanatorium were kept open. He spits into a jam pot or into the fire, but takes no definite precautions against spread of infection. The man first got medical relief from the Guardians of this Union about two years ago, but probably he had it previously from another Union. There appears to be no history of phthisis in the family.

Case 98.—A married woman, aged 54, developed phthisis two years ago, but did not send for the district medical officer until five months ago. She lives in a small house with her husband, who has been unable to work for about a year owing to eczema. A grown-up daughter has been at home from service since December last in order to nurse her mother. The daughter sleeps along with her mother in a bed in a room of which the cubic capacity is only about 500 feet. It has one window, of which the upper sash does not open. The mother spits into an open jar and the spit is destroyed twice daily. The husband sleeps in an equally small room closely adjoining. The house is very clean.

Case 99.—The family consists of a father, mother, and five children, aged 1½ to 13 years. A lodger whom they kept, died of pulmonary consumption in February, 1906, and one of their own children, aged 3½ years, died from consumption of the bowels in March, 1907. The child drank much unboiled milk. The room in which the lodger died was fumigated with sulphur and cleaned by the child's mother. She says she had received no instructions to this effect, but had heard, or read, of the infectivity of consumption.

Case 100.—A bricklayer, aged 30, has been ill with phthisis for about 2½ years. He has a wife and three children. They live in a house of three apartments. He returned from the South African War in December, 1901, and has been in failing health ever since. He was in a convalescent home for a month in the latter part of last year and gained two pounds in weight, but he has lost ten pounds since coming home. He has night sweats and sometimes coughs a great deal. He has no spittoon, nor instructions as to precautions. The man and his wife sleep together in the kitchen downstairs; the three children sleep in a bedroom upstairs, but are in the kitchen at other times. His wife had a baby four months ago and has not been strong since then. She looks ill, and has had tonsillitis. She has no cough. A child, 6 weeks old, died in the beginning of 1906, and another 3 weeks old in January, 1905.

Case 101.—A miner, aged 53, has been ill with phthisis for about a year. There are three daughters and two sons at home. The man is confined to bed in a small room, with a window which is kept closed owing to fear of draught. A daughter's clothing is hanging in the room, near the bed. One daughter sleeps in a very small room closely adjoining, and two sons in another. The man spits into a jam pot, which is cleaned out once a day, but he is too weak to take sufficient precautions, and has no printed instructions. The house is old and damp. The kitchen has only one window, and it does not open. There is no phthisis in the family history.

Case 102.—This is a family living in a little cottage in a small hamlet in a fine rural district. The father died after an operation for appendicitis one and a-half years ago. The mother's mother died of phthisis, and none of the family have been strong. The mother is pale and fragile, and takes cod liver oil. A girl, aged 14, has been weakly since infancy, and unable to attend school. She coughs a good deal, and has a bad appetite. The district medical officer provides her with cod liver oil and Scott's emulsion, and beef tea and milk. A child, aged 8, is delicate, and has had a constant cough since an attack of whooping cough five years ago. She coughs most at night, but is mending now. She has the same medicines as her sister. Another sister, aged 12, is the strongest of the family, but has facial neuralgia. The mother and the three children all sleep in a small kitchen downstairs. The room upstairs is occupied by a lodger. The house is clean, but badly ventilated. The whole surroundings of the house are admirably situated for the prevention of tubercular disease, but the fresh air is shut out, and no shelter or other open air arrangement has been provided. Some of the children have a tendency to spinal curvature.

Case 103.—A district medical officer told me about this non-pauper case of phthisis. A girl aged 16 lives with her parents and the rest of her family in a damp and badly-ventilated cottage in a country village. The district medical officer attends without making any charge. The girl lately has had the opportunity of living in a healthy house, and has greatly improved there, but she has now had to go back again to her parents' house, and the doctor fully expects her health to deteriorate. I inspected the house and found it as described.

Case 104.—Two sisters, orphans, aged 18 and 19, live together in a house for which they pay 2s. weekly. Both are garden workers. The mother died of what the children were told was inflammation of the lungs and pleurisy six years ago, and the father died of consumption in March, 1906. The two girls have a brother, aged 9, who lives in the workhouse. Two other brothers are hawkers with no fixed abode. The girl, aged 18, says that she caught cold while working outside in the rain. She has been ill for a fortnight, has been spitting blood, and has been visited by the district medical officer. She was in bed for three days, but was sitting by the fireside when I called. That morning her sister had waited in until 8.30 in order to clean up the house, instead of going to work at the usual early hour. No district nurse has been in attendance, though there is a district nurse in the town. The Guardians are providing milk and meat for the patient.

These girls are members of a social club supervised by ladies, one of whom called to see the patient a few days ago. The circumstances of the two girls seem to leave them open to other risks besides phthisis, and the whole facts leave a bad impression as regards want of supervision and guidance. Looking to the family history, there is a strong suspicion of tubercular disease; and if the disease is present it is having every opportunity to develop.

The question of the patient's going to a workhouse infirmary has not been submitted to her.

Case 105.—A man, aged 69, has been in the workhouse for six years, having been admitted for destitution. He has had a cough for three or four months, and is entered in the medical relief book as suffering from phthisis. He takes no special precautions regarding his sputum. He sleeps next a man aged 33, who suffers from dyspepsia.

Case 106.—A miner, aged 32, who developed enteric fever in February, 1905, and owing to chest complications was in bed for five months, has ever since had a bad cough and yellow sputum with blood. He lives in a country cottage, and during the summer months of 1905 he was carried out on a bed-chair daily into the garden. Last summer (1906) he was able to walk out. This summer he is continually out during the day, and his bedroom window is kept open at night. The weak point in the arrangement is that he sleeps in the same bed with his wife, and that four children sleep in a room which opens off the sick man's bedroom. He has been instructed to be careful as to his sputum.

Case 107.—A cattle drover, unmarried, aged 63, was a soldier, and drank a great deal and suffered from exposure. His present illness began about two and a-half years ago. He is losing flesh and has much expectoration, generally in the morning. He sleeps in an ordinary workhouse dormitory, but most of the inmates are too old to be likely to develop phthisis.

Case 108.—A farm labourer, aged 36, has been ill, off and on, for 20 years. He stopped general work about eleven years ago, but he still does a little garden work. He sleeps in a room with a cubic capacity of about 730 feet. Another bed in the same room is occupied by a brother. Two sisters sleep in a small room next door, and other two in an attic above. The man sleeps badly owing to his cough. He spits into rags and burns them. He says he does this only to save trouble. He uses no other precautions. The district medical officer has been appointed only about a year ago and has never seen this case, but his predecessor probably saw him. It seems doubtful if this is phthisis.

Case 109.—A married woman, aged 48, who has been ailing for about seven years; has a bad spit, sometimes with blood. She spits into rags and burns them as instructed by the district medical officer, who, however, is doubtful whether the disease is really phthisis. The Guardians do not pay for examination of sputum. The husband and four children sleep in an adjoining room. A reasonable attempt is being made to prevent infection.

Case 110.—A widow, aged 48, with four children, aged 6 to 13. Her husband died three years ago, aged 45, from consumption. He was a general labourer, and was ill for nine months. He slept with his wife, spat into handkerchiefs, and apparently used no precautions; but no infection has shown itself up till now.

(e) Cases seen in Urban Unions.

Case 111.—W. O. W. (male), aged 31—phthisis. A hostler, with a wife and three children. The youngest is a baby three months old. The man's illness began about nine months ago. He was in a Poor Law infirmary for ten days, and refuses to state why he left it. He seems nervous and excitable. There is no phthisis in his family, but his first wife died from phthisis fully three years ago, and he slept with her till near the end. His own cough began about 18 months ago. His wife sleeps with him, and the baby sleeps in a cot in the same room. He buys Condry's fluid, and puts it in the vessel in which he spits. No sanitary officer has called. He is attended by a private medical man. Before going to the Poor Law infirmary he received 10s. weekly from the Guardians. Since then the amount has been reduced to 8s.

Case 112.—J. M. (female), aged 25—phthisis. This girl lives with her widowed mother. A brother, aged 19, died from phthisis five and a-half years ago. He had joined the army at the age of 18. He took pneumonia in barracks and was in the barracks hospital for three months. Then he was in a general hospital, and thereafter he came home and slept in the same room, but not in the same bed, with his father. He was at home for a year before his death. When leaving the general hospital referred to he was told to burn the sputum and to keep his window open. The father took a severe chest illness three months before the son died. This illness lasted only about a week, and was fatal. His disease was said to be "pneumonia and consumption."

The daughter, J. M., was at that time employed in wire-weaving. She had a bedroom to herself and was not much in her brother's sick room, though her room was on the same landing. Her bedroom window was always kept open at night. Her illness is said to have begun three years ago, that is two and a-half years after her brother's death. The room where the brother and father lay was disinfected by the mother after the deaths, the district medical officer having given instructions to that effect. The people changed their residence at the time of the son's death, so that the girl's attack was not due to any infection remaining in the house. She has a bedroom to herself, keeps her window open, and takes precautions as to her sputum. She has been twice in the workhouse infirmary, and once—for a fortnight—in a sanatorium. The present household consists of the mother, the patient, and three children.

Case 113.—R. B. (male), has a wife and six children, three boys and three girls. His phthisis began about last Christmas. He spits a great deal into a bucket into which he puts some Condry's fluid, and he empties the bucket into the water-closet every night and morning. He sleeps with his wife. The window is opened about two inches at the top. The three girls sleep in a very small bedroom, its dimensions being 7 feet by 10 feet by 9 feet, equal to 630 cubic feet, allowing only 210 cubic feet for each child. The bed occupies nearly the whole room, and the window is closed. The boys' bedroom is a little larger, but otherwise is no better. The conditions here are exceedingly bad.

Case 114.—W. H., male, 40—phthisis. This man is a fitter's labourer. His occupation is not dusty, and did not subject him to exposure, and there is no known phthisis in his family history. His illness began two and a-half years ago with pneumonia. He has been in a Poor Law infirmary four times, but says he prefers to live at home because he can get walking about in the fresh air. He sleeps in a small bedroom with the window quite closed and the air foul. His wife sleeps with him. Three little boys

sleep in the next room, which is also small and has its window closed. At night the man spits into a chamber pot into which he puts a little carbolic acid. He washes it out in the morning. During the day he spits into a sawdust spittoon; at night he burns the sawdust. He also uses handkerchiefs which are washed daily. He has had no printed instructions, and no sanitary officer has called.

Case 115.—G. B. (male), 49—phthisis. This man was a fitter's labourer. He has been seriously ill for four months, but began to ail about ten months ago. Two of his brothers died of phthisis two years ago. He visited them, but did not live with them. He has a wife and seven children at home. He sleeps in the same bed with his wife in a front bedroom. The children sleep in other bedrooms. His own bedroom windows are almost closed at night, and are insufficiently open during the day, but the children's bedroom windows are more fully opened. He takes no precautions. Neither he nor his wife want the infirmary, and the question of his going to a sanatorium is under consideration. The house is clean.

Case 116.—A. W. (female), 28. Died from phthisis the morning previous to my visit. She lived with her parents in a remarkably dirty house. Her mother slept with her. The mother states that she took precautions as to the sputum, but this cannot be believed looking to the state of the house.

Case 117.—Mrs. C. (female), aged 30—phthisis. This woman lives with a husband and one child. He is a labourer, earning 19s. weekly. She gets medical relief only. Her illness began about five months ago. She attended the dispensary of a general hospital, but is unable to go now, and so has the services of the district medical officer. She spits much, either into rags, which she burns, or into the fire. She sleeps in the same bed with her husband and the child. The bedroom window is wide open. There has been no mention of going to the infirmary. She is taking cod-liver oil.

Case 118.—J. S. (male), aged 56—phthisis. A man with a wife and one child, aged 6. He was a private teacher of languages—French and Latin. He has had a bad cough for a long time, and has been off work for about 18 months. He was in a Poor Law infirmary for five months, ending 23rd March last, but came out of his own accord. He says he feels better now. He lodges in a room on the ground floor of a house which is rented by a woman living upstairs with her two children. The patient and his wife and child all sleep in one bed. The window is kept open. He spits into pieces of paper, which he burns. The house adjoins an open park, and he goes out early and stays in the park all day, excepting in wet weather. He feels much better since he left the infirmary and began this practice. The district medical officer used to visit him, but stopped about three months ago, because the man is now able to call on him. He receives 3s. and one loaf weekly from the Guardians. A lady health inspector has called from the sanitary authority and given him verbal instructions. She is said to be aware about the father and mother and child sleeping in the same bed. The man states that there is no phthisis in his family history. I got this information partly from the relieving officer and partly from the man himself, whom we met on the street when on the way to visit his house.

Case 119.—G. W. (male), 35—phthisis. This man has a wife and four children. He was a brass-worker, and first felt ill in October, 1906, when he went to a charitable dispensary. He says that his chest was not examined, but that the doctor knew what was the matter by looking at him. He continued at work until 16 weeks ago, and now attends the dispensary of a general hospital. He gets cod-liver oil and cough mixture. He has a heavy spit. During the day he spits into the fire, and at night into a chamber pot. No sanitary officer has called, and he has had no instructions as to preventive measures. He and his wife and a baby under three years old sleep in one bed. The cubic capacity of the room is 1,188 feet. Two boys, aged 6 and 5, and a girl, occupy another bedroom. Another girl, aged 13, sleeps in the grandmother's house.

Case 120.—W. B. (male), aged 47—rheumatic fever and phthisis. This man has a wife and nine children. The house has five rooms, of which three are bedrooms. The man has a bad spit. He spits under the grate during the day and into a pot at night, the pot being washed out with warm soda and water and emptied into the closet in the morning. His wife and a child, 18 months old, sleep with him in the same bed. Two children sleep in another bed in the same room. Three children, aged 11, 13 and 21, sleep in another room with a cubic capacity of 544 feet, the dimensions being 6 feet by 8 by 8. In another similar room three children, aged 3, 6 and 8, sleep. All the windows are closed. Under pressure by the relieving officer, a larger house at a rent of 16s. weekly is being got. The patient was at one time in a special hospital at a health resort for six weeks.

Case 121.—A widow, with four children. Her husband died from phthisis four weeks before the date of visit, at the age of 37. He had been ill for about six years, and was in a sanatorium for about ten weeks, a year or so before his death. After he returned from the sanatorium he slept in a separate bedroom, and kept the windows open and attended to his sputum. The house was not disinfected after his death, but the blankets were washed. His wife had glandular abscesses of the neck in childhood and afterwards. The four children are all delicate. They are as follow :—

- (1) A girl, aged 22, who was married a fortnight ago. She has a cough and spit, and her legs and feet swell. The district medical officer has attended her, but was not consulted as to the marriage.
- (2) A girl of 18, who is in a grocer's shop. She has tuberculous abscesses of the neck. She is very pale and feeble, but refuses to go to the district medical officer.
- (3) A boy of 14, who is a message boy. He has no cough, but is in weak health, and the doctor has said that he has a bad chest.
- (4) A girl, aged 4.

Case 122.—J. R. (male), aged 53—phthisis. This man was a labourer in a chemical work. His illness began about two years ago, but entered on an active stage only a year ago. There is phthisis in the family history. The patient wrought chiefly among chemical fumes, and was rather intemperate. His wife and six children live with him. Three of the children are dependent. He sleeps in the parlour with his wife and the youngest child, who is 15 months old. A sanitary officer called about six months

ago after which the man went to the phthisis ward of the fever hospital for five weeks. There he spat into rags and burned them. He returned home five months ago, but uses no disinfectant. He keeps his bedroom window closed, and has no stock of rags to spit into. A clergyman gave a spittoon. The sanitary officer has not called since his return from the fever hospital.

The children's diet includes dinner two or three times a week. For the rest they have tea-meals. No milk is bought for the children, but the patient has a pint daily. The house is infested by a plague of flies.

Case 123.—J. J. (male), aged 38—phthisis. The patient is a miner with a wife and two children, aged 2 and 8 years. He was employed in a dusty mine. He has been ailing for about a year, and off work for ten weeks. He has a heavy spit, uses no disinfectant, and says that he has had no instructions, and that no sanitary officer has called. He would not go to the infirmary. The district medical officer attends. His relief is 8s. weekly.

Case 124.—W. L. (male), aged 42, is a blind man with a wife and seven children, of whom five are dependent. One of the five, a girl aged 14, is suffering from phthisis. There is no phthisis in the family history; the girl was always weakly. Four years ago she was in a consumption hospital for a month; thereafter she lived at home and went occasionally to see the doctor when ailing. She went to work in a cotton-weaving mill seven months ago, and is now acutely ill. The district medical officer has visited her thrice during the past week. She is one of six who sleep in the same bedroom. Its dimensions are about 10 feet by 15 feet by 10 feet, a total of 1,500 cubic feet, or 250 cubic feet for each sleeper. The other five occupants of the bedroom are the mother, who sleeps in the same bed with the patient, and four children who occupy another bed. The room is clean, and the window open. The father's eyesight has been bad from birth, and has got gradually worse. He was a labourer, and wrought until four years ago. He is now attending an institution for the blind and learning mat-making. The work he is able to do at this occupation pays for his tuition in the institution. By and by he will get full employment there, and receive a wage.

Case 125.—M. H. (male), aged 28—phthisis. This man, a labourer in a cotton mill, has a wife and four children, aged 7, 4, and twins, 11 months. His illness, which began two years ago, is attributed to dusty occupation. He was in a Poor Law infirmary for a fortnight, and has received 8s. weekly from the Guardians during three or four months in the last two years. He sleeps with his wife and one child in the same bed. The bedroom was dirty at the time of visit, and the slops not emptied. Proper precautions are not the least likely to be taken in this house.

Case 126.—S. J. (male), aged 24—phthisis. This patient lives with wife and two children in a single apartment. In the house of six apartments there are two families and one male lodger. The man was a drainer's labourer, and has been ill for a year. The children are aged 1 and 6 years. All four sleep in a small bedroom with two windows, of which one is partly open. The district medical officer has given instructions as to precautions, but no real precautions are taken. No health visitor calls. The man refuses to go into any kind of institution, and will continue to refuse so long as he gets out-relief.

Case 127.—Mrs. S. is a widow with two children at home, of whom one is working. Ten days ago her husband died from phthisis at the age of 52. He lay in the parlour and took precautions as to his sputum. He was ill three or four years, and his wife slept with him till a fortnight before his death. The widow does charring. She and the children are well. She gets 5s. from the Guardians, and one child earns 8s. The rent is 5s. 6d. The dietary is as follows:—Breakfast, tea, bread and butter; 1 o'clock, potatoes and meat or rice pudding; 5 o'clock, tea, bread and butter; supper, tea, bread and butter, sometimes gruel or bread and milk. A pint of milk daily.

Case 128.—J. H. (male), aged 44—phthisis. A labourer, who has a wife and one child, aged 8, burst a blood-vessel ten years ago, and has been off work for the last two years. He says he takes precautions about his sputum, but I observed him spitting on the floor during my visit. He sleeps with his wife in the same bed, and with the child in the same room. The window is kept open. Lodgers occupy another room. He receives 6s. weekly from the Guardians. His wife does sewing-machine work. The rent is 4s. 9d. The house is clean. He attended a dispensary for consumption, but has been in no institution.

Case 129.—M. M. (male), aged 44—phthisis. This man, who has a wife and eight children, was a dock labourer. He has been ill only about six months. He sleeps with his wife in the same bed, and two girls, aged 13 and 16, sleep in the same room. The window is kept open. The patient spits into pieces of paper or rag and burns them. The district medical officer who attends him notified the public health authority, and a female sanitary inspector called. One of the children, aged 18 months, has acute pneumonia. The child was taken to the dispensary of a Children's Hospital, and is now being attended by a doctor and a nurse from the hospital. They did not think of troubling the district medical officer to attend the child.

Case 130.—Mrs. P., aged 36, is a widow with six children. Her husband died of phthisis two months ago. He was a cabdriver, and was never strong after an attack of enteric fever twelve years ago. He was ill with phthisis for three years. During the last two years of his illness he had a room to himself, kept his window open, and took some care with his sputum, for which his wife bought Condy's fluid. After his death she bought carbolic acid and Condy's fluid, washed the room floor, aired the bed for a fortnight, and scoured the blankets. She said she did all this without instructions, and simply from hearing or reading about the disease. No action was taken by the local sanitary office.

One child, aged 11, is delicate. The mother and all the rest are healthy. The district medical officer attends the child. He is weighing it regularly, and giving it cod liver oil. The Guardians allow 10s. weekly. One girl is at work, and two lodgers are kept. The rent is 25s. monthly. The dietary is as follows:—Breakfast, tea, bread and butter; midday, tea, bread and butter; 5 o'clock, dinner for the

lodgers and for the family, broth, meat and potatoes; bed time, bread and butter. No milk. Occasionally porridge and sugar.

The bedroom windows are closed and the premises dirty.

Case 131.—E. K. B. (male), aged 30—phthisis. This patient, who has a wife and three children, was a miner. His illness began about five years ago. After being ill he got easier work as a lamplighter to the local corporation, but he has been unfit to work for eight months. He was in a general hospital for fistula a month ago, but has had no other institutional treatment. Poor Law relief (10s. weekly) began four months ago. The patient is in a club, from which he now receives the reduced amount of 4s. 4d. weekly.

He was medically attended first by the miners' doctor, and he is now being attended by the doctor for the local gas works, where he was employed, so that the district medical officer has not been required. He has had cod liver oil and malt from the general hospital above referred to, until lately, and is going back for more. In this hospital he had open-air treatment for a month. Up till five or six months ago he slept with his wife. He had no advice to sleep apart until then, though he had kept his bedroom window open. He now has a room to himself and attends to his sputum. His father died of phthisis, aged 29, and his children are delicate. He has had no visit from the health office.

Case 132.—A. P. (male), aged 54—phthisis. This is a dock labourer with a wife, but no children. He was twice in a Poor Law infirmary for three months at each time. He did not care for the food there. He takes some care as to his spit, but sleeps with his wife.

Case 133.—J. W. (male), aged 32—phthisis. The man is a carter with a wife and two children living, and four children dead, one recently from diarrhoea. He has been ill for seven years, and has been in a Poor Law infirmary three times, and also in a general hospital. He has a bedroom to himself, keeps his window open if the weather permits, and spits into a tin with Condy's fluid or turpentine. There is no family history of phthisis.

Case 134.—W. R. (male), Widower—phthisis. This man began to be troubled with a cough three or four years ago. His wife was similarly affected very soon afterwards. It is difficult to say whether the cases were simultaneous or whether one preceded the other. The wife attended the outdoor department of a general hospital for a time, and went into the Poor Law infirmary a fortnight before her death. The husband has only been off work for about the past six weeks. There is no known family history of phthisis on the husband's side. He does not know about his wife's family, as she was brought up by foster-parents. There are five boys, aged 6 to 14. The man has a room to himself, and keeps his window open at nights. He spits into a mug during the day, and at night into a chamber-pot, the contents of which are discharged into a water-closet. No disinfectant is used. A neighbour is understood to attend to the house; but at two o'clock in the afternoon, when my visit was paid, the bedroom window was closed, the slops not emptied, and the bed not made. The man refuses to go to the infirmary, and refuses to allow his children to be removed to cottage homes. He is attended by the district medical officer.

Case 135.—L. R. (female), aged 31—phthisis. This is a married woman with one child. Her husband is in Canada. She has been delicate for many years. She was married four years ago. Her present illness began two years ago, after the birth of the child. Her father died of phthisis 24 years ago, but there has been no phthisis in her family in the interval. The child sleeps with her grandmother. The patient has a room to herself. She keeps her window open. She spits by night into rags, which she burns, and by day into a large basin without disinfectant. She was in a Poor Law infirmary in another town for seven weeks about six months ago owing to an attack of pleurisy. She had gone to the town to stay with a friend.

Case 136.—H. B. (male), aged 41—phthisis. The man lives with his wife and two children, aged 1 year and 12 years, in half of a house—a kitchen and two rooms. His illness began three years ago. He was a bookbinder. He has been in two institutions—(1) a general hospital for five weeks, and (2) an open-air treatment home for six weeks. He objects to go into the workhouse infirmary because he cannot there get sufficient outdoor exercise. At home he can walk about continually. His objection to the infirmary has nothing to do with the stigma of pauperism.

He has a bedroom to himself, keeps his window open, takes the same precautions regarding his sputum as he saw in the hospital, and has a proper pocket spittoon. If similar precautions were taken and a similar life led by phthisis cases generally, there would be much less need for isolation in institutions. His relief is 7s. weekly.

Case 137.—E. M. (female), aged 26, is a widow with two children, aged 3 and 6. The husband died a year ago from phthisis, at the age of 23. He was a French polisher, and had been ill for two years. He had had a bed to himself in a small bedroom in which his wife and two children occupied another bed. He had kept the window open and had used a disinfectant. His wife complains of weakness and a bad throat, but has not been to the district medical officer. The dietary is bad. There is a dinner only about once a week, and one tin of condensed milk weekly. The meals are all composed of tea, bread and butter. The mother does field-work in summer, and the children are fairly clean.

Case 138.—T. S. (male), aged 42—phthisis. This labourer has been ill and off work for 14 months, but he is not emaciated, and says he is quickly improving. He attributes his illness to an injury to the chest, and to inhaling the fumes of metal when engaged in furnace work. There is no phthisis history. He goes out daily into the parks, and the house windows are kept wide open. The house is clean. Everything is being done in this case that can be done in a working-class house in an urban area. Care is taken as to the sputum, and the patient occupies a room by himself. He has a wife and five children. He is in no club and receives 6s. weekly from the Guardians.

Case 139.—M. A. P. (female), aged 33—phthisis. This is a deserted wife. There are six children, of whom only one is dependent. Another, aged 28, is in an asylum. The woman has been ill for two years. She was in a general hospital for eight weeks, and has been at home since then. She has a room to

herself, as advised at the dispensary of a consumption hospital. She takes precautions as to her spit, and she keeps her window wide open and the room clean. Her boy, aged 11, sleeps in another room. A married daughter, now aged 23, had hip disease in childhood, and is lame and thin, but has a healthy complexion.

Case 140.—E. R. is a widow with eight children, aged 2 months to 15 years. Her husband died in August this year from phthisis. He was a tramway labourer. During his illness he had a room to himself, kept his windows open, and took precautions as to his sputum. After his death the room was disinfected by the sanitary authority. The dietary of the household is as follows:—Breakfast, tea, bread and butter, occasionally porridge; 1 o'clock, meat and potatoes, occasionally sago pudding; 5 o'clock, same as breakfast. Milk half a pint daily, but extra when there is sago pudding. The bedrooms are in fair condition.

Case 141.—Mrs. S. (female), is a widow with three children. The husband died a year ago from phthisis. He spat into rags which were burned, or into a chamber-pot whose contents were discharged into the water-closet. His wife slept with him and has continued well. A child, aged 10, died of pleurisy three months ago.

The children's breakfast consists of tea, bread and butter, and occasionally bacon. At midday they have potatoes and meat two or three times weekly; and on the other days bread and butter. The 5 o'clock meal is tea with bread and butter or jam. A 3d. tin of condensed milk is bought weekly. The woman states that ordinary milk will not keep in the house.

All the four sleep in one room. The Guardians give 2s. and two loaves weekly. The woman earns about 8s. weekly by charring, and a daughter, aged 15, earns 6s.

Case 142.—W. C. (male), aged 38,—phthisis. This is an exceptional case for an urban Union. The man is a labourer with a wife and six children, aged 1 to 14. He has been ill and off work for four years, but he absolutely refuses to go to the infirmary, and has a chronic dispute with the Guardians on the subject. Outdoor relief was given for three years, ending a year ago. Then the Guardians determined to refuse outdoor money relief to phthisis cases, and they have adhered to this, giving only the services of the district medical officer. The man is in no club. His wife goes out to field-work in summer; but the district is too poor to give much opportunity for charring or laundry work. They depend mainly on private charity. The husband and wife sleep together. The children occupy different rooms. So far there is no evidence of infection. This, it should be noted, is not a case of Poor Law deterrence. The man refuses to go independently of any stigma of pauperism, and the Guardians have tried to influence him, but in vain.

Case 143.—Mrs. M., aged 41, is a widow, with seven dependent children. Her husband died a year ago from phthisis. He had had a cough for a long time, but was acutely ill for only four months. His wife slept with him until his death, and no precautions were taken; but the children did not occupy the same room. All have remained well. The children here have a dinner daily, and get Quaker oats about twice weekly. The woman does no out work. Relief began only last week. The amount is 10s. 6d. weekly.

Case 144.—Mrs. A. and six dependent children. Mrs. A.'s husband is in a phthisis sanatorium. He has been ill for a long time. He was four months in a workhouse infirmary, and has now been nearly eight months in the sanatorium. He had a bad attack of pneumonia 14 years ago. His wife slept with him all the time he was at home. The windows were kept open. The wife and children are all in good health. All the children, excepting the eldest, resemble the mother. The youngest child is 1½ years old, and is being suckled by the mother.

Dietary. Until lately breakfast has consisted of tea, bread and butter, but bread is dear at present, and therefore oatmeal is being used, sometimes with condensed milk and sometimes without any milk. Condensed milk is preferred to ordinary milk, because it is regarded as cheaper. The children have a dinner daily. The Guardians give 7s. 6d. weekly, and other income amounts to 9s. The rent is 5s.

Case 145.—Mrs. H., aged 29, is a widow with five children, aged 6 months to 10 years. The father, who died of phthisis, slept in the parlour, having the room to himself, and took precautions. He refused to go to infirmary. He was a local corporation labourer.

The bedroom window was open at the time of my visit, and the children were fairly clean. No infection has shown itself. The Guardians give 5s. in cash and 5s. in food weekly, and other help is obtained from a mission charity.

Case 146.—A. B. (female), aged 38, is a widow with seven children, aged 2 to 16 years, of whom two are working. Her husband died of phthisis, aged 45, a year ago. He was a labourer in a chemical work, and so inhaled fumes. He was intemperate. During his illness, which lasted for seven months, his wife and baby slept with him. The window was kept open in warm weather only. Though he took no precautions as to his spit, his wife and baby have remained quite well.

The children's dietary includes dinner twice or thrice weekly, otherwise tea meals. A pint of milk is got daily, and is used in tea or for bread and milk. The bedroom windows were a little open. The mother does no out work. The children earn 8s. 9d. and 6s. respectively. The Guardians give 7s. 6d. weekly. The rent is 3s. 6d.

Case 147.—Mrs. H. aged 23, is a widow, with five children, aged 2 to 11 years. Her husband died from phthisis in June of this year. He was a general labourer, chiefly in glass works. He had a cough for many years, but was definitely ill for three years before death. His wife had her leg amputated at the knee 17 years ago, owing to "white swelling." She and the child, now 2½ years old, slept with her husband till his death. The bedroom windows were not kept open until two or three weeks before his death, yet all have remained healthy.

The children have a dinner twice or thrice weekly and on Sunday, and a pennyworth of milk (one-third of a quart) is got daily. The relief is 10s. weekly.

Case 148.—M. G. (female), aged 41, is a deserted wife with two children. Her husband had phthisis and was in a small sanatorium. It is said that the rest of the phthisis cases in the sanatorium from the same Union died, but that this man partly recovered and then eloped with the matron to Nova Scotia. It is exceptional to give relief other than indoor relief to a deserted wife, but this case is exceptional. She gets 3s. weekly. The two children are aged 9 and 13. One has bad eyes, and has been to a general hospital. The rent of the house is 24s. monthly, but one-half is sub-let. The woman does charring.

The children's regular diet is as follows:—Breakfast, tea, bread and butter, seldom bacon; midday, tea, bread and butter; bedtime, bread and butter. Potatoes and meat are used on Sunday only. It is the only day on which the woman has time to cook. A pennyworth of milk is purchased daily, and is used in the morning.

Case 149.—G. H. (male), aged 47—phthisis. This man has a wife and seven children, of whom only two are dependent. He has had a cough for many years. He received an injury to his back ten years ago. He has been off work for about three years. He is attended by the district medical officer. His condition points as much to asthma as to phthisis. The windows are all closed, and the house is very close and stuffy. The patient's wife sleeps with him. He says that he has had no advice as to precautions in spitting, &c. He spits into the fire during the day and at night into a pot, which is emptied into the water-closet. He also spits into handkerchiefs, which he washes. He receives 4s. weekly from the Guardians.

Case 150.—S. B. (male), aged 42—phthisis (?). This general labourer was in a convalescent home for six weeks eleven years ago, and has been at home ever since. He is not losing flesh, and he has done a little work occasionally. He sleeps with his wife. A baby, 5 months old, sleeps in the cradle in the same room. There are ten children, aged 5 months to 21 years. He refuses the infirmary, and relief was stopped for a year owing to his refusal. Then the Guardians resumed relief, giving him 5s. 6d. and four loaves weekly. Relief was resumed on condition that he would get a larger house and that none of the children should sleep in the same room with him. He spits into the fire or into a spittoon, or else into a sink in the courtyard, which he flushes afterwards from the water-tap. The district medical officer has instructed him as to his spit. The rooms on the upper floor are very well ventilated.

Case 151.—H. W. (male), aged 30—phthisis or chronic bronchitis. A carter, with a wife and two children. Has been ill for four years. He was in a Poor Law infirmary for three weeks. He has a heavy spit. At night he spits into a pot, which is emptied into the water-closet; he spits into the fire during the day. He sleeps with a brother in a room, the window of which is closed at night.

Case 152.—W. P. (male) and F. M. P. (male), aged 53 and 29—phthisis (?). These are father and son. Both are entered in the Poor Law books as suffering from phthisis. The father calls his disease chronic bronchitis, and the son calls his chronic asthma. Both have been tramway carmen. The rest of the household consists of the wife of W. P. and a girl of 10. The girl is not strong, and sleeps in a room with the father. The windows are closed to-day, but are said to be usually open. These cases should be in the infirmary, but they refuse to go, and the Guardians give 6s. weekly. There is also club money.

Case 153.—M. A. F. (female), aged 55, chest disease. This is a widow, with two dependent and four grown-up children. She is said to have phthisis, but the disease seems rather asthma and bronchitis. She was in the infirmary for six weeks, but came out because she did not want the two children to go to the Poor Law institution for children as the Guardians wished. She is attended by the district medical officer. She sleeps in a good bedroom. The two children occupy the same room, but use a separate bed. The Guardians give 5s. weekly with medical attendance, and the family do the rest. The children seem to be reasonably well fed.

Other Cases.—Phthisis is referred to also in connection with Cases 53, 66, 71, 75, 178, 201, 205, 213, 222, and 268.

2. IN DISEASES OTHER THAN PHTHISIS.

I have already indicated my conclusion that in dealing with phthisis the present system of medical relief is inadequate. The facts as to other diseases have now to be noted.

My inspection was made in summer when acute illnesses are much fewer than in winter, so that most of the cases were suffering mainly from old age and infirmity.

Many of the old people whom I saw were afflicted with ulcers of the legs; the use of proper and sufficient dressings for such ulcers was the exception. Lint and gutta-percha tissue and other non-porous coverings are seldom provided. Linen rags are the rule. These are usually obtained from neighbours or from the charity of the better-off in the community. Linen rags saturated in a medicated lotion may be comfortable enough so long as the rags are kept wet, but at night when the patient goes to sleep the lotion will quickly evaporate, and in the morning the rag and ulcer will be closely adherent and not separable without a good deal of pain. Several ulcers were in a very foul and offensive condition, but even with proper dressings they might have been so owing to want of nursing and refusal to go to the workhouse infirmary.

But the great majority of district medical officers give much kindly attention to the aged and deserving poor. They are on good terms with the old men and women, and listen to their complaints, and give them bottles of cough medicine, or liniment, or whatever else they require to alleviate their ailments; also a little friendly inquiry and conversation oils the wheels of pauper existence, and such attentions are really all that the great majority require.

Coming to more acute cases, I submit notes of some which indicate that medical out relief is not always adequate, even where phthisis is not concerned. The first two are cases of diabetes. If that disease is to have any chance of recovery, indoor or outdoor, special dieting of an expensive character is necessary, and should be provided.

(a) *Cases seen in Rural Unions.*

Case 154.—A miner, aged 30, has been off work for 20 months with diabetes. He is losing weight, and is getting blind. When visited, he was eating a dinner of beef and potatoes. The district medical officer had suggested his going to a general hospital, but the man did not act on the suggestion. He has also been advised as to diet by the district medical officer and by another medical man whom he consulted. But as a matter of fact, special diet is not being provided for him, and, as just stated, he was eating beef and potatoes. The workhouse infirmary does not seem to have been suggested for this case.

Case 155.—This is a miner, aged 32, who says he became ill with diabetes about two years ago. He has been in a general hospital three times and was dieted there, but was told they could not provide diet for outside cases. The Guardians made an allowance for gluten bread, but did not order it direct, and the man takes brown bread, cabbage, meat when he can get it, bacon, eggs and milk in moderation. The district medical officer has advised him to go to the infirmary. The house is damp, and the ground flat has a stone floor rather below the soil level. The ventilation of the kitchen, where the man sits during the day, is neglected. The upper part of the window can open, but cobwebs show that it is never opened.

Case 156.—An unmarried man, aged 27, lives with his mother. He has had asthma since childhood and is much troubled with eczema of the legs accompanied by intolerable itching, which makes him scratch violently, causing bleeding and discomfort. His shoulders are much rounded, as a result of numerous attacks of asthma. He was a carriage cleaner on a railway, and has now been an invalid for five years. He has never been in any institution, and he received Poor Law relief for the first time two years ago. He was offered the workhouse three years ago, but the offer was not accepted. His bedroom and bed are exceedingly dirty, and the mother—though affectionate—is a slattern. There is no proper medical attendance, the eczema being entirely neglected. Perhaps the district medical officer may not know of it, the man only having called on him at his consulting room several miles distant. There is no nurse in the village where the man lives. His case is not being properly dealt with; he should be in the workhouse infirmary, or else should be better looked after at home.

Case 157.—A boy, aged 17, has not been strong since childhood, and is now recovering from an acute attack of pleurisy of five weeks' duration. The family consists of the father and mother and eight children, of whom seven are at home. The father earns 25s. to 30s. weekly, but is said to be intemperate. The boy has been treated at home by the district medical officer, and has received two pints of milk daily as an extra. It is said that such a case would not be admitted to the workhouse infirmary owing to the father having a wage which ought to be sufficient to maintain the family. Phthisis often follows pleurisy, and the boy requires more attention than the circumstances of the family are likely to allow him.

Case 158.—Cellulitis and ulceration of leg. A married woman, aged 39, has eight children, of whom six are dependent, while her husband (a miner) is off work owing to dyspepsia. A daughter has come home from service to help during the mother's illness. The mother is mostly in bed, and is being attended by the district medical officer. She would be much better in an institution, where there would be complete rest until the inflammation entirely subsides, after which an elastic bandage or stocking might be useful in helping to prevent chronic ulcers of the leg. The woman would no doubt refuse to go to the workhouse infirmary.

Case 159.—A girl, aged 12, has been away from school for two years owing to chorea. She suffered badly from it for three months about a year ago, and was then attended by the district medical officer. He has again been in attendance for about a month. The family consists of a father, mother, and twelve children, aged from 2 to 19 years. Of the twelve children only two are boys. The three eldest are girls at service. Only medical relief is given in this case. The house contains two megaphones and other evidence of surplus cash, but the child would be better in a hospital with a convalescent home belonging to it.

Case 159A.—Measles has occurred in the house of a widow with four children. The district medical officer has not been sent for. One of the children has had otorrhœa for three weeks without any medical attendance. The teeth of this child, and of another who has also had measles, require attention. Their father died of consumption of the bowels two years ago.

Case 160.—A farm labourer, aged 39, has been ill for five months with rheumatism, attributed to living in a damp cottage. His heart is believed to be affected. He is tended by his wife. There are three dependent children. The district medical officer lives several miles away, and has not visited the house, but the man called on him twelve days ago. He is getting weaker and thinner. He should be sent to a hospital, the illness being recent, and the man in the prime of life.

Case 161.—A coal miner, aged 45, lives in lodgings. His wife left him, and he has no children. He is in no club; his wage was about 25s. weekly. Three years ago he hurt his leg, and was attended by the district medical officer. The leg is in a plaster of paris case, and is stated to have been so for two and a-half years. The man says he thinks it is mending, and that he hopes to be able to work again. He received 4s. weekly from the Guardians, but refuses to go to the workhouse infirmary. The case seems worth the application of the workhouse test.

Case 162.—An old man of 87 suffers from bad legs and incontinence of urine, the latter only during the day when out of bed. He lives with a niece and nephew, who are fond of him, and keep him on that account. He ought to be provided with a rubber urinal, but the question of obtaining one does not seem to have been mentioned.

(b) *Cases seen in Urban Unions.*

Case 163.—H. D. (male), aged 45, has heart disease and chronic asthma. He was a tram conductor, and has been ill for five years. The district medical officer is called on when required; but the case is chronic, and there is no need for regular attendance. The family consists of the husband, the wife and three children, of whom two are dependent. The wife is a kitchen woman at tea rooms, and the man attends to the house. The father and mother and the three children (all girls), aged 14, 12 and 5, sleep in one room. The children's feet are not clean. The people seem well behaved.

Weekly relief is made up of 4s. 6d. in money, four 4 lb. loaves, meat, tea and sugar. The house consists of two apartments in a large building of many tenements. Its rent is 5s. weekly.

Case 164.—W. G. N. (male), aged 31, has heart disease. He is a casual labourer, with a wife and five children. He has been three times in a general hospital, but never in a Poor Law infirmary. The children are clean, but one of them has commencing ringworm of the scalp, and the mother took her to the school teacher to explain this. She had been sent home and the mother was instructed to apply to the district medical officer. Relief consists in money 4s. 6d. and food 5s. 10d. The rent is 4s. 6d. The wife does no outside work, and I concluded that there must be some other source of income.

Case 165.—R. S. (male), aged 60, has heart disease. He is a labourer, and an Oddfellow, and had a lodge doctor, but now he goes to the district medical officer. He gets 6s. from the Oddfellows and 5s. from the Guardians. His wife and he lodge in a single room—a sub-let.

Case 166.—J. P. (male), aged 61, has heart disease. He is a mantle maker, whose wife is a midwifery nurse. His illness is said to have begun with rheumatic gout. The man is dropsical. He has been ailing for some years, and has been off work for six months. They get medical relief, and the value of about 5s. weekly in food, but no money relief. A district nurse calls twice daily. The man himself would have gone into the infirmary, but his wife prefers that he should wait at home; and she makes an income by attending confinements. They occupy a single room in their house, the rest of which is sub-let.

Case 167.—H. N. (male), aged 53, heart disease. This was a packer of oilcloth, &c., whose illness began at the age of 35. The patient is subject to attacks of giddiness, and is attended by a club doctor. There are no dependent children, but eight older children all living. The rent is 8s. weekly, and the family do most of the maintenance; but five weeks ago the Guardians began to give 5s. weekly in supplement. I do not, of course, know whether the eight children could not themselves keep the parents without assistance from Poor Law.

Case 168.—Mrs. R., aged 43, is a widow with heart disease, dropsy, and ulcerated legs. There are three dependent children and three working, of whom all but one live with the mother. Mrs. R. goes about a little, but has a difficulty in climbing stairs. She was never incapacitated until two months ago, and is well enough now to go to see the district medical officer instead of his visiting at the house. She has refused to go into the infirmary, and her symptoms, which are relieved meantime, will certainly return.

Case 169.—E. K. (male), aged 25, who has hæmoptysis and heart disease, is a young married man, living with his wife in his mother's house. He has been ill for a year, and was in a hospital for chest diseases for six weeks in April and May. The district medical officer has advised him to go to the Poor Law infirmary, but he refuses. He says he will go to any hospital, but to no workhouse infirmary, not on account of any stigma, but because he regards the treatment as bad, basing his opinion on some experience which he alleges he had when 17 years of age. The Guardians give only medical relief and milk. The man's wife sleeps with him.

Case 170.—E. S. (female), aged 38, is a widow with eight children, aged 11 months to 16 years, of whom six are dependent. Her husband died suddenly in June this year from heart failure, aged 43. He was a foreman shunter on the railway. He had been off work for eleven weeks, and was attended by the club doctor. His illness was called general debility, and the doctor had wanted him to go to the seaside to recruit, but he was anxious to begin work again, and died as above stated. His widow is greatly grieved that she did not persuade him against returning to work. She gets 8s. from the Guardians, and the elder boys earn 18s. weekly. The rent is 5s. 8d. weekly. The meals are of the usual sort, but there is always a dinner cooked, and a pint of milk is obtained daily.

Case 171.—J. R. (male), aged 34, had heart disease due to rheumatic fever. He died a few days ago. He was a painter's labourer, and had been ill for 16 months. He was attended by his own medical man, preferring him to the district medical officer. He pawned his clothes to pay for attendance. He was in a Poor Law infirmary for some time, but came out and died at home. Money relief was given at the rate of 7s. weekly for five weeks before his death.

Case 172.—T. T. (male), aged 38, has aneurism of the aorta, attributed to heavy lifts. He was a labourer, and intemperate. His illness began two years ago, and he has been thrice in a general hospital.

He has a wife and five children, of whom one is in the infirmary with whooping-cough and broncho-pneumonia. His weekly relief is 4s. in money and the value of 4s. in food.

Case 173.—R. T. (male), aged 35, has chronic bronchitis and asthma. He has a wife and seven children, of whom four are dependent. He is a corn miller's labourer. His illness began 18 months ago, and he has been off work since Whitsuntide last. He attributes his illness to the dusty occupation. He has been in a Poor Law infirmary four times for several weeks at a time, leaving of his own accord on each occasion when he thought himself better. He uses inhalations and internal medicine. His wage was 21s. Three children earn 16s. 6d. The money relief is 8s., and the rent is 4s. 6d.

Case 174.—D. B. (male), aged 38, is a miner, who has had asthma for ten years. He has been off work for six weeks at present, and has done only nine weeks' work since October, 1906. The works doctor attends. Ten years ago, when the asthma began, the man was only 28 years old; and he says that he would have changed his occupation at that time had he thought that the illness would continue. He is a married man, without family, is in no club, and receives 4s. weekly from the Guardians.

Case 175.—C. W. (male), aged 47, has asthma. He was hurt in a coal pit two and a-half years ago by a fall from the roof, causing injury to his back and knees. He was in a general hospital for three weeks, 20 months ago. Now he is getting thinner, and has had during the past fortnight diarrhoea and vomiting, but is ashamed to trouble the district medical officer, and so has not sent for him.

Case 176.—J. R. (male), aged 37, is suffering from acute pleurisy. He is a coal heaver with a wife and three young children. He has been ill for nearly eight days, and is getting better. He has been off work recently for five months owing to accident. He earns 7s. 6d. daily, and has an average wage of 33s. weekly. His rent is 3s. 6d. At present he gets 6s. 6d. and two loaves weekly for two weeks from the Guardians. His house is very dirty, and in a slum neighbourhood.

Case 177.—W. F. (male), aged 41, has pleurisy. He is a mill foreman, with a wife and five children, aged 6 to 15. His wage is 24s. 6d., and he is in no club. Two children earn 7s. and 3s. weekly. He has been ill for five weeks, and has had 8s. weekly relief for the last three weeks, in addition to medical attendance. He looks very poorly, but says he is improving. Objects alike to the local Poor Law infirmary and the local charitable hospital.

Case 178.—J. P. (male), aged 39, suffers from "chronic pleurisy." He has a wife and two children. He has been twice in a Poor Law infirmary, and twice in a general hospital, but without benefit. He has a bad spit, sometimes coloured with blood. He has a bed to himself, but his wife and two children sleep in the same room. The window is always open, and some precautions are taken as to sputum, but apparently not under skilled advice. He buys pennyworths of Condy's fluid of his own accord, and puts them into the spit pots. He also spits into rags and burns them.

Case 179.—E. G. (female), aged 39, has suffered from epilepsy since the age of 11. She was sent by the Guardians to a home for epileptics, but became dejected and miserable. Her unmarried sister took her out, and made a fresh application for relief. The Guardians allow 4s. 6d. weekly. The two sisters now lodge together in a room of a house of four apartments, rented and occupied by a man with his wife and one child. The patient's sister goes out charing. The room is very dirty, and smells badly. It is proper that under the circumstances the two sisters should live together, but they should live in a much cleaner and better-kept apartment.

Case 180.—H. J. (female), aged 50, has suffered from epilepsy for many years. She lives in a room sub-let by a spinster, who rents the house. She is sane and quiet. The room is clean, and the case seems quite a proper one for out-relief.

Case 181.—J. A. W. (male), aged 36, suffers from cerebral sclerosis. He was a coal heaver, and has a wife and four dependent children. He has been ill for two years. A child was born two months ago, and died a month ago. The man has been in a general hospital, but not in a Poor Law infirmary. He sleeps well, but his memory is defective, and he is unfit for work. The Guardians have considered separation of husband and wife, but nothing has been decided.

Case 182.—F. S. (male), aged 46, has cerebral degeneration. This man was a shipping buyer on the Exchange in an important commercial city. He has a wife and five children, of whom two daughters earn 17s. weekly. He receives 4s. from the Guardians, and two of his children are in a Poor Law institution for children. The youngest, aged 5, and the two daughters are at home. His mother and sister died of softening of the brain. He himself was unable to go to school until 12 years old. His illness began seven years ago with epilepsy. He has been repeatedly in the local Poor Law infirmary, the total time so spent being about two years, but he is incurable, and is not visited by the district medical officer, though he calls on him occasionally. The house is clean and comfortable.

Case 183.—G. C. (male), aged 53, is afflicted with locomotor ataxia. He has a wife and eight children, aged 4 to 33. Four of the children are dependent. He has been ill for three years and has been four times in a general hospital, but not in the local Poor Law infirmary. He now goes to the outdoor department of the general hospital referred to, and does not require the district medical officer. His relief is 10s. weekly.

Case 184.—W. M. (male), aged 44, is a case of locomotor ataxia. He has been ill for over six years and in bed for over four years. He attended a general hospital for six months but was not in the Poor Law infirmary, and would rather be at home with his family. He has a wife and four children, aged 5, 11, 13, and 16. His wife had a still-born child eight years ago. He receives 6s. weekly from the Guardians, and the district medical officer calls when sent for.

Case 185.—J. B., aged 61, and Mrs. B., aged 68. Of these the latter is paralysed, a wet and dirty case. The husband was a lithographer, who stopped work some time ago to nurse his wife, but would be refused employment now on account of his age. The infirmary has been suggested, and is to be tried for a month. The relief is 5s. weekly, and a son gives help.

Case 186.—H. L. (male), aged 50, has general paralysis. He was a draper. He has been ill for seven years and is getting worse. He lives with his wife and four children, while four other children live away. The district medical officer can do no good, and the man and his wife both prefer to live at home rather than be separated by his going to the infirmary.

The children's feeding is bad. It is a diet of tea, bread and butter three times a day, and sometimes dinner on a Sunday. No milk is used excepting the condensed variety. The supervision of the children is also neglected. At 5 p.m., when my visit took place, the bed had not been made and the bedroom windows were closed. The bedroom was likewise dirty. The children, all of whom I saw, were not very dirty. The woman does no outwork. The relief is 6s. weekly.

Case 187.—Mrs. C., aged 46. This a case of hysteria or malingering. She has medical relief only. She is a married woman, whose husband is a bricklayer, with four children, the eldest aged 12. She has refused the infirmary, and has had attendance by the district medical officer. More recently a medical officer for a local charitable dispensary has called and given her some medicine. She lies in bed, and it is believed gets undeserved support from the kindly-disposed.

Case 188.—J. C. (male), aged 30, who has chronic cystitis, has been ill since Christmas, and has also had previous attacks. He was in a general hospital five months ago for a week, but left on account of the pain of passing instruments into his bladder. He was in another hospital for two weeks three years ago. He would decline to go to the workhouse infirmary, owing to "the name of being at the workhouse." He ought now to be in an institution of some sort, but entirely objects. He is being attended by the district medical officer. His relief is 5s. 6d. weekly.

Case 189.—A. B. (female), aged 67, is a widow, who suffers from floating kidney. She was operated on for gallstones in a general hospital two years ago, after which floating kidney is said to have manifested itself. She is now waiting to be sent for by the doctor at the same hospital for operation. The district medical officer attends her. She has a personal preference for the doctor at the general hospital referred to, and, therefore, would rather go there than to the workhouse infirmary. Except for this preference she would willingly have gone to the Poor Law institution, to which in her mind no stigma attaches. She gets 3s. from the Guardians, and does needlework. She lodges in a room which costs 2s. weekly.

Case 190.—R. K. (male), aged 37, has liver disease and dropsy. He is a labourer, and was at work till ten weeks ago. The district medical officer attends, and the man's present attack is getting better. He is in no club, and is intemperate. He has a wife and five children. The house has three apartments, and is exceedingly dirty. The relief given during illness has been 3s. weekly, and milk as an extra recommended by the district medical officer. Yesterday, owing to the man's habits, the Guardians stopped all but medical relief and offered the workhouse. He refuses because he is recovering.

Case 191.—Mrs. F., aged 78, is suffering from gastric disorder. Her husband is aged 77. Her present illness began three days ago, and the district medical officer visits daily. The husband has been unfit for general work for years past, owing to gout, but he does a little jobbing gardening. The house is of one apartment, and the rent is 2s. 9d. weekly. Poor Law relief is 5s. weekly, with tea and sugar. In connection with the present illness, the district medical officer has ordered milk and soda. There are children, but only one son-in-law gives any help.

Case 192.—Mrs. H., aged 64, has diarrhoea. Her husband is a dock labourer. They live in a large apartment on an upper flat of a tenement building. She has been ill for only a week, and has had attendance by the district medical officer as a matter of course. Her house is clean. It has three large windows; the top sashes are fixed, but there is plenty of ventilation.

Case 193.—J. E. (male) and family. Enteric fever cases. The family consists of the father and mother and three children. One of the children took enteric fever, then the father was attacked, and then the other two children, so that there have been four cases in all. At first the mother nursed, then help was obtained from a neighbour, and then from a district nurse. Two of the children have been in a convalescent home for a fortnight, and have returned. The father is now to go to the convalescent home. The medical officer of health has called once, but no sanitary inspector nor nuisance inspector. The clothing has not been disinfected. At the time of my inspection a heap of soiled bed-clothes, grossly stained with faecal matter, was lying on the bedroom floor. The dimensions of the room are about 10ft. by 16ft. by 8ft., or 1,280 cubic feet, and it is ordinarily occupied by four inmates. The roof of another bedroom is not water-tight, and is much stained by rain. None of these cases had been removed to hospital. It was stated that the sanitary authority had only now provided a hospital, though the population of the town is well over 50,000. The Guardians have given 7s. and three loaves, and three quarts of milk daily, for about twelve weeks. In addition, there are the cost of the convalescent home, of the man's loss of work, and of the children's depreciation in health.

Case 194.—G. J. (female), aged 6, has whooping-cough and jaundice. The child lives with a widowed mother. The cough is improving, but is still bad. The child is allowed to go out of doors, but has been forbidden to play with others. The mother has five children, one of whom, a daughter, is married, while the other four are dependent. The mother herself has asthma, and cannot go out to work. She receives from the Guardians 3s. a week and three loaves. A lodger pays 3s. 6d. weekly. The breakfast is tea, bread, and dripping; at mid-day neighbours usually give broth or stew or potatoes, &c.; at five o'clock, tea, bread and dripping; at bedtime a piece of bread. No liquid milk comes into the house, but occasionally a tin of condensed milk. Potatoes are used two or three times weekly.

Case 195.—T. L., a child aged 2, has whooping-cough and bronchitis. The father is a dock labourer with four children, who are attended by the district medical officer. The child is improving. There is no isolation of the patient.

Case 196.—J. O. (male), aged 39, is a labourer with an attack of influenza. He has been off work, as a result of this disease, for a fortnight, and sent for the relieving officer yesterday. His average wage is 23s., and he has a wife and five dependent children. He is attended by the district medical officer, and is recommended for money relief. The weekly rent is 6s. He is in no sick club. He declares that he has been a teetotaler for ten years, and that he neither smokes nor gambles, but the house is very dirty and ill-kept and ill-ventilated. The relieving officer is very sceptical as to the man's statements of his own habits, and I agree with the officer.

Case 197.—L. S. (female), aged 14, has sub-acute rheumatism. The present illness began only four days ago. She had an attack last year also. The district medical officer has attended on both occasions and is giving medicine. L. S. lives with her mother, who is a widow with four children, of whom two are in an orphanage, and two are at home. The mother cleans offices and does other outwork three hours in the forenoon. The girl's previous illness lasted eleven months. She was not in any hospital, and the mother would strongly object to her going to the workhouse infirmary.

Case 198.—W. B. (male), aged 57, is a case of diabetes. He has been ill for many years and off work for four years. He gets 2s. 3d. weekly from the Guardians. He formerly got gluten bread and other special diet direct from the Guardians, but they now give him the money instead, and the man gets a weekly supply of gluten bread, and special cheese, tea, biscuits and soup.

Case 199.—A man (aged 32) has venereal disease. He has a wife and four children. This man is a labourer and has been ill for ten weeks. He applied for relief and was offered the workhouse. He stayed in only a single night, and the Guardians have refused relief since then. He has no medical man, but is treating himself. He is in no club. The four children are not being sent to school owing to parental neglect. His wife is reputed to be immoral, and it is suspected that the proceeds of her immorality help to keep the household.

Case 200.—D. T. W. (male), aged 19, has lupus of face. This lad was brought up in the workhouse in early childhood, but has lived for many years with his mother and step-father. His illness is said to have begun nine years ago owing to falling on his face when running. He was attended by a doctor, and went to a general hospital fifteen months after his accident. He was there for five weeks, and has not been to any hospital nor dispensary since then, but has been seen by a works doctor and the district medical officer. His mother and her husband themselves get 5s. weekly relief from the Guardians, and the boy gets 4s. He is dwarfish in size and his face is very much disfigured. His disfigurement is used as a means of getting public charity. His mother used to take him to a pithead to collect money. The police have endeavoured to prevent this within the last two or three years, but his pitiable appearance makes passers-by give him coppers.

Case 201.—H. B., aged 10, is afflicted with tubercular disease of the spine, and the child's father is suffering from phthisis.

The father is aged 54, and was a book-printer. His illness definitely began four years ago, but he had been ailing previously, and is now in a sanatorium. He was a steady, well-behaved man, and earned a good wage. After he fell ill he was at home for 13 months, and was attended by a club doctor; he also was an out-patient at a chest hospital. Precautions are said to have been followed as to ventilation and disposal of sputum, but his wife slept with him. She became ill with a bad cough, and was attended by the district medical officer, but she is better now.

The child fell ill a few months before the father. There is said to be no phthisis in the family history, but they lived in a damp house, newly built, for about a year before the onset of the child's illness, while the father's occupation favoured the development of his own attack. When the child's illness began the family were not under the Poor Law, and she was taken as an out-patient to a general hospital, but she was at once admitted to the wards as suffering from paralysis. The hospital authorities sent her about two years ago to a well-known hospital for paralysis, where she was operated on by a distinguished surgeon. The operation preserved her life, but she is a permanent cripple. She was in a convalescent home for four months and gets occasional charity holidays.

Very unfortunately the mother is of bad character; she has had an illegitimate child, and is addicted to drink, though teetotal at present. She does charing. The Guardians give 4s. and four loaves weekly.

The breakfast of the household consists of tea, bread and dripping. At 1 o'clock there is sometimes dinner, sometimes porridge and rice, sometimes tripe, sometimes nothing. Five o'clock is the same as the last meal. The only milk coming into the house is a 2½d. tin of condensed milk, "Kerry Brand." The place is fairly clean, but the child should not be in charge of such a mother. Her life has been preserved, but she is permanently unfit to face the world, and should be in a home for cripples or incurables.

Case 202.—Mrs. G., aged 56, has spinal disease. She is a widow, and has been bedridden for 22 years. She was two years in a general hospital 18 years ago, and one week in the workhouse infirmary twelve years ago, but she prefers to live in lodgings. She has a water bed and is free from bed sores. She can move about a little in the bed, and does some sewing. Her relief is 7s. weekly.

Case 203.—M. M. (male), aged 42, has ankylosis of the knee. He is a labourer, with a wife and two children. He had his knee-cap injured in childhood, and his leg is much bent. He was in a Poor Law infirmary for eleven weeks; and left on March 13th. A doctor at a general hospital suggested amputation, which appears to me the only remedy. After leaving the Poor Law infirmary he resumed work and has been off again for a few days. His case is to be considered by the Guardians to-morrow.

Case 204.—H. W. (male), aged 44, has synovitis of the knee joints and of the joints of the hands. He lives with his wife and one child, aged 9. By occupation he was a clerk. He attended a metropolitan charitable dispensary, and he also saw a surgeon at one of the great London hospitals. He says that excision of the joints was discussed. He sends for the district medical officer when wanted.

There would be no advantage in his going to the infirmary, as nothing can be done. He is in no club. The Guardians give 7s. 6d. weekly, and a lodger is kept, who pays an equivalent to the rent of the house.

Case 205.—Mrs. S., aged 33, suffers from an abdominal tumour. She is a widow with five children, of whom three are in a children's institution under the Poor Law, one in a Poor Law infirmary, owing to tuberculous disease of leg, and one at home. Her husband died three years ago from phthisis. He was ill for two years, and was in the Poor Law infirmary for the last three months of life. His wife slept with him until then. She has not, however, been attacked by phthisis; her abdominal disease is of old standing.

She has been twice in one of the great London hospitals, and was operated on there, first at the age of 17, and again five years ago, after the birth of her fourth child. She is now requested to go in for a third time, but has not been sent for, and has not made up her mind. She would not like to go to the infirmary, but prefers the hospital, not on account of any stigma attaching to the infirmary, but because she thinks the treatment at the hospital better. Her relief is 7s. 6d. weekly.

Case 206.—W. A. (male), aged 41, is affected with fistula in ano. He is a dock labourer, with a wife and one child. He has been ill nearly two years, and has been three times operated on in a general hospital. Going there as an outdoor case, he was immediately taken in for operation. He says that he is mending now. He is in no club, and has had 6s. weekly from the Guardians during the past six months. His work at the docks is most irregular; but, when at work, he gets 6d. hourly, and his average wage is 22s. weekly. His wife keeps a clean house, and can earn about 3s. or 4s. a week at sewing.

Case 207.—T. H. (male), aged 71, who fractured the neck of his femur 18 months ago, was in a general hospital for three weeks, and was attended by the doctor of an outdoor charity after his return. He and his wife live with a widowed daughter and three children. His daughter gets 4s. 6d. weekly from the Guardians, keeps a lodger or two, and goes out working when the mother is well enough to take charge. The Guardians give the father 7s. 6d. weekly, but recover the whole from three sons, who will not pay anything excepting through the Guardians. The house is clean.

Case 208.—Mrs. E., aged 70, is a widow with an ulcerated leg, and is bedridden. She lodges with a friend in a clean house, and is visited by the district nurse. She does not require the district medical officer. She does needlework sitting in bed. She gets 5s. weekly from the Guardians, and pays a shilling weekly to her friend for use of the room.

Case 209.—J. B. (male), aged 74, has an ulcer of the leg, and lives alone in a house of one apartment on the ground floor of an old residence which has been subdivided into small tenements. He dresses his leg with ointment received from the district medical officer, and spread on linen rags. He refuses to go to the infirmary because his son, who is at present in a reformatory, is to be discharged from it in four or five months, and the father wishes to have a home for him. His son will then be 18 years old, and the father seems genuinely fond of him.

Case 210.—S. A. (a widow), aged 67, has an ulcerated leg. The doctor attends, and provides dressings, lint, &c. The district nurse calls daily. The woman's daughter is married to a blind street musician, and has three children. They also are getting relief from the Guardians. The house is dirty, and consists of a single apartment.

Case 211.—J. H. (female) is a married woman with ulcerated legs. She uses a wet dressing of rags dipped in a lotion, but has no lint and no gutta-percha tissue or similar covering. The ulcers smell very badly and are in a very unhealthy condition. This woman should be in the infirmary.

Case 212.—T. H. C., aged 74, and his wife, aged 78. The man is a Crimean veteran, who has been a painter by trade, but is now unfit for work owing to old age. His wife is confined to the house by a bad leg, though the sores are healed now. The Guardians give 6s. weekly, and the man has a pension of 1s. a day. The rent is 3s. weekly.

Case 213.—S. family. This is a household of incapables. It consists of the father, aged 81; the mother, aged 77; an unmarried daughter, aged 52; an unmarried son, aged 54; and a girl, aged 15, the illegitimate child of the unmarried daughter.

The father, who was a joiner, was always a healthy man, though he had a hernia. He is incapacitated only by old age. The mother, aged 77, has also been healthy. The son, aged 54, suffers from phthisis. He has never been strong since infancy, and has wrought none for the past 16 years. He is said to have been always well-behaved and teetotal. He has a heavy spit but sleeps well, and if the disease is tubercular it is evidently very chronic. The daughter, aged 52, has had abdominal cancer for two years, and is said also to have had phthisis for the past four years. Her case is very chronic. She is attended by a private medical man connected with a church charity. The illegitimate child, aged 15, is paralysed, and has been a cripple since the age of 6 years. She has no cough. The Guardians give 11s. 6d. weekly, and the church helps. The rent of the two apartments which these people occupy is 3s. 6d. weekly. They are a helpless household, and it seems to me that they may just as well live together here as in the workhouse or infirmary.

3. DISEASE NEGLECTED THROUGH IGNORANCE.

While it was difficult to find cases illustrative of deterrence of outdoor medical relief among the pauper class, there were sufficient examples of disease neglected through ignorance on the part of the patient or his guardians, or through want of skilled advice and admonition. The medical officer of an urban dispensary stated to me that he saw many "inoperable" cancers and incurable Bright's disease, and overlooked rheumatic fever in children, causing heart disease later on. A "sixpenny

doctor" attends a case of sub-acute rheumatism; the child lies in bed for a week or two, gets up and goes out, and the rheumatism returns again later on, and permanent heart disease is established. The medical officer is aware of three such cases in the infirmary at the present time. Such examples as the following illustrate the desirability of periodical medical inspection independently of known illness:—

Rural Unions.

Case 214.—An unmarried woman of 38 had measles when three months old. The attack was followed by ophthalmia, which was neglected, and resulted in almost total blindness.

Case 215.—A general labourer, aged 72, suffers from heart disease and dropsy. He only sent for the doctor when he noticed his legs beginning to swell, not being educated enough to ask for medical advice before this very obvious symptom appeared.

Case 216.—A farm labourer, aged 66, suffers from heart disease. He has a wife and two grown up children—a son in the army and a daughter in London learning nursing. His usual wage was £1 weekly. He has often suffered from urinary troubles and indigestion without sending for a doctor. He did not send for a doctor, he explains, because he thought it unnecessary. When he considered himself ill enough he obtained and paid for medical attendance. But he had no medical advice between his acute attacks, when it would have been most valuable as regards the care required to maintain cardiac compensation. His present illness began last November. He partly recovered in January, went to work for a fortnight, and then gave up again. The question of sending him to an infirmary or hospital appears not to have been raised. His heart disease is, of course, anatomically incurable, but even yet might perhaps be functionally improved by institutional treatment.

Case 217.—A man, aged 53, has been ill for four years with cancer of the mouth. He went to the out-department of a general hospital but was told that he had continued at work too long, and that the disease was too far advanced for operation. He did some work until a year ago. He is nursed by his wife, and prefers to die at home rather than go to an institution.

Case 218.—This is a lad who has hip disease which began in childhood, improved for a time, and then grew worse again. He has been repeatedly in hospitals, and has had portions of diseased bone removed. There is still much suppuration, but he is being well attended by his mother, and by the district medical officer. If the case had been under regular supervision from childhood, the disease might have been prevented from developing to its present extent.

Case 219.—Bright's Disease.—This man is a lead miner aged 40. So far as known, his disease began about 13 years ago, when he was off work for three or four months. At that time he had private medical attendance, but a second attack occurred two or three years later, and he has been almost entirely off work for about three and a-half years. He has never been treated in any hospital or attended any dispensary. He has had medical attendance only when obviously ill.

Urban Unions.—The following cases of disease neglected through ignorance were seen in urban Unions.

Case 220.—W. R. (male), aged 64. Has Bright's disease and an ulcerated leg. He did not send for a doctor till his legs began to swell. He was then seen by a so-called sixpenny doctor, who gave him a lotion, but did not examine his urine. Later on he went to a charitable dispensary, where his urine was examined and the nature of his disease ascertained. His wife has lately undergone an abdominal operation at a general hospital and is out again. She was recommended to the infirmary by a private medical man paid for by a son-in-law. The relief is 4s. 6d. weekly. A son who is a fisherman helps, and one lodger is kept.

Case 221.—R. B. (male), aged 41, has Bright's disease. This man was a coal trimmer. He had been ailing for two or three years before going to any medical man, even though he had a right to attendance by the colliery doctor. He did not think of obtaining attendance until his feet began to swell and his weakness had increased. He has not been in any institution, and there has been no suggestion of the workhouse infirmary nor of a general hospital, but the district medical officer urged him to go to a home of rest. This he refused to do. The district medical officer is also the colliery doctor, but the man now lives further off than before and is attended by the nearest medical man. He has a wife and three children. He receives 7s. 6d. from the Guardians and 2s. 6d. from a club, 7½d. being deducted from the 2s. 6d. as a contribution to the club. The original money alimnt from the club was 14s., then 7s. after 20 weeks, then 3s. 6d., and now 2s. 6d. permanently.

Case 222.—E. T. (female), aged 27, who suffers from Bright's disease, is a widow, with one child, aged 3. The husband died from phthisis 15 months ago, at a sanatorium. His disease ran an acute course; he was ill only four months. Both the husband's parents died from phthisis. The widow, too, has never been strong. Her father died from phthisis, and she was thought to have it, but a dispensary doctor told her that the disease was bronchitis. The existence of Bright's disease has been known only for four or five months. Dropsy was well advanced before May of this year, when the urine was examined. The woman was in the workhouse infirmary from 25th May till 21st June. She came out because one of her children was dying, but she has refused to return, alleging that she had been badly treated. I went to the workhouse and made some inquiries regarding her statements, but found no evidence in support of them. She gets 3s. 6d. weekly from the Guardians, and calls on the district medical officer for treatment.

Case 223.—C. W. (male), aged 51, has cancer of the lower jaw. This man began to feel something the matter with his mouth a year ago, but did not go to the doctor till five months ago, when the disease was too far advanced for operation. He has been twice in the infirmary, but prefers to be at home, as he says that he can get his food better attended to there. He got beef-tea and eggs in the infirmary,

and could take these, but not breakfast and tea. At home he soaks his bread in tea, and is able to take plenty of time and swallow it slowly. This story is as given by him, but it seems unlikely that he would have been refused proper time for his meals at the infirmary had he made complaint.

Case 224.—N. E. T. (female), aged 42, is a widow with four children, of whom three, aged 5, 8, and 12, are dependent. Her husband died of cancer of the throat 18 months ago. His first symptom of illness was blood spitting 18 months before his death, but he did not go for medical attendance until five months before his death. The doctor took him to a general hospital immediately, but it was then too late for operation. The man thought at first he had only a cold in the nose. Relief is 4s. weekly. The widow does charring, and earns 4s. or 5s. A son who is at work earns 10s. The house is clean, and the bedroom window open. Dietary: breakfast, porridge thrice weekly; tea, bread and butter on other days; Dinner, potatoes and meat; 5 o'clock, tea, bread and butter. A piece of bread at bed time. Of milk one pint is used daily.

Case 225.—J. E. (male), aged 64, has a cancer of the mouth. He is a married man with a hunch-back son, aged 19. He was a blacksmith, and has been ill for three years. He did not see any medical man for six months after the beginning of his illness, and his case was unfit for operation by that time. He has been to a general hospital, and in a Poor Law infirmary. He is now attended by the district medical officer. His money relief is 5s. His wife does charring and keeps lodgers.

Case 226.—M. B. (female), aged 29, widow. A cancer of the breast began about six years ago. She came to the district medical officer only three years ago, too late for operation. She is now becoming emaciated, though the disease is very chronic. She lives in lodgings and has a room to herself. Her relief is 3s. 6d. weekly, with tea and sugar and medical attendance.

Case 227.—The husband of Case No. 168, died in June this year of cancer of the throat. He was ill for three years, but did not go to the doctor at the beginning. He was in the Foresters' Society, but it did not occur to him that he required medical attendance. When the doctor was called in he immediately sent the man to a general hospital. He was operated on there, but too late.

4. MIDWIFERY.

(a) **Rural Unions.**—In rural districts the granting of orders by relieving officers for attendance on confinement cases by the district medical officer is differently done in different Unions. In two I found an established custom that a labourer could obtain the services of the district medical officer for attendance on his wife in her confinement, provided he had already at least four dependent children living, but if there were only two or three living he would not receive an order. In one of the two Unions the rule appeared liable to exceptions, and possibly also in the other, though I did not hear of any, and I witnessed it in operation at one pay-station in the country. Application was made to the relieving officer for an order for the doctor to attend a labourer's wife in her fifth confinement. But it turned out that only two of the four children previously born were still alive, and the relieving officer declined to grant the order, but promised to mention the matter to the Guardians, though without much expectation, as I understood, that they would break through their rule. Necessarily, under the Poor Law, the point of view in these cases is solely the financial circumstances of the applicant—not the future health of the prospective mother. Manifestly for her health the most important confinement is not the fifth, but the first. If not properly guided in it, illness may result which will lead to permanent ill-health. But a labourer, it is held, should be able to pay for the doctor for the first confinement, and so it is only when the family has increased to four that relief is given. In other Unions no such rule existed, each case being dealt with on its merits, or every application granted by order on loan. Nursing does not appear to be provided by the Guardians for outdoor confinements, unless, perhaps, in exceptional circumstances.

Orders for medical attendance in confinements are often given on loan by Boards of Guardians, and endeavour is made to recover the money by repayment say of 1s. a week until the fee of 10s. which the Guardians pay to the district medical officer is recovered. I heard incidentally of a district in which the medical officer had found reason to complain of the laxity with which the Guardians gave these midwifery orders. A man who for one confinement would get private attendance for his wife by the doctor, and pay him a guinea for it, would, when the next confinement came round, get an order from the relieving officer on promise of re-payment and would thus get attendance for half the former fee, the doctor being the sufferer and the Guardians merely the intermediary. On mentioning this practice to a district medical officer whom I chanced to meet in a railway train, he replied that it would be quite possible for a doctor treated in that fashion to retaliate by increasing the number of his "instrument" cases, for each of which the Guardians are bound to pay him £2

instead of 10s., and he held that if this were done two or three times the relieving officer would soon be told to stop the unlimited granting of midwifery orders. It would be better that the minimum confinement fee be increased and all extra fees abolished rather than that forceps should be used for extracting fees from the Guardians.

In another district, prior to the issue of the Local Government Board's letter of July 29th, 1907, the practising medical men had come to an arrangement for uniform action under the Midwives Act. They found that many cases which formerly would have been attended by them were now attended by registered midwives, and that their income was correspondingly diminished. At the same time, they found that, in many difficult cases in which their aid was sent for, they were afterwards unable to obtain any fee. They, therefore, agreed definitely to refuse to assist in any case unless payment could be guaranteed, which, in most cases, meant that the Guardians would have to give the guarantee. But the Guardians at that time supposed they had no power to do so, nor to pay any medical man other than their own district medical officer. In practice the result of this agreement by the doctors would have been that application would have had to be made to the relieving officer, who would then grant an order for attendance by the district medical officer, and, the case usually being a difficult one, the fee would have been £2, and would be paid by the Guardians. The objections to such a system are obvious. The position of the medical men is easily understood, but the delay involved in obtaining an order from the relieving officer, and in that order being available only for the services of a single medical man who might not be at hand when required, might readily result in serious harm to the patient. Fortunately, the Local Government Board's letter of 29th July pointed out to boards of Guardians that under an old Act of Parliament they had power to pay any medical man for such services, and the Guardians of the Union referred to have arrived at a very reasonable arrangement with the doctors, by which a fee will be allowed for any such emergency work where the people themselves cannot afford to pay.

Proper nursing and attendance after confinement being often as important as medical assistance at the time, if the Guardians provide the one, they should often also provide the other. Both kinds of relief can best be obtained in the lying-in wards of a workhouse, but there again in rural districts the question of opprobrium or stigma arises. The wife of a poor labourer may be very willing to have the help of the district medical officer, but she would on no account go to a workhouse whose lying-in ward is devoted mainly to the cases of unmarried women—either weak-minded or of loose character. So long as midwifery attendance is given as part of out-medical relief it should be supplemented, if necessary, by nursing, and there should also be some kind of certainty that when the doctor does call he will find that the necessary bed clothing and baby clothing are in the house.

(b) **Urban Unions.**—Here outdoor attendance by certified midwives is so common, and so many charity lying-in hospitals are available, and so many pauper cases are admitted to the maternity departments of the Poor Law infirmaries, that midwifery work forms, as a rule, only a small part of a district medical officer's duties. The subject, however, has already been dealt with at p. 56.

5. NURSING OF OUTDOOR PAUPERS.

(a) **Rural Unions.**—In the rural areas which I visited the provision for the nursing of outdoor paupers varied very greatly. In no instance did the Guardians themselves pay for the whole-time services of a nurse, but such exclusive appointment would be undesirable unless there were sufficient work for a nurse, and that would hardly ever be the case in a rural district. If a nurse has a wide area of duty, she will spend too much of her time in travelling from place to place and too little in nursing. In the country the best course is that followed by various bodies of Guardians—to pay a contribution towards the maintenance of a district nurse employed by a local nursing association. This appears to be done in many places. In

others, it is explained that the district nurse's salary is raised without difficulty and without need for resort to the Guardians for contribution. This, of course, is simply an example of private charity supplementing rate-paid relief. But in many villages and their surrounding neighbourhood I found that no district nurse whatever was available. District medical officers complained very much of this want of assistance, and the complaint was well-founded. I could not learn whether the Guardians were taking any initiative towards the provision of a nurse, say, by offering to contribute towards the establishment of a nursing association. Quite unquestionably in some rural districts the want of sick nursing of paupers is a serious defect in the present system of Poor Law medical relief.

In this connection, there is nursing and nursing. What many paupers need is a little skilled guidance in tending chronic ailments, and in others it is housekeeping rather than nursing that is wanted—the washing and cleansing of an aged man or woman, attention to body and bed clothing, the keeping of the house clean and fresh. The Guardians for these purposes often pay a neighbour to look in on the pauper regularly. In one case they were paying 6s. weekly, and were having difficulty in getting attendance even then. At other times they give something to a relative, perhaps to a daughter, either to reside in the house, or to live near at hand, and visit it daily.

Power of compulsory removal to a workhouse or to an infirmary would solve many rural nursing difficulties, but I am convinced that some outdoor pauperism must continue. That being so, proper nursing of the sick, and attendance on the aged and infirm, and cleaning of their houses, should be the duty of the Guardians no less than the provision of medical attendance.

(b) **Urban Unions.**—Here the nursing of out-door paupers is not so urgent a problem as in the country. A far greater proportion of pauper sickness is treated in institutions, and a far smaller proportion outside, and it is far less difficult to persuade city paupers who require much nursing to go into the infirmary. These are questions of proportion, and in bulk there still is much out-door sick pauperism in cities requiring nursing as well as medical attendance, but nursing charities abound, and I do not recall many cases really suffering from want of nursing. Very many houses were dirty, and required sanitary inspection and cleaning, but need for skilled nursing did not obtrude itself in my urban inspections, apart from cases for which the proper remedy would be, not home nursing, but compulsory removal to an institution.

(c) **Cases seen in Rural Unions.**—

Case 228.—A girl, now aged 13, took scarlet fever last September and went to an isolation hospital. She returned to her village on 11th November, developed pneumonia near the end of November, and was at first nursed by her mother; but the mother herself took pneumonia and died on December 5th. The child slowly recovered, but went to bed on 6th April with enteric fever, supposed to be due to eating infected cockles. She was not removed to the isolation hospital because of want of accommodation there. A sister-in-law in the same village, who often called whilst the girl was ill, became infected with enteric fever, and died of it on 13th May. A charitable lady in the locality paid for a neighbouring woman to nurse the girl, and a cripple sister living in the same house assisted in the nursing. The cripple at the time of my visit was in bed, having fallen ill a day or two before.

The medical officer at first attended the case gratuitously, then he called in the relieving officer and continued to visit on behalf of the Guardians. A water bed was obtained, but bed sores which were beginning to form became worse. The question of getting a trained nurse was considered by the Guardians, but they decided that they could not provide an outside nurse. It was finally concluded to send the girl to the workhouse infirmary, where a trained nurse was obtained, and was in attendance when I visited. The patient was on a water bed, but the bed was not quite sufficiently filled, so that she was not getting the full benefit of it. The bed sores were exceedingly bad, and it appeared very doubtful whether the girl would recover. I learned afterwards that she died.

It is said that removal of a case of enteric fever to a workhouse infirmary might raise a question of responsibility for outlay between different district councils, control and isolation of enteric fever being a public health rather than a Poor Law function. A trained nurse brought from a distance might have had difficulty in obtaining lodgings in this village, and it is very unfortunate that the case could not have been removed earlier either to an isolation hospital or to the workhouse infirmary.

Case 229.—A child with acute broncho-pneumonia. The father, a labourer, aged 45, is out of work, and has a wife aged 31 and five children. He has had no regular work for four months. The house is dirty and badly ventilated, and there is no skilled nursing for the child.

Medical relief only with extras is being granted; no money relief.

Case 230.—An old woman, aged 81, has had ulcers of the leg for 40 years. She dresses the ulcers with cold water and cotton rags, and covers the dressing with cotton wool supplied by the Guardians. The leg is painful to dress, and is very foul-smelling. There is no nurse.

Case 231.—A widow, aged 57, and her daughter live together. The widow suffers from chronic asthma and cardiac weakness, and the daughter from dyspepsia and disease of the urinary bladder. The mother attends to the daughter when she is well enough, and neighbours attend to both when they are ill. They have no other aid in nursing. The house has a brick floor, which is damp in winter.

Case 232.—A widow, aged 66, suffers from heart disease and bronchitis. She is in lodgings, and pays 2s. a week for a close and badly-ventilated bedroom. There is no proper nursing. From the Guardians she receives 2s. 6d. weekly and medical attendance. Her family give assistance.

Case 233.—This is an old man, aged 92, who was a gardener, and who has lived alone since his wife died in 1899. He has been confined to bed for five weeks, and is still ill. He needs constant attention, but refuses to go to the workhouse, and the relieving officer has much difficulty in getting anyone to nurse him. Up till now the Guardians have been paying a neighbour woman 6s. a week for attendance, but she has given notice to terminate the arrangement, and no substitute can be found, though the Guardians would be willing to give a little more than 6s. weekly. The man has a grown-up family, numbering seven in all, and his sons come to see him every two or three months. His house has been kept very clean by the woman in attendance on him. He ought to go to the workhouse, as it is obviously most improper, under the circumstances, that he should live alone, but he entirely objects to enter the House.

Case 234.—A sister and brother, aged 78 and 71 respectively, live together. Both are infirm, and the sister is partly blind. The house was in a very filthy condition, and the Rural District Council ordered its closure, but it was then cleaned by sulphur fumigation. The paupers both refuse to go to the workhouse. A charwoman should be employed to clean the house regularly, if outdoor relief is to be continued.

Other Cases.—See Nos. 258, 259, and 270.

6. COMPULSORY REMOVAL OF OUT-DOOR SICK PAUPERS TO SICK WARDS OR INFIRMARIES.*

Very many examples were seen of the need for compulsory removal, and some cases have already been cited which include this among other features. In this respect sick paupers could be pretty definitely separated into two classes, those who were being well-treated at home, and those who were being neglected.

(a) **Cases which Ought not to be Removed.**—In this class, nursing and attendance were being provided by relatives or friends taking an active interest in the patients, or by a cleanly neighbour employed by the Guardians. The houses were clean and tidy and the patients comfortable and contented. These did not require removal to any workhouse infirmary or general hospital so far as their own condition was concerned, and compulsory removal would have been a decided hardship. Some of the cases had the incidental defect that a daughter who was in attendance had come home from service for the purpose, and would not be able to resume her own work so long as the nursing continued, which, in old cases, practically meant so long as the patient lived, but if both daughter and patient were content, there was no occasion for interference. While these cases were quite unsuitable for compulsory removal from the home to the workhouse, it does not necessarily follow that they required outdoor relief, that being a matter for investigation by the Guardians and the relieving officer. One case was as follows :—

Case 235.—A girl, aged 27, is a cripple, both arms being nearly powerless. Her illness began at the age of 11. She was treated in a general hospital and also attended its dispensary. She lives with her parents. Her mother, though old, acts as nurse to the girl and keeps the house very clean. There is evidently much family affection, and it would be cruelty to send the girl to the workhouse.

In urban Unions I saw many cases where removal to an infirmary would have been needless tyranny, and where, if the people were unable to obtain support otherwise, outdoor relief was the proper policy. The following are examples of this class :—

Case 236.—G. G. (male), aged 74—paralysis and tumour. This man has been ill for two years. He is bed ridden and has an air pillow. There is no bed sore, though the skin is a little red. The bedding is clean, and the man is well attended to by his wife. He refuses to go to the infirmary, and under present circumstances this is not necessary. The district medical officer visits. Relief is 6s. weekly.

Case 237.—M. W. (female), aged 63. This is a respectable old woman, who is maintained by her married niece with the aid of 3s. a week from the Guardians. The old woman is a widow, and has no nearer relations. She has been voiceless for 30 years owing to chronic laryngeal mischief. She is kept very clean, and is well attended to.

* Compulsory Detention under the Poor Law is dealt with at p. 57.

Case 238.—A. C. (male), aged 50—paralysis. This man, who was a carter, has been ill for three years. He receives 2s. 6d. from the Guardians, and other aid from a son. He is taken out regularly in a perambulator, and is well looked after. This seems a proper case for out-relief. Certainly it is not a case for the workhouse or infirmary so long as his wife is at home to attend to him.

Case 239.—S. G. (female), aged 100. This old woman was in the infirmary some time ago for four or five weeks, owing to the illness of her daughter, aged 70, with whom she lives. She did not like the baths in the infirmary, as she had never been accustomed to go into a bath. She is well attended to by her daughter. Her relief is 7s. 6d. weekly.

Case 240.—M. W. (female), aged 28—rheumatic arthritis and chronic bronchitis. This unmarried woman, who lives with a married brother, has had bronchitis since childhood and rheumatism since school age. She has never been in any institution, and can do no outwork. The brother, who is a general labourer and has a wife but no family, maintained her as long as possible without aid from the Guardians, but he could not continue; she applied for relief, and now has alimont of 2s. 6d. weekly. Good family life here, and a proper case for out-relief.

Case 241.—Mrs. C., aged 62—paralysis. Has been ill for a year. Her husband, aged 63, is a little doted, and his memory is bad, but a son and daughter call and do the housework, and the place is kept very clean. The Guardians give 5s. weekly, and the son does the rest. There is much family affection.

Case 242.—G. N. (male), aged 55, had an injury of the spine twelve years ago. His legs are powerless, and his arms partly so. He had bed sores, but they are healed now. He had a water bed from the Jubilee Nurses' Home. A club doctor attends. He has 2s. 6d. from the club, and 5s. from the Guardians, and his wife does dressmaking. His rent is 5s. He has no family. A very clean house and a well-tended patient.

Case 243.—G. H. (male), aged 57, has been ill with chronic bronchitis for nine years. He lives with his wife and four children, aged 16, 19, 22 and 28, all working. The two eldest pay 12s. each for board and lodging. The two youngest, both daughters, pay 2s. 6d. each, but get it back in clothing, their work being irregular. The Guardians give 4s. weekly and two loaves. This is a clean home-like house and a well-behaved household.

Case 244.—C. H. (female), aged 67, a widow, with rheumatic arthritis, has been ill for five years, and lives with an unmarried daughter, who is her only child. There is much mutual affection. They get 5s. a week from the Guardians, and eke out a living by keeping lodgers.

Case 245.—J. P. (male), aged 56—chronic rheumatism and bronchitis. Has been ill two years. The district medical officer attends. The man was a dock labourer. His wife does charing. There is no family. He receives 5s. weekly, and the rent is 3s. 3d. The house is clean.

Case 246.—N. F. (female), aged 30, has chronic rheumatic gout. This woman lives with her father and mother. She is helpless, and requires attention twice or thrice nightly, owing to pains in her legs. She has been ill for seven years. The father is a labourer, out of work at present. The house is clean and well-conducted, and the parents and daughter are fond of one another. The Guardians give 4s. weekly. It would be a hardship to apply the workhouse or infirmary test to such a case.

Case 247.—T. B. (male), aged 50, who suffers from chronic bronchitis and asthma, was a blacksmith's labourer. He has been ill for six years. He has been attended by the district medical officer for three years, and has had money relief from the Guardians for fifteen weeks. He uses inhalations for his asthma, but cannot sleep with his windows open. He has a wife and four children, two dependent and two at work. The house is clean and well managed. This case does not need to be sent to any institution.

Other Cases.—See Nos. 180 and 182.

(b) **Cases which Ought to be Removed.**—On the other hand, in Rural Unions I met with many outdoor paupers, old men or women, receiving or requiring medical attention who ought certainly to be in an institution. Chronic ulcers were being treated, or neglected, by the patient himself, sometimes without proper dressings, with the result that the sores were in a filthy condition and the whole house pervaded with a sickening odour when the ulcers were exposed. In such houses there was sometimes no nurse or attendant of any kind, yet the mere suggestion of removal to the workhouse sick wards was received with indignation. Quite unquestionably the patients would be much better off in the workhouse, but equally unquestionably they had the strongest objection to going. Some, I have no doubt, would be quite willing to enter a general hospital, but they would not be received there, because the chronic character of their illness makes it undesirable to occupy for their treatment a bed which can better be devoted to a more necessitous case. For old ulcers and the like a workhouse infirmary or sick ward is in every way more suitable. The difficulty is the ineradicable objection of country paupers to going there. The solution seems to lie in classification of institutions; in setting apart here and there a small workhouse as a hospital for the sick; and in so governing it that if possible it shall cease to be regarded as a place of degradation. Sometimes, as in Cases 252, 257, 258, and 260, given below, the difficulty could in a measure be got over by periodical compulsory cleansing of the house and its occupant. But this would be a dangerous expedient, and might lead to many requests for house cleaning by paupers quite capable of keeping their own dwellings in order.

There are, however, many cases as to which no hesitation need be felt in obtaining powers of compulsory removal to existing workhouses and their sick wards—cases of lazy, drunken, immoral, and undeserving paupers, who at present set at nought all public authority. With regard to such paupers, the relieving officers find themselves in a very curious difficulty. If the workhouse test is used, the applicant for relief may absolutely refuse to submit. One would suppose that this would end the matter, and that the Guardians and their servants would have no further responsibility. But the fact is otherwise. If an applicant who refuses the workhouse, and is in necessitous circumstances, receives no out-relief from the Guardians, and subsequently dies of starvation, then the relieving officer becomes liable to a charge of manslaughter. The position is most anomalous, and in some parts of the country I was told that the pauper population are quite aware of the state of the law and practice, and take full advantage of it in defying the authorities. Some relieving officers, on the other hand, told me that they treat with contempt these threats of starvation, or of dying in a ditch, and that in practice the contempt is justified, the pauper yielding when firmly dealt with.

While power of compulsory removal should exist, it would have to be very carefully safeguarded to prevent abuse. The method of safeguarding might be as suggested in Recommendation 18, at p. 151, otherwise official tyranny might occasionally be practised.

A note of cases illustrating these points is as follows:—

(1) *Cases in Rural Unions*:—

Case 248.—A bachelor, aged 70, living alone, absolutely refused to go to the workhouse. The Guardians gave him 3s. weekly, and paid 2s. weekly to a neighbour to look in and attend to him. He was burned to death by a candle igniting his bed clothing.

Case 249.—A sailor, aged 41, suffers from locomotor ataxia. He is of bad character and uses foul language. He abuses his wife, so far as his illness will permit him. He was in the workhouse, but would not stay, and received 6s. 6d. from the Guardians. After leaving the workhouse, all relief was refused for about six weeks, but the relieving officer was afraid of death by starvation; he reported accordingly to the Guardians, who then yielded and gave relief.

Case 250.—A case of gout. The subject is a man, aged 75, who had been a heavy drinker. He receives 2s. a week from the Guardians, while a neighbour and two nieces give a little help. He lives alone and has saved nothing, and he absolutely refuses to go to the workhouse. His house is dirty and neglected.

Case 251.—A man, aged 76, lives alone in a ruinous house in a filthy condition and sleeps in a very filthy bed. He refuses to go to the workhouse and the Guardians give him 2s. 6d. weekly. His rent is £2.

Case 252.—A very dirty old woman, aged 86, lives alone in a very dirty house. She has delusions, but is not certified insane, and she refuses to go to the workhouse. The neighbours give her what attention she receives.

Case 253.—An old man of 84 lives alone and looks after himself. He sleeps in a dirty bed in a bedroom which has a window with a single hinged pane, and the pane is kept closed. The man should be in the workhouse.

Case 254.—A widow, aged 82, lives with her sister, aged 76. Both of them drink. The house is dirty and there is no one to clean it. They had 5s. 6d. weekly from the Guardians and refused to go to the workhouse. The Guardians then increased their allowance to 7s., cleaned the house and provided bedding.

Case 255.—A young married woman and her three children have all been suffering from scabies for three or four months. They are using ointment, but have not sufficient nursing, otherwise they would have been cured much sooner. They ought to be in the workhouse, but refuse to go there.

Case 256.—A woman, aged about 65, has dropsy of the legs. Her husband died four months ago from rheumatism. The furniture has been removed from the house by the landlord to pay the rent. The woman was in the workhouse with her husband, but came out of her own accord. She sleeps on the floor; she should be back again in the workhouse, but refuses to go. She gets 3s. weekly from the Guardians, and private charity besides. The rent which should be paid is 1s. weekly.

Case 257.—A farm labourer, aged 78, worked until a year ago. He gets 2s. from the Guardians, also private charity, and he works a little when he can. The rent is 1s. 3d. weekly. A daughter calls occasionally to attend to him, but the house is very dirty, especially the bedroom. If this man were ill there would be no one to nurse him. He is a case for the workhouse, but refuses to go.

Case 258.—An old woman of 82 lives with her daughter. She suffers from prolapsus uteri and general anasarca. There are two bedrooms upstairs, but the old woman sleeps in the kitchen, which is quite unventilated. The whole house has a sickening odour, almost insufferable to anyone entering from the fresh air. The old woman refuses to go to the workhouse, and is not being properly cared for in her own home.

Case 259.—An old woman, at present suffering from acute bronchitis, lives with her husband in a very dirty house. The Guardians give them 7s. weekly, but it was reduced to 5s., owing to intemperance. The woman is very ill, and should be in the workhouse, but at present could not be safely removed.

Case 260.—A married woman of 74, suffers from rheumatism and bronchitis. Her husband, aged 77, was a fisherman, and still does a little work. A son lives with them. The house is most filthy and unhealthy, but the woman, who has just recovered from an acute attack of bronchitis, absolutely refuses to go to the workhouse. She declares that she could not take the butter and butcher meat provided there, and so she continues to live in the midst of dirt and wretchedness. She receives 5s. weekly from the Guardians, and the husband has 7s. 6d. weekly from a club. Some time after my inspection the husband went into the workhouse, but his wife still remained at home. The Guardians discontinued all out-relief, and the wife got her husband's club money.

Case 261.—A widow, aged 69, has been ill with dropsy all the winter, and has been attended by the district medical officer. A daughter, who has two illegitimate children, lives with the mother and attends to her; but there is no proper nursing, and the case should be in the workhouse. The amount received from the Guardians is about 6s. weekly.

Case 262.—A fisherman and his wife, both aged 64. The husband has heart disease; the wife drinks and probably the husband drinks also. The Guardians give relief in the form of food only. A sick club gives 4s. a week and medical attendance. Sons in the navy give about 3s. weekly. The rent is 4s.

Case 263.—A congenital idiot, aged 29, of a repulsive type, and spending his life perched in a chair. He lives with his mother and ought to be in an institution.

Case 264.—This is an example of refusal to go even to a general hospital—a very uncommon occurrence. A married woman, aged 38, has had seven children and two miscarriages in eleven years. A baby 13 months old died last week. Since that baby was born the mother has required to walk by the aid of crutches owing to muscular or other weakness in the back. The district medical officer recommended to the Guardians that she should be sent to a general hospital, but she refuses to go, and the Guardians pay 2s. weekly for nursing and attendance by a neighbour. The woman is very helpless and should certainly be dealt with as proposed by the medical officer. The husband is a farm labourer earning 14s. weekly, and paying 2s. per week for rent. He has a bad cough, which must interfere with his rest at night. He gets cough medicine from the district medical officer. He is unable to do much extra work at harvest time, or to make much use of the cottage garden. His wife should be compelled to go where she could be properly treated, instead of remaining a burden on the small earnings of her semi-invalid husband.

Case 265.—This is a miner, aged 55, who fell ill with epilepsy about a year ago. His sister who lived with him died three weeks ago, and he is now alone in a two-roomed house. He is under notice to quit the house, but refuses to go to the workhouse infirmary. He would be quite willing to go to any hospital apart from the workhouse.

Case 266.—A cripple woman, aged 50, walks only on her knees, which thus become inflamed and ulcerated from time to time. When this occurs she is sent to a general hospital until she recovers. *She would not go to the workhouse infirmary, though her case could quite well be treated there.

Case 278 may also be referred to here.

(2) *The following cases were seen in Urban Unions:—*

Case 267.—Mrs. B., aged 78, has cancer. She has been a widow for 20 years. She lives alone and is confined to bed. A daughter who lives near gives her some attention, but the house has an unbearably foul odour owing to discharge from the cancer, and the old woman absolutely refuses to go into the workhouse infirmary. She sleeps in the living room, and its window is sealed. Her relief is 4s. 6d. and one loaf weekly.

Case 268.—J. O. (male), aged 43. Suffers from rheumatism and chronic synovitis of the knees. He has a wife and five dependent children. He is very helpless, but does some wood-chopping at the fireside. He has been to a general hospital in the city, and repeatedly to a hospital at a watering-place, having been sent there by a private subscriber. His wife has been suffering from phthisis for nearly a year. She attends to the children and carries wood for her husband to chop. One child, aged 3, sleeps with the father and mother. The other children sleep in the same room. The window is a little open at the top. The woman thinks her health is improving; she has little spit now. She was in the local Poor Law infirmary with pleurisy three years ago, but not since her present illness began. She cannot leave the children. The house has two apartments—a kitchen and a bedroom. These people have refused to enter either the workhouse or the Poor Law infirmary, and they receive 10s. a week from the Guardians. This is a bad case, showing the need for compulsory powers.

Case 269.—M. A. L. (female), aged 73, cancer. An old woman, who lives with a step-daughter. The room is filthy and foul-smelling. The old woman is insured, and if death occurred in the infirmary the step-daughter would not secure the insurance money, so she insists on keeping her at home; and the patient is too feeble to express any opinion on the matter.

Other Cases.—See Nos. 134 and 211.

7. EXISTING RELATIONS BETWEEN PUBLIC HEALTH AND POOR LAW ADMINISTRATION.

(a) **In Rural Unions.**—So far as I am aware there is at present practically no connection between the two services. The Public Health authority has no systematic

information from the Poor Law authority as to paupers—adults, juveniles, or infants—living in insanitary conditions. I have already recorded pauper cases of phthisis where that disease is voluntarily notifiable, and where notification has not been made to the health authority. No intimation is sent by the Guardians to the sanitary authority that country cottages are damp, roofs leaking, windows closed, and houses unventilated, dirty or overcrowded. While it is theoretically the duty of every sanitary authority to cause regular inspection of the whole of its district, few District Councils have at present such a staff as can thoroughly overtake this work, and I do not think that systematic examination of the inside of dwellings as to cleanliness and ventilation is carried out in many places. If it were, there would then in pauper dwellings be duplication of official visiting paid for out of the rates.

If the present system is to continue, the relieving officer should have placed on him the duty of reporting to the sanitary authority every observed defect. Though this ought to be done, as being at least of some use, the good resulting from it would be limited. At present, in Scotland, it is the duty of the police to inform the sanitary authority of any nuisances which come under their notice, but it is not the duty of the police-constable to search for nuisances, and he has no training in sanitation qualifying him to detect in any expert fashion nuisances which exist. Gross effluvium nuisances he can hardly avoid noticing, but he has no skilled knowledge of what constitutes a nuisance under any of the numerous sub-sections of the Public Health Act, and divided service is always awkward, especially if one of the authorities requiring service does not contribute to the officer's salary. Assuming, however, entire unification of Poor Law and Public Health administration to be impracticable, the relieving officers should certainly have imposed on them the duty of reporting observed nuisances. And if the medical work now performed under the Poor Law were in future to be done under a properly constituted health authority, the district medical officers would give most valuable sanitary aid. They would soon come to be drawn from a class possessing a sufficient knowledge of public health to enable them to take note of conditions tending to ill-health in the dwelling of the individual, or his surroundings, or employment, or the like. At present in the Scottish Universities the curriculum, even for an ordinary degree in medicine, includes teaching and examination in public health. In one university there is a professorship entirely devoted to the subject; in the others the Professor of Medical Jurisprudence includes in his course of lectures instruction in public health, and in examinations separate papers are set in the two subjects. In this way the rising generation of medical men in general practice will be capable also of occupying a most useful place in a re-organised health service.

Patterdale.—In the remote lead mining district of Patterdale, at the south end of Ullswater, I found some interesting conditions relative to health on the one hand and Poor Law on the other. Many of the miners become prematurely aged, not so often as a direct or even perhaps an indirect result of lead poisoning, but rather owing to dusty underground occupation, a bothy system which fortunately is fast disappearing, and a custom of tea drinking and defective dieting, which obtains not merely among the miners, but in their households. Early death of the breadwinners leaves pauper families, whose dieting continues bad as before. Want of co-ordination and co-operation in the various public departments interested is very manifest in a place like Patterdale. The facts are stated a little more fully in the Report on the West Ward Union of Westmorland, in Appendix VII.

(b) **In Urban Unions** I found the same practical absence of co-operation between the Poor Law and Public Health services. In one district where I saw some very insanitary houses, the relieving officers assured me that any information from them would be regarded by the health authorities as officious interference. How far that would really have been the case I cannot say. The condition of one house in this district in which there had been several cases of enteric fever is referred to at p. 106—Case 193. In one city which includes part of a Union inspected by me, voluntary notification of phthisis is in operation. The conditions under which I found three cases of pauper phthisis were surprisingly bad, and on communicating with the health office, I was told that two of them had not been notified.

At present, both in city and country, but much more notably in the former, a very great amount of valuable knowledge of the existence of insanitary conditions is going

absolutely to waste. The knowledge is possessed by the relieving officers and the district medical officers, but they have no power nor authority to use it. The duty of using the knowledge lies with the medical officer of health and his inspectors of nuisances, but they do not possess it. The health staff is limited, and a great part of its functions relates to insanitary conditions immediately surrounding and outside of houses, in streets and passages and courtyards. Excepting where drainage, or notified infectious disease, or houses let in lodgings are in question, there is no regular visitation within dwellings, and there is indeed no right of forcible entry to a dwelling unless reasonable ground exists for suspecting nuisance. But nuisances within dwellings, overcrowding, defective ventilation, and general uncleanness have very especially a direct influence on health, and from year's end to year's end the relieving officer and, to a less degree, the district medical officer have the daily duty of entering such houses, and the daily opportunity of seeing the nuisances which are most likely to be missed by the sanitary inspector. All the officers alike are paid out of the public purse, but owing to want of co-ordination the public does not get the benefit of what its own servants see and know.

In the urban Union of Pontypridd, in the Rhondda Valleys, the sanitary importance of housing accommodation forced itself into attention. The whole district is given up to the coal-mining industry. The valleys are deep and narrow, with steep sides. The streets and houses are constructed on narrow terraces, cut in the side of the hill. Such houses have no garden ground, and very little back yard. Private building enterprise seems quite insufficient to meet the demand for dwellings, and there is much overcrowding. Builders, very likely, fear to spend capital in erecting houses where the whole population depends on a single industry, and where, when any part of the coal field is exhausted, there may be almost complete migration of the miners and their families to dwellings nearer their next place of employment.* In my own experience in Scotland—and no doubt also in many parts of England—such a situation is faced by the coalowners themselves erecting villages for their workmen, the housing being a recognised part of the coal-producing enterprise. If action of this sort, which has been voluntarily adopted by a few of the South Wales mining firms, does not become more general, there seems reason for suggesting that the remedy should be sought in statutory compulsion.

Several cases already given in different sections of this report—pauper children, phthisis, compulsory removal—illustrate need for sanitary supervision. The following are given in supplement, and some of them exemplify other besides sanitary defects.

(c) Cases seen in Rural Unions :—

Case 270.—A man of 81, evidently dying, lives with his son, who is a labourer with a wife and six children. The old man gets 3s. 6d. weekly from the Guardians, and 3 lbs. of meat weekly ordered as an extra by the district medical officer. The house has two bedrooms. The six children, aged from 2 to 12 years, occupy one bed, which is only a heap of filthy rags. The mother expects to be confined again immediately. The house is very dirty. The old man is being very imperfectly cared for and has no proper nursing.

Case 271.—The relieving officer's attention was called by the neighbours to a family of children who had been deserted for several days. He had the children removed to the workhouse, but the father came for them on the following morning. When they were visited subsequently the following were the conditions found :—

The house has three apartments, all in a state of extraordinary filth. There were seven children, viz. the five who had been removed to the workhouse and two more belonging to a daughter who had come from a city in Lancashire. All the seven were in a filthy condition. Sleeping on a couch was the children's grandfather, who had walked that morning from a workhouse eight or nine miles away. One bedroom contained a mass of dirty flock removed from old mattresses. The other had two foul and verminous beds. The total inmates of the house were twelve, viz. the grandfather, the father, aged 42, his wife, aged 40, the daughter, and her two children—one of them illegitimate, and the five children who had spent a night in the workhouse.

Case 272.—This is one of five children. Its illness began during the Whitsuntide holidays, when the father, a miner, earning about 20s. weekly, was off work for a week, and an order was obtained for the district medical officer. The kitchen window is sealed, the bedroom window upstairs can open, but is kept closed. The mother is a dirty slattern, and the house is having no sanitary supervision.

Case 273.—A labourer and his wife, aged 63 and 61 respectively. The man has chronic bronchitis and heart disease. They lodge in a badly-ventilated, dirty room, in a house occupied by the woman's

* The newly-installed electric tramways will have a beneficial effect upon the housing conditions in the valleys by enabling the colliers to reach their work from greater distance.

brother, who is a labourer with a large family. The pauper and his wife get medical attendance and 5s. weekly from the Guardians.

Case 274.—A husband and wife, each aged 71. The wife suffers from bronchitis and heart disease, and is dropsical. She has been in bed for five or six weeks. The husband has rheumatism. The Guardians give 5s. weekly and medical attendance, and the district medical officer orders extras, such as meat, for the wife. The Guardians also give 2s. a week to a neighbour for nursing them, and grown-up children refund 1s. a week to the Guardians. They have had relief for ten years. The woman is lying in a close, ill-smelling bedroom, the window being sealed except for one pane, about 15 inches square, which is kept open.

Case 275.—A man died four years ago from asthma. His widow, aged 49, has four children, aged 7 to 13, and an illegitimate child. The four children are at school. She got relief from the Guardians, 4s. weekly, a year ago, and she has 3s. from the father of the illegitimate child. She gets two quarts of skimmed milk daily for 1d. from a charitable lady in the neighbourhood. The children get porridge daily, rice pudding often, tea and milk twice daily, meat about once a fortnight. The mother goes out charring, and makes bread and butter pudding or some such food, before going out. The girl of 13 helps in the house. The house is much dilapidated, fit for closing under the Housing Act, and the woman keeps it in a very dirty condition. The illegitimate child is lying in bed, though not ill, the mother apparently being too lazy to dress it. The rent of the house and ground attached to it is £10, but she gets £6 10s. for sub-letting the ground.

Case 276.—The family consists of a bricklayer and his wife and six children. He can earn about 20s. weekly, but had no work last winter. A child, aged 4, fell ill with pneumonia last Christmas, and was not able to get out of bed until March, nor out of doors until April. The child has the services of the district medical officer, who has allowed 1½ pints of milk daily and Scott's Emulsion. The house is in a bad situation, low-lying and adjoining a marshy area. It is dark and the ventilation is defective.

Case 277.—This is an adult miner who has had rheumatic fever three times, first of all fourteen years ago. He was in a hospital 13 years ago, and again recently. He lives at home with his wife and eight children, and has a married son and a daughter in service. He is in a club which gave him 12s. weekly at first, but only 4s. weekly now. The club also gives him medical attendance. The Guardians give him no relief in respect of his own illness, but allow him 4s. and four loaves weekly for the children. The house has a stone floor and is damp in the winter. The kitchen window opens in the lower part only.

Other Cases.—For further illustration of insanitary conditions, reference may be made to Cases 27, 87, 97, 101, and 229.

(d) In urban Unions, sufficient illustrations of conditions of unhealthy living have been given in the cases of phthisis and other diseases already cited. See for example, Cases 55, 79, 82, 113, 120, and 193.

8. DISTRICT MEDICAL OFFICERS AND THEIR WORK.

(a) **Salaries.**—In what goes before I have had to give many illustrations of the inadequacy of Poor Law medical relief, indoor and outdoor. But there is another side to the shield. In the reports on the various Unions will be found a good deal of detail as to areas and populations of the districts served by the relieving officers and of the smaller districts served by medical officers.

Some information is also given as to salaries. I do not wish to say too much on that matter, as he is the poorest kind of official who attempts to justify perfunctory performance of duty by pointing out that he is insufficiently paid. He should either do his work properly or resign his post. But I am sure that as a rule the district medical officers do far more than they are paid for. Several of them had taken the trouble to make a calculation of the amount received from the Guardians for each visit or consultation, accompanied by its usual bottle of medicine. The average appeared to range from about 3½d. to about 5d. or 6d. But they looked on small fees as part of the system and made no particular complaint.

It happened that in Edmonton Union the whole subject of the salaries of district medical officers had been under consideration by the Guardians very shortly before my inspection, and the officers had been requested to submit a statement of the work done by them in 1906. In response to my request I was furnished with a copy of the letters from the officers giving the desired information. They are as follow:—

1. Salary £60 + £12 in lieu of expensive medicines = £72. In addition £19 was received for extra medical fees, &c., in the year ended Lady-day, 1907. (The vaccination fees in that year were £287 13s.).

"I beg to take this opportunity to submit to the Board some facts with regard to the work appertaining to the medical officership of the parish of Edmonton, and its condition as to payment.

There has been no alteration in the salary attached to the post since I was appointed in 1899, whilst the duties have gradually increased to treble what they were eight years ago.

The following record for 1906, which was a normal year in respect to distress in this district, shows the total amount of parish work and its rate of remuneration:—

2,372 ordinary visits at £60 per annum, at the rate of (about) 6d. per visit.

4,421 bottles of medicine dispensed at £12 per annum, at a rate of about $\frac{1}{2}$ d. per bottle.

These figures indicate a low rate of payment, but in addition there had to be performed for the same sum 116 special visits occupying half to one hour each at various hours of the day and night outside ordinary visiting hours.

1,435 Consultations at the surgery.

1,358 Certificates given.

268 Examinations of persons for schools, workhouse, &c.

The present salary has not for several years been sufficient to meet the expenses incidental to my parish practice, which have necessarily grown with the work.

As, however, the vaccination appointment is combined with that of the parish, I have not brought the matter to the notice of the Board while the vaccination fees remained at their present level.

The recent legislation which comes into operation in October will reduce the emoluments from vaccination over 25 per cent., and I therefore beg to call the attention of the Board to the inadequate payment of the parish appointment, and in making an application for its increase trust that you will take these claims into your favourable consideration."

2. Salary £60 + £12 in lieu of expensive medicines = £72. In addition £14 10s. was received for extra medical fees, &c., in the year ended Lady-day, 1907. (The Vaccination Fees in that year were £163 0s. 6d.)

"Having now had the pleasure of serving you for 18 years, and finding that my work is considerably on the increase, I desire, with all due respect, to draw your attention to the rapid growth of population in Wood Green, and to ask you to be good enough to consider whether it is in your power to increase my present salary.

You being acquainted with the actual figures concerning the number of persons receiving out-relief, I beg to state that approximately throughout the year I see about twelve patients per day, and this works out at a little less than fourpence per interview, including medicine."

3. Salary £40 + £8 in lieu of expensive medicines = £48. £1 was received for extra medical fees, &c., in the year ended Lady-day, 1907. (The vaccination fees in that year were £93 18s.)

"In answer to your inquiries as to the amount of work I have done during the year ending September 29th,

I have made 816 visits to the homes of patients, 800 visits have been made to my surgery. Have supplied over 125 gallons of medicine, lint, bandages, and ointment as required. Owing to the increase of houses in the south of the district the distance travelled over has considerably extended."

4. Salary £50 + £10 in lieu of expensive medicines = £60. £12 was received for extra medical fees, &c., in the year ended Lady-day, 1907. (The vaccination fees in that year were £269 11s.)

"In reply to your favour I find that I make on an average 1,000 visits a year and 1,200 attendances at the surgery. This represents about 220 gallons of medicine dispensed: 600 forty-ounce bottles, 300 twenty-ounce, 899 six-ounce, and 150 two-ounce. This work does not include visits and certificates for Chase Farm Schools, advice sought generally on Poor Law matters, certificates for the various homes, consultations with the nurses in the parish re their cases, &c., &c. All this takes up considerable of my private time, but is given with pleasure and of course is not recorded in my weekly reports, as it is not necessary to do so.

As a basis of calculation I would suggest that we should be paid 1s. per visit, 6d. for each attendance at the surgery; as a matter of fact, you are only paying half of this."

5. Salary £60 + £12 in lieu of expensive medicines = £72. £19 was received for extra medical fees, &c., in the year ended Lady-day, 1907. (The vaccination fees for that year were £225 9s.)

"In reply to your letter of the 3rd instant I give you the required particulars of my work in connection with my office of medical officer.

I have carefully gone over my parish books for the year ending September 30th, which has been a slack year. I find I have paid over 1,200 visits, and have had over 800 consultations; and, with medicine at the surgery, these patients have drunk, roughly speaking, 150 gallons of medicine.

This by no means represents the amount of work done, as many obtain advice and medicine whom I know to be too poor to pay without their name being entered in the Register Book.

Medical visiting orders are brought at all hours of the day, and especially in the evening after having passed the house perhaps twice during my rounds.

There is a vast amount of clerical work, such as examinations and giving of certificates, which do not appear in the weekly lists, writing reports, &c., which seem to be increasing.

All this means expenditure of time, which to a medical man is of paramount importance. I should be pleased to go over these figures with any member of the board."

The above letters were considered by the Guardians, with the result that all five applications for increase of salary were refused.

One or two district medical officers in provincial Unions were good enough to reply to inquiries regarding the amount of their work in relation to their salary. One officer in the course of a year made over 5,000 visits to paupers, and saw over 500 at his dispensary, and gave over 9,000 bottles of medicine. His salary is £175. Drugs cost over £50, and the rent of his dispensary, paid by himself, is £23 10s. This leaves practically £100 for considerably more than 5,000 visits and consultations—which works out at something less than 5d. per item.

A district medical officer in another city gave me the information in a different form—not the number of visits, but the number and nature of the cases attended. Here are the details:—

Bronchitis - - - - -	283	Post-diphtheritic Paralysis -	1	Spondylitis deformans -	1
Laryngitis - - - - -	2	Chorea - - - - -	1	Lumbago - - - - -	7
Tubercular Laryngitis -	2	Sciatica - - - - -	2	Ague - - - - -	1
Pneumonia - - - - -	26	Monoplegia - - - - -	2	Epithelioma - - - - -	1
Broncho-Pneumonia - -	3	Paraplegia - - - - -	2	Cancer of Uterus - - -	2
Phthisis - - - - -	55	Hemiplegia - - - - -	2	" Breast - - - -	1
Pleurisy - - - - -	9	Epilepsy - - - - -	5	" Stomach - - -	4
Pleurodynia - - - - -	7	Hydrocephalus - - - -	1	" Liver - - - - -	1
Catarrh - - - - -	1	Neuralgia - - - - -	1	" Tongue - - - -	1
Heart Disease - - - - -	23	Cephalalgia - - - - -	10	Sarcoma of Sacrum - -	1
Phlebitis - - - - -	1	Convulsions - - - - -	1	Tubercular disease of bone -	4
Stomatitis - - - - -	2	Bright's Disease - - -	14	Inflamed Leg - - - - -	1
Tonsillitis - - - - -	13	Dysuria - - - - -	4	Abscess of Cheek - - -	1
Pharyngitis - - - - -	6	Gonorrhoea - - - - -	1	Impetigo Contagiosa -	4
Gastritis - - - - -	38	Metrorrhagia - - - - -	3	Lice - - - - -	3
Gastralgia - - - - -	12	Orchitis - - - - -	5	Dermatitis - - - - -	1
Enteritis - - - - -	13	Syphilis - - - - -	4	Eczema - - - - -	2
Enteritis Zymotic - - -	17	Vaginitis - - - - -	2	Ulcers - - - - -	24
Hæmorrhoids - - - - -	2	Bartholinitis - - - - -	1	Varix - - - - -	1
Cirrhosis of Liver - - -	1	Ovarian Cyst - - - - -	1	Alcoholism - - - - -	5
Parulis - - - - -	1	Ovaritis - - - - -	1	Dacryocystitis - - - -	1
Proctalgia - - - - -	1	Urethral Stricture - - -	1	Conjunctivitis - - - -	1
Hæmatemesis - - - - -	1	Urethral Fistula - - -	1	Diabetes - - - - -	1
Simple Constipation - -	2	Pregnancy - - - - -	9	Pernicious Anæmia - - -	1
Fistula in Ano - - - - -	1	Abortions - - - - -	3	Anæmia - - - - -	8
Gastric Ulcer - - - - -	2	Post-partum Hæmorrhage -	1	Marasmus - - - - -	5
Colitis - - - - -	1	Whooping-cough - - - -	1	Debility - - - - -	14
Peripheral Neuritis - - -	4	Chicken-pox - - - - -	2	Old age - - - - -	20
Cerebral Hæmorrhage - -	1	Measles - - - - -	29	Anasarca - - - - -	1
Cerebral Thrombosis - -	3	Scarlet fever - - - - -	3	Hernia - - - - -	1
Hysteria - - - - -	1	Erysipelas - - - - -	2	Fractures - - - - -	5
Unsound Mind - - - - -	11	Typhoid fever - - - - -	1	Injury to Spine - - - -	2
Puerperal Mania - - - -	1	Febricula - - - - -	1	Contusions - - - - -	10
Spastic Paraplegia - - -	1	Influenza - - - - -	15	Injury to Head - - - -	1
Vertigo - - - - -	5	Acute Rheumatism - - -	27	Scald - - - - -	1
Meningitis - - - - -	1	Chronic " - - - - -	28	Synovitis of Knee - - -	5
Meningocele - - - - -	1	Myalgia - - - - -	2	No disease - - - - -	8
Total - - - - -	885				

The salary was £140, but has been increased to £160. The amount received was therefore about 3s. 7d. per case. There are no extra fees, not even for midwifery.

In a Metropolitan district, a medical officer attended, either at their homes or at a Poor Law dispensary,

1,583 cases in 1904,
1,322 " 1905,
1,466 " 1906.

The average number of attendances on each case is about six, and the payment for each attendance is about 2½d.

The habit of district medical officers relying on vaccination fees to help to atone for their insufficient salary seems to be very common throughout the whole country, and the lowering of these fees may perhaps lead to an appreciable increase in salaries under the Poor Law. — Some medical officers indeed had received a hint that their vaccination fees were to be lowered, but that an application from them for increase of their salary would be favourably considered.

The schedule of surgical operations for which special payment is allowed appears sometimes to have the effect of preventing payment for non-scheduled procedure. A district medical officer with a salary of £40 a year for attending the paupers in a town population of 35,000, told me that in a case of injury of the hip joint chloroform had to be given to permit of proper examination, but no fee was obtained for the anaesthetist. Yet it is clear from a circular letter issued by the Local Government Board on 1st November, 1894, that application to the Board by the Guardians for sanction for payment of such fees will invariably be successful. As previously mentioned, removal of adenoids is not a scheduled operation, and is seldom or never performed by the district medical officer with the above salary, but in his private practice he often operates and charges a fee of £3 3s. per case.

Medical attendance on paupers was apparently not specifically provided by the earlier Poor Law statutes. But the need for it had to be met when the Guardians undertook their duties, and the appointment of medical officers for workhouses and for districts became a matter of routine. The Guardians had been put in charge of people who required medical attendance, and so they had to provide it. Their wards being paupers, as to whom the principle had been laid down that their life was to be made in no respect more eligible but rather less eligible than that of the poorest labourer and his family, a high standard of medical attendance was naturally not attempted; small salaries were paid for large areas and for large workhouses, and provision generally was made on a low scale. The Guardians themselves, not being professional men, have not the knowledge requisite to enable them to exercise any skilled or expert supervision over the work of the medical officers whom they appoint, nor to appraise its proper remuneration. At the same time, Government has provided for the whole of England and Wales, excluding London, only a single Medical Inspector of Workhouses, and absolutely no inspector of outdoor medical relief. Nor is there any county or other local supervision in a wide area of the work either of indoor or outdoor medical relief. There is no authoritative Court of Appeal against hardship. I chanced to meet with a case where a workhouse inmate had been allowed out for a day at Christmas, and had become intoxicated and broken his leg, which the workhouse medical officer had to amputate. The Guardians refused to pay any fee for the operation, and the Local Government Board could not compel its payment. But, Poor Law medical officers being paid by salary, the ready granting by Guardians of the services of these officers is a cheap and tempting method of vicarious philanthropy. On three occasions the Guardians in one rural Union have overruled the opinion of the relieving officer, which was against the granting of medical orders, and in two of these cases the district medical officer thought that the people could have paid. Such overruling, however, is not very common in the rural districts.

My general conclusion on this question is that District Medical Officers are very commonly underpaid.

(*b*) **Status.**—Want of sympathy with and appreciation of the work of a medical officer is to the best sort of men more disheartening than want of proper payment. Of course the facts differ in different places, but several officers told me, some of their own accord, how glad they would be to have supervision of the right sort, and to know that any suggestion they might wish to make would receive consideration by a body which itself had skilled advice for its guidance. A local authority controlling a sufficiently wide area, and working towards the proper objects, appeared to them most desirable.

I am anxious to avoid criticism of boards of guardians, and have already tried to show that they have simply fallen heir to a system which it is their appointed duty to administer, not to reform. But some boards certainly do not seem to appreciate the value that ought to attach to medical out-relief. The main indication of this want of appreciation consists of course in the small salaries paid to the district medical

officers. Still another way in which it becomes manifest is in the readiness with which in some Unions outdoor medical relief is granted to a certain class of applicants from whom all other relief is entirely withheld. Here is what struck me as a naive illustration of this point:—

Case 278.—A woman now aged 67 has had eleven illegitimate children. She suffers from a badly ulcerated leg, and lives with her unmarried son, who is an intemperate labourer. In the same house is a woman who is understood to act as nurse, but who is believed to be of bad character. The Guardians offered the workhouse, but the offer was refused, and, in order not to condone immorality, they have absolutely declined to give any money relief. But the curious point is that they have freely granted the services of the district medical officer. They appear to think this aid of so little consequence as to carry with it no suggestion of condoning immorality. The old reprobate herself, it may be remarked in passing, seemed to look on the doctor's attendance with a disregard equal to that of the Guardians. She absolutely refused to let him look at her leg. I succeeded in persuading her to show me the sores, and was almost sorry for it. The removal of the bandages filled the room with a sickening stench. The ulcers were filthy, and the woman seemed to be suffering from some degree of blood poisoning as a result of septic absorption.

Obviously the case shows not only the attitude of the Guardians towards medical relief, but the need for powers of compulsory removal to the workhouse infirmary.

In urban Unions I met with a number of cases which appeared to illustrate a similar view on the part of Guardians—that the giving of money in cases of immorality would be an unjustifiable supporting or condoning of vice, but that no such objection attaches to the giving of the services of their salaried district medical officer. Here are several examples:—

Case 279.—J. W. (female), aged 24—gastritis. The present illness began a fortnight ago, but the patient had been ailing before. She is a married woman separated from her husband and living with an iron moulder who is out of work. She refuses to go to the workhouse infirmary, and on account of her immorality she gets only medical relief.

Case 280.—Mrs. A. (female), aged 31—rheumatic gout. This is a case in which only medical relief is given. Her husband deserted her, and she lives with her father and mother. She has four children. The oldest, 13, has just begun to work. The woman's illness began over two years ago. Her finger-joints are swollen. The house is said to be very badly conducted as regards both immorality and drink. This accounts for money relief being withheld, but is not regarded as a reason for withholding medical relief.

Case 281.—B. (female), aged 38—influenza. This is a woman cohabiting with a cab-driver. There are six children in the house, aged 6 to 15 years. Recently a fine of £1 was inflicted on account of the children being kept in a verminous condition. The house is very dirty. Both the man and the woman drink. The children have no chance whatever of any but the worst kind of up-bringing. The Guardians are giving medical relief only, and the district medical officer has been in attendance. The relief is given on loan at the rate of 1s. per visit, but there seems no chance of the money being recovered. The woman is getting better.

Case 282.—C. B. (female), aged 37. A woman living apart from her husband, and cohabiting with a married man. She is pregnant, and has an order for the district medical officer to attend her. If she had been offered the workhouse, she would have refused to come in. No money relief is given, but the medical officer may order extras.

(c) **Rural Inconveniences.**—Rural life and town life have the defects of their qualities, and while people in the country are the healthier, yet when illness appears they are at an obvious disadvantage in the distance they may be from the nearest medical man, and in the amount which he may require to charge for travelling to see them. The pauper does not need to worry about the expense, but he is tied down to one doctor, and if the doctor refused to visit without an order, then the applicant would (unless on the permanent list) have to send perhaps ten miles to get such order from the relieving officer, who might be away for the day in some other remote part of his district. But as we shall see immediately, this difficulty is in very great measure got rid of by the medical officer. He attends when he is sent for without troubling for orders either then or subsequently. Difficulty in getting medicine is lessened in a variety of ways. The doctors often carry with them a stock of compressed medicines, which, though costly, save them and the patient likewise a good deal of trouble. But in England paupers and the poorer classes generally are not readily satisfied by compressed medicines. They want something to show for the doctor's visit, and that something is probably a large bottle of medicine, of which they are to take two tablespoonfuls every four hours. Unless they got this, many of them would not believe that they were really receiving medical treatment. These bottles cannot be carried about by the doctor, but he often has a surgery in some village several miles from his own residence, and there such medicines can be obtained. By a convenient arrangement postmen in the country are permitted to carry medicines to people in the areas where their postal duties take them. Also, as

regards sending for the doctor, a farmer is often willing to yoke his horse in an emergency, or a tradesman's cart on its return journey to a village will leave a note for the doctor, or a passing pedestrian may be enlisted in the service.

No doubt there are inconveniences, but it would be easy to exaggerate them. There are not in England any such difficulties as exist in the highlands of Scotland, where a large portion of the population are out of the reach of medical attendance, so that very many of the deaths remain permanently uncertified. On the mere question of distance between medical officer and pauper patient I do not think that, on the whole, there is very much to complain of. But in some areas the medical officers themselves could point out how the work could be better sub-divided among the different men engaged under the Poor Law. One man may chance to have a centre of private practice in a village inconvenient of access to the medical officer to whom it has been allotted by the Guardians, and revision of areas would from time to time be advisable. I met with more than one example of this in the course of my inquiries, but the point is not of essential importance, and the difficulty cannot be regarded as among the more serious factors of the present system of the Poor Law medical relief. These remarks refer to rural districts. It is obvious that in urban areas the inconvenience is much less, the distances being much shorter.

(d) **Unrecorded Medical Relief.**—A full view of the subject cannot be obtained without reference to another question—whether the recorded medical relief under the Poor Law represents the real amount of such relief. I am quite satisfied that the former very often falls short of the latter. It may be said to do so invariably where the district medical officer does not reside in the same village with the relieving officer. The rule of course is that the district medical officer shall attend on receiving an order from the relieving officer unless in the case of paupers on the permanent list. As a matter of fact, the medical officers visit freely by direct request without waiting for any order. So far as the areas which I inspected are concerned this is the almost invariable practice. But here a difference emerges. Some medical officers attend without delay when called on, but yet require the person attended to obtain subsequently an order from the relieving officer, and they enter the case in their own pauper lists, and return it in their fortnightly or monthly statements to the Guardians. Under the Consolidated Order (Art. 206) it is indeed the duty of the medical officer "to inform the relieving officer of any poor person whom he may attend without an order," and the relieving officer has a corresponding duty to ascertain such names from time to time. But if questioned it is open to the medical officer to regard such applicants as non-paupers, and the majority of the officers tell me that they do not report such patients nor ask them to obtain any order from the relieving officer. The prospect of getting their salary raised by obtaining subsequent orders and entering them in their books is too remote to induce them to take the trouble not merely of attending the cases but of doing the extra clerical work. To clerical work, indeed, a country doctor has usually a rooted objection. His leisure is scanty, and he occupies as little time as possible in filling up returns of any sort. The data at my disposal are insufficient to enable me to state even approximately the proportion of unrecorded outdoor medical relief to recorded relief. If I were compelled to make a guess, then confining the guess entirely to what would be ordinarily regarded as suitable cases for Poor Law aid, the amount to be added to the recorded medical outdoor relief might be about 15 or 20 per cent. It varied immensely in the estimates of different medical men on whom I called. In the practice of some of these men a good deal depends on whether medical extras are required. So long as the person needs only medicines, which the doctor supplies from his own store he does not trouble the relieving officer or the Guardians, but if extras are required in the shape of meat or milk or alcohol, or the like, then the majority of medical officers tell the patient's friends to get an order from the relieving officer, so that the extras may be obtained. In a minority of cases, even the need for extras does not result in any record of the relief. The doctor in some villages is sufficiently acquainted with the charitable in his locality to be able, by means of a note to them, to obtain anything that is required.

This, however, does not state the whole position as regards unrecorded medical relief. What has been said refers only to cases which could be looked on each in its own locality as properly belonging to the pauper class. Doctors, as already noted,

though they may not take the trouble to report even this class to the relieving officer, often draw a clear mental distinction between it and a class immediately higher, which is not to be regarded as pauper, and yet is unable to pay for medical attendance. Small farmers, for example, living some distance away may be too hard-up to pay the doctor's fees, but Poor Law aid would be a degradation to them, and so attendance is given gratuitously. Such attendance varies greatly in amount. Two or three district medical officers calculated that at ordinary rates the fees not attempted to be recovered from this class would amount to £50 a year or more.

(e) **A Village Doctor.**—In some village communities the medical man of the place comes to regard himself as responsible for the physical health of the district, just as a good parson feels responsible for the moral welfare. He looks on himself as a necessary part of the social organism and performs his functions as such. He is, of course, the district medical officer for recognised paupers, and he receives from the Guardians his small salary on their account, but whoever else in his sphere of work needs medical attendance has to receive it whether it is paid for or not. The doctor visits and even does a little nursing, or appeals to local charities to obtain nursing, and to furnish such medical comforts as may be required. Sometimes if a confinement case is coming on, where from experience he has no expectation of receiving a fee, he may warn the people that they must this time obtain an order from the relieving officer, so as to secure for him a little payment. Otherwise, when the time comes, he will just have to attend for nothing, and in a district where there is no nurse the attendance sometimes means a good deal in time and trouble.

(f) **In the Rhondda Valleys.**—This view of the situation is not entirely confined to such villages. In the Rhondda Valleys (including the Rhondda Fach or little Rhondda), where all but a fraction of the doctor's income is derived from the collieries to which he is officer, there is an understanding that he and his assistants will do all the medical work in his own area. This is largely a matter of professional arrangement for mutual convenience, the miners paying into the colliery where they are employed, but being attended by whatever colliery doctor lives nearest them, even if he is paid by another colliery. But the practice goes further, and embraces attendance on unskilled labourers, street merchants, and poor people of all classes who are neither on the mines lists nor on the pauper roll. If such persons pay, well and good; if not, they are attended all the same.

PART VII.—OUTDOOR MEDICAL RELIEF.—*continued.*

POOR LAW DISPENSARIES.

In urban districts, and especially in London, I found that Poor Law dispensaries play an important part in outdoor medical relief. Want of time prevented me from making any adequate inspection of such dispensaries, so I deputed the task to Dr. J. R. Currie, and arranged that he should visit, for this purpose, a number of dispensaries in London, and certain also in Salford Union and King's Norton Union. Dr. Currie's report is submitted herewith.

REPORT BY DR. CURRIE.

As directed, I visited certain Poor Law dispensaries in urban Unions. The dates of my visits were 9th to 13th December inclusive. Fifteen dispensaries in all were visited. Nine of the 15 were in Metropolitan Parishes or Unions, 3 being in Lambeth Parish, 2 in St. Pancras Parish, 1 in Shoreditch Parish, 1 in St. George's Union, 1 in Hackney Union, and 1 in Poplar Union. Six of the 15 were in Provincial Urban Unions, 4 being in the Union of Salford, and 2 in the Union of King's Norton.

(a) **Classification.**—I have thought it useful to classify these dispensaries as official and unofficial. By *official* dispensaries are meant such as are provided by the Guardians directly: the buildings either belong to the Guardians or are rented by them. By *unofficial* dispensaries are meant such as are provided by the Guardians indirectly: the buildings do not belong to the Guardians, nor do the Guardians pay the rent of the buildings. Unofficial dispensaries may be conducted either at the house of the medical officer or at premises rented by him elsewhere for the purpose. Both at official and unofficial dispensaries, as here understood, the medical men who attended were the medical officers of the districts in which the dispensaries were situated or to which they are allocated.

The classification of these dispensaries as official and unofficial coincides with their division into metropolitan and provincial urban dispensaries. The metropolitan dispensaries visited were all official; the provincial urban dispensaries visited were all unofficial.

The dispensaries visited may also be classified as pauper and mixed. By pauper dispensaries are meant such as are attended only by persons who have received an order for Poor Law medical relief. By mixed dispensaries are meant such as are attended both by paupers and by the club patients or private patients of the medical officer in charge. The nine metropolitan dispensaries visited were all of the pauper class. Of the six provincial urban dispensaries three were of the pauper class and three were mixed. The three provincial urban dispensaries of the pauper variety were held in premises which the medical officer in charge had hired expressly for the use of his pauper patients, partly to separate them from his private patients at his own house, partly to meet their convenience. I understood that the arrangement was viewed with satisfaction by all concerned.

Whether official or unofficial, and whether pauper or mixed, all the dispensaries seen were employed, not only as medical institutions for the diagnosis and treatment of disease on the premises, but also as distributing stations for issuing drugs to persons receiving attendance at their houses. The word Dispensary, as here understood, has reference to the former of these uses, that is to say, to the examination and, as far as may be, the cure of paupers whose illness is not such as to require a home-visit from the doctor.

(b) **Buildings.**—The dispensary buildings visited were of many types, and their ages varied within somewhat wide limits. One of the provincial urban dispensaries was 100 years old; it had, however, been recently renovated, and furnished excellent accommodation for patients. One of the metropolitan dispensaries is held in a building which is not yet out of the contractor's hands. Two metropolitan dispensaries were in buildings 50 years old. One provincial urban dispensary was built in 1876,

another was 30 years old, and another 50. I found no dispensary, either metropolitan or provincial, whose defects could be ascribed to the age of its buildings. Certain of the dispensaries visited had been built for medical purposes in the beginning. Four of these were metropolitan, and one was in a doctor's house in a provincial urban Union. Most of the structures which had not been dispensaries at the first had been good dwelling-houses in their day. These had been adapted or enlarged as seemed best. Some showed defects incidental to such change; in others the result left nothing to be desired.

(c) **Situation with respect to other Poor Law Offices.**—Certain dispensaries visited were attached to premises where Guardians or relieving officers interviewed paupers or where distribution of relief in kind was conducted. This was especially the case with official dispensaries, eight of which were at such offices, while one was detached. Persons waiting to see the medical officer at dispensaries connected with other offices shared, in five cases, the common waiting room, while in three cases a waiting room apart had been provided for them.

With reference to the six unofficial dispensaries, certain of these were premises in doctors' houses. In one case the medical officer in charge rented apartments in a building which contained the relief office.

The question of attachment or separation of dispensary and relief or other offices is of some interest. It must be possible to conduct a dispensary attached to such offices at a cost considerably less than that of working a dispensary independently. The general waiting room, as stated above, may be shared by persons waiting to see the medical officer; the apothecary's department, too, is already in existence for the preparation of medicines for persons seen by the medical officer at their own homes; the dispenser likewise attends for this purpose in any case. Indeed, it must be practicable, under certain conditions, to establish an attached dispensary with little outlay beyond the provision of a room in which the doctor may examine his patients, and of such apparatus as may be thought necessary for this purpose.

Should the relieving officer, as is frequently arranged, attend at the relief office at the same hour as the medical officer for his district, it is easy for persons requiring medical relief to apply for a medical order before presenting themselves to the medical officer. It may be borne in mind, on the other hand, that where the relieving officer attends at the same hours as the district medical officer, but on fewer days of the week, a certain congestion of the medical officer's department may arise on such of his days as coincide with the days of the relieving officer's attendance. Excepting in extreme cases, however, it appears unlikely that serious inconvenience will so result.

(d) **Number of Apartments.**—For ordinary dispensary work the general number of apartments required is three—a consulting room in which the doctor interviews his patients, a waiting room for the convenience of patients waiting to see the doctor or to receive their medicine, and an apothecary's department in which medicine is prepared. Though the place in which medicine is prepared is commonly known as the dispensary, I shall refer to it here throughout as the apothecary's department, restricting the word Dispensary to the premises as a whole.

In all the official dispensaries I found at least the normal number of apartments devoted to medical purposes. In five of the nine official dispensaries there were three apartments, a consulting room, a waiting room, and an apothecary's department. There were four apartments at three of the dispensaries; at two of these the fourth apartment was an extra consulting room—an arrangement by which two medical officers could see patients at the same time; in the other the fourth apartment was a specially prepared isolation room for the detention of a case of infectious disease until suitable arrangements had been made. In the remaining official dispensary there were five apartments of which two were extra consulting rooms, an arrangement by which three medical officers could work simultaneously.

With reference to the six unofficial dispensaries, one of these had one apartment, three had two, and two had three. At the dispensary with one apartment only the consulting room, waiting room, and apothecary's department were combined. This

was a pauper dispensary provided by a medical officer. Such a combination of uses in a single room has the result that patients must frequently be interviewed in the hearing of others, and that certain physical examinations cannot be conducted with propriety unless the apartment has been cleared of its occupants. In the three dispensaries which contained two apartments, a waiting room and a consulting room were both provided, but the apothecary's department was partitioned from one of these. Of the two unofficial dispensaries which had three apartments, one was on lines similar to those of official dispensaries. In the other, a pauper dispensary provided by a medical officer, the apothecary's department was situated within the consulting room ; a retiring room was at hand in which special physical examinations could be carried out, and, in addition, the kitchen of the house could be employed as a waiting room if required.

As regards the number of apartments, it may be said, in general, that official dispensaries left nothing to be desired, and that of unofficial dispensaries most were adequate.

(e) **Consulting Rooms**—At the nine official dispensaries I visited 13 consulting rooms. All these in my view were sufficient for the purposes required, though the standard of all was not equally high. Three of the 13 rooms had insufficient daylight, a defect which is sometimes difficult to avoid, since a dispensary, in order to be accessible to paupers, must frequently be placed where buildings are crowded on their sites. In one of the consulting rooms ventilation was somewhat inadequate, while in two I was informed by the medical officer that the noise of the street interfered to some extent with physical examination. Another consulting room was somewhat cramped for room. The remaining seven were structurally satisfactory. Two of the seven satisfactory rooms, however, had the disadvantage, that they were used on certain occasions for Guardians' meetings ; and in one case, at least, this circumstance was the cause of some inconvenience to the medical officers concerned. Nine of the official consulting rooms were lit by gas and four by electric light.

Of the six unofficial consulting rooms, two attained a high standard, and three may be regarded as adequate for the purpose. The remaining unofficial consulting room already referred to in connection with number of apartments was that which combined three uses in one, and which had no waiting room attached.

(f) **Waiting Rooms**.—In each of the nine official dispensaries a waiting room was provided, but one of the six unofficial dispensaries had no special waiting room.

Of the nine waiting rooms in the nine official dispensaries, five were used in common by persons waiting to consult the medical officer and by others. The remaining four were used exclusively by medical officers' patients, one of them being at a detached dispensary and three at dispensaries in which separate waiting rooms were provided for persons having business with the medical officers.

The hygienic conditions of waiting rooms at official dispensaries were noted. One of the nine waiting rooms was not yet fully completed ; it has not been classified, though it promised well. Of the remaining eight, most were of adequate size and some were ample. The heating of the eight rooms was sufficiently procured by open fires, stoves, or hot pipes. Five of the eight had adequate daylight ; three on the other hand were less well supplied, a defect, as already suggested in the case of consulting rooms, which is sometimes inevitable in view of the necessary position of buildings. The artificial light in most cases sufficed ; seven of the rooms were lit by gas and one by electric light. In all the waiting rooms benches or chairs were provided. In general it may be said of official waiting rooms that five were sufficiently ventilated and were suited to the purpose for which they were employed. In the case of three a reservation is necessary with reference to ventilation. In one case efforts had been made to effect satisfactory ventilation, but I gathered that the numbers of persons collected at certain times were too great for natural ventilation to cope with. In another of the three under similar conditions it was my own observation that the air was notably impure. In the last of the three no persons were present at the time of my visit, but the structure of the waiting room was such that one of its extremities was a dead end through which no air could circulate. The comfort and hygienic

standard of such rooms as these must largely depend on numbers and on circumstances.

In the six unofficial dispensaries there were five waiting rooms. In respect of size, ventilation, and the provision of heat and artificial light, all five were praiseworthy. One of them, however, had somewhat inadequate daylight, and was rather less than clean.

(g) **Sanitary Accommodation**—It is obvious that sanitary accommodation is desirable in connection with dispensaries, especially where the number of persons concerned is numerous, a condition which is more likely to exist at official dispensaries. In certain cases the proximity of a public lavatory may make the provision of sanitary accommodation on the dispensary premises less important, and at an unofficial dispensary, where cases are relatively few, and where the medical officer's arrangements are such that prolonged detention is improbable, special provision beyond that which an ordinary house affords may not be required.

The nine official dispensaries were all provided with water-closets for the use of persons waiting to see the doctor, and certain of them had urinals for men in addition. In eight of the nine there was separate accommodation for males and females, one or two water-closets being provided for each sex. In every example visited the apparatus was of a good type and in working order. In certain instances the apartment containing the apparatus was insufficiently lit or insufficiently ventilated, or both. In other instances, however, water-closet apartments were satisfactory in all details. At the remaining official dispensary one water-closet was provided for the use both of males and females. I was informed, however, that access to this was seldom or never sought, owing to the proximity of a public lavatory. At official dispensaries, where the dispensary premises were attached to relief or other offices, the sanitary accommodation provided was intended for the use both of patients waiting to see the doctor and of persons attending for other purposes.

With reference to the six unofficial dispensaries, in two cases no sanitary provision had been contemplated, but I was informed that in neither instance were patients kept waiting for the doctor; in neither instance did the medical officer in question practise midwifery, the notorious cause of delay and irregularity in ordinary medical practice. In two other unofficial dispensaries a water-closet in the yard was available. In another case the patients had liberty to make use of two water-closets in the doctor's house. In the remaining unofficial dispensary, which is situated in a public building, sanitary provision was at hand for both sexes. There was one water-closet for the men and one for the women. The apparatus in each case was of a type no longer in favour, and the apartment which contained it was not well ventilated.

(h) **Apothecary's Department**—

(1) *Arrangement*.—At official dispensaries visited, the department in which medicines, lotions, and the like were prepared was in charge of a dispenser appointed for the purpose, who in some cases had also the duty of distributing relief in kind. At unofficial dispensaries visited the apothecary's department was in charge of the medical officer himself.

The apothecary's department was seen in eight of the nine official dispensaries; in one it was locked at the time of my visit. The arrangements of the apartment in most instances were sufficient for the purpose. In one example, however, ventilation and natural light were defective, and in another natural light alone was insufficient. The equipment for the special work of the department was ample; in one case the balance was enclosed in a draught-proof glass box.

At the unofficial dispensaries, as has already been said, the apothecary's department frequently forms part either of the consulting room or of the waiting room. At one set of premises where the apothecary's department was separated

from the consulting room by a door and partition, the natural light in the apothecary's department appeared to me insufficient, though the medical officer stated that he found no inconvenience from this cause. The outfit in the unofficial dispensaries was less complete than in the official dispensaries. The reason, however, was obvious and adequate. The medical officers purchased their pharmaceutical preparations ready made, and had, therefore, no need for elaborate apparatus.

(2) *Drugs.*—In the dispensary work, as in the home visiting work of the medical officers, drugs are either provided by the Guardians or are supplied by the medical officers themselves. At all official dispensaries visited the drugs were provided by the Guardians; at all unofficial dispensaries by the medical officers.

In eight of the nine official dispensaries the stock of drugs came under my notice. In all eight cases its quantity was sufficient. I made inquiry whether certain preparations, which occupy a borderland position between drugs and foods, were employed. Mellin's Food, for example, at most of the dispensaries was not made use of; at one it was issued by the dispenser on the medical officer's prescription; at another, though this and similar substances had formerly been issued, the practice had been discontinued. Two of the dispensaries gave petroleum emulsion to patients, and the compound of malt and cod liver oil was frequently provided. I made inquiry regarding tinctures, one of the most active and important forms of medicinal preparation. In accordance with the directions of the British Pharmacopœia, tinctures with hardly an exception are to be prepared with alcohol of varying strength, from rectified spirit downwards. This vehicle is largely the cause of the relatively high cost of some tinctures. Certain firms prepare what are known as aqueous tinctures—preparations in which the rectified or other spirit is replaced, in large measure at least, by water. Such aqueous tinctures are cheaper than orthodox alcoholic tinctures, but they have not the same standard value. At none of the official dispensaries, however, were aqueous tinctures in use; all were in accordance with the British Pharmacopœia. At three of the nine dispensaries tinctures were bought ready made in accordance with directions as stated. At one dispensary some tinctures were bought ready made and some were prepared by the dispenser. At another, most were prepared by the dispenser and a minority were bought ready made. At three dispensaries tinctures were purchased in a concentrated form and were reduced to standard strength on the premises. I inquired whether the Guardians exercised any restriction over prescriptions of the medical officers as regards the provision of costly drugs. I was informed that though interested in the subject of expenditure on drugs, they did not interfere with the discretion of medical officers.

At unofficial dispensaries the stock of drugs was ample in three cases. The three remaining were the pauper dispensaries provided by medical officers, apart from their principal surgeries. In these the stock was slight. I did not, however, regard this incompleteness as of moment under the conditions, as I was informed by medical officers that such pauper dispensaries contained all drugs in common use, and that the stock there could be supplemented as required from the larger stock at the principal surgeries. At unofficial dispensaries Mellin's Food, was, as a rule, regarded as an extra. Petroleum emulsion was also in certain cases so regarded. The compound of malt and cod liver oil was sometimes prescribed. At unofficial dispensaries also I inquired regarding tinctures. At four the tinctures used had been prepared in accordance with the directions of the British Pharmacopœia, and had been purchased ready made by the medical officer. At two some aqueous tinctures were in use, but the majority of the tinctures employed were in accordance with the directions referred to. I asked whether the circumstance that medical officers provided drugs themselves had any restricting effect. I was informed by medical officers that they extended in this detail the same treatment to paupers as to private patients. In one case a slight modification of the arrangement was in force: the medical officer provided all drugs excepting quinine, the cost of which was defrayed by the Guardians.

(3) *Repeats.*—A repeat is a mixture or other preparation dispensed for the second time, or oftener, from the same prescription. It is plain that if a pauper patient were at liberty to obtain a repeat as often as he thought desirable without control by the medical officer, he might be apt, with the faith which persons of his class repose

in mixtures and potions, to continue taking the medicine after it had served its purpose. I therefore inquired whether such repeats were issued to paupers without their being obliged to interview the medical officer on each occasion. At three of the nine official dispensaries the patient invariably sees the medical officer when obtaining a repeat. At six of the nine a patient arriving late at the dispensary, or a patient regarding whom the dispenser happens to know the doctor's views, may, under exceptional conditions, receive a repeat without consulting the medical officer. At the unofficial dispensaries where the doctor himself dispenses, it is not possible for a repeat to be obtained without his knowledge.

(i) **Medical Orders.**—Both at official and unofficial dispensaries I inquired whether the medical officer saw persons at the dispensary who had not obtained from the relieving officer an order for medical relief.

With regard to official dispensaries, at two of the nine the medical officers never interview a patient who has not obtained an order from the relieving officer. At one of these the relieving officer is on the premises at the same time as the medical officer, and therefore a medical order can readily be obtained. At two dispensaries the medical officers are prepared to interview a patient who, under a misapprehension, presents himself without a medical order, but they instruct him to procure an order without delay. This he can do as the relieving officers are on the premises at the same time as the medical officers in both the dispensaries concerned. With reference to another official dispensary I was informed that the medical officer interviewed paupers without a medical order under special conditions; in this instance, however, I had not the opportunity of an interview with the medical officer himself, and my information was obtained from the dispenser. At the remaining official dispensary a medical officer stated that in cases of misunderstanding it was his practice to interview the patient, giving him medicine for one day only, and instructing him to procure an order without delay. In this case the relieving officer and the medical officer attend at different premises.

At the six unofficial dispensaries five of the medical officers occasionally see patients without a medical order for special reasons of urgency or the like, but in most cases they require a patient to procure an order as soon as practicable. One of the medical officers does not see any patients who have not provided themselves with orders from the relieving officer.

(j) **Season.**—Both at official and unofficial dispensaries, the busiest period is usually winter. At one of the official dispensaries, however, I gathered that the seasons of the year make little difference to the work, while a medical officer at an unofficial dispensary informed me that quite frequently the month of August is with him the busiest of the year.

(k) **Methods**—

(1) *Clinical Appliances.*—To estimate the value of the clinical methods followed at the dispensaries visited is necessarily a task of some difficulty. I had not a meeting with all the medical officers concerned, and I cannot pretend to appraise the acquirements of gentlemen whom I saw, on the results of a single interview. Efficiency in the practice of medicine depends to a great extent on personal and elusive factors, and in many cases can only be justly measured when the work of years is computed. Recently, however, medical science has been advancing along certain lines. Various organs of the body, in particular the organs of the special senses, have come within the range of routine observation, and the results of microscopic and chemical research have been placed at the service of the practising physician. In visiting the dispensaries I endeavoured to ascertain what facilities were offered for enabling medical officers to turn such knowledge to account in dealing with patients. At the same time I bore it in mind that it would be misleading to make the presence of certain instruments of precision the sole test of useful work, for it is matter of common opinion that doctors of long experience, even although not familiar with all the most recent forms of apparatus, are at least as trustworthy as many younger men who are handy with the latest appliances.

On this understanding, I inquired at the various dispensaries regarding certain aids to clinical work. Among these were the following : a couch for examining persons in a recumbent position or for gynæcological work ; a vaginal speculum also for use in gynæcological work ; a machine for weighing patients ; a machine for measuring their height ; a tongue depressor for use in examining the throat ; a laryngoscope for inspecting the larynx with its vocal cords ; a nasal speculum for scrutinising the interior of the nose ; an ear speculum for viewing the membrane of the ear ; an ophthalmoscope for examining the interior of the eye ; types for testing vision ; tuning-forks for estimating the hearing ; and an adjustable light for use with certain of the above appliances. Other instruments suggest themselves to the mind ; the list does not claim to be exhaustive.

Eight of the nine official dispensaries had a couch of the description noted above, two had vaginal specula, none had weighing machines, and none had machines for measuring the height of patients. All were well provided with tongue depressors. One dispensary had a laryngoscope and two had nasal specula. One had means of examining the ear, and at another an obsolete type of ear speculum was on the point of being replaced by a recent form. One dispensary had an ophthalmoscope, none had test types or tuning-forks. Adjustable lights were found in two of the dispensaries. It will be observed that under several of the headings the equipment of the dispensaries was slight or wanting. It does not, however, follow for that reason that patients attending were deprived of examination by the instruments in question. Most of the medical officers possessed laryngoscopes, ophthalmoscopes, and the like, and were ready to employ these for the benefit of their pauper patients, either bringing the instruments to the dispensaries or asking patients to come to their own houses. Other medical officers again who did not make a practice of such special work attained the same end by securing the patient's admission to a Poor Law infirmary or by recommending him to present himself at a general hospital, or, if his case were suitable, at a hospital for diseases of special organs.

Of the six unofficial dispensaries, five had suitable couches for gynæcological and other examinations. All had vaginal specula. One had a weighing machine and one an instrument for measuring the height of patients. Tongue depressors were found in all. Five had laryngoscopes, and five had nasal specula. At all there were instruments for examining the ear, at three there were ophthalmoscopes, and at two there were types for testing vision. None had tuning-forks, but five had adjustable lights for use with the instruments concerned. Where the district medical officer had a special pauper dispensary, much of the above apparatus was kept in the surgery at his private house. It was, however, available for use at his pauper dispensary, and it has therefore been counted as part of the equipment at the disposal of patients. So estimated, unofficial dispensaries appear to show a higher provision of instruments than official dispensaries ; but, probably, if the list of instruments at official dispensaries had included those belonging to medical officers in their private capacity, official dispensaries would have differed little from dispensaries of the unofficial class.

(2) *Microscopic Examinations.*—A suitable microscope is part of the equipment for medical work. For certain purposes, such as the detection in the urine of the so-called casts of the kidney tubules, which indicate disease in that organ, a microscope of moderate power will suffice, but in procedures which have for their object the demonstration of the bacteria of disease, it is necessary that the microscope should be fitted with a high-power lens. Most lenses appropriate to such work are for optical reasons immersed in oil when in use, and are commonly referred to as oil immersion lenses.

Of the nine official dispensaries only one had a microscope. This was by no means a modern instrument—it had been in the dispensary since 1871. It was said to be adequate for showing casts of the kidney tubules or deposits in the urine, but for few other medical purposes. Yet though the other eight dispensaries had no microscopes provided, the medical officers, as a rule, had microscopes at their own homes. The instruments of most, as I was informed, had oil immersion lenses ; the medical officers took material home when necessary, and carried out the requisite microscopic examination there. None of the official dispensaries had instruments for counting the number of cells in the blood, and none had the means of estimating

the amount of red colouring matter in the blood. Examinations of sputum for tubercle bacilli, and of material from the throat for diphtheria bacilli, were carried out by the medical officers of health for the various districts. At one dispensary the Guardians had defrayed the cost of microscopic examination of a tumour by a scientific institute. At another of the dispensaries at which no microscope was provided a medical officer had access to a well-equipped microscope in the parish infirmary.

As regards unofficial dispensaries, microscopes were available at three. A medical officer who had a separate pauper dispensary kept his microscope at his principal surgery. One of the three microscopes at unofficial dispensaries had an oil immersion lens and means of condensing light. Another was being fitted with these at the time of my visit. The third was of a simpler type. The first and second of these instruments were suitable for any clinical microscopic work. The last would suffice for urinary deposits or for counting blood-cells. The microscope of another medical officer was not available at the time of my visit; another had not contemplated the necessity for microscopic work; and another had at his disposal the pathological departments of great hospitals in a provincial city. One of the medical officers at unofficial dispensaries was prepared to count blood-cells and to estimate the red colour of the blood. All were in the habit of submitting material from suspected diphtheritic throats to the local medical officer of health. Four invariably sent tubercular sputum to the same authority, while one at times made the examination himself, and another always did so.

(3) *Clinical Chemistry.*—The applications of chemical methods to medicine are varied, but for practical purposes their most important and frequent use is in connection with examination of urine. Qualitative examinations are much more often performed than quantitative, yet an opinion on the course of a disease is frequently aided by a series of quantitative results. The substances most frequently tested for are albumen, sugar, blood, and urea. Albumen and blood are indications of disease in the kidney, the bladder, and the like; sugar is a sign of the condition known as diabetes among others; and urea is a normal constituent of the urine whose diminution or increase is of significance in certain maladies. Albumen and sugar are commonly estimated both quantitatively and qualitatively. The qualitative demonstration of urea in the urine is of little practical value.

Of the official dispensaries, one had facilities for the quantitative estimation of albumen, two of sugar, and two of urea. All were prepared to test qualitatively for albumen, eight for sugar, and seven for blood. Of the six unofficial dispensaries, two had provision for the quantitative estimation of albumen, three of sugar, and three of urea. All had means for a qualitative examination for albumen, blood, and sugar. In several of the official dispensaries which did not make full provision for chemical work the medical officers were prepared either to examine the material at home or to make some other arrangement. In the case of unofficial dispensaries a similar practice obtained.

(4) *Suitable Equipment.*—Notice has been directed to the apparatus mentioned in preceding sections with the object of showing the extent to which clinical methods, including microscopic work and chemical analysis, were practised at the dispensaries visited, but it is not suggested that all the instruments referred to should be included in the equipment of all dispensaries. What is a useful provision at one institution may be superfluous in another, for the same end is attained by various means, and the tastes of medical officers differ. Certain appliances, however, can hardly be dispensed with in medical work.

A couch for examining patients in the recumbent position is such an appliance. Such also is a tongue depressor for permitting inspection of the throat. Such also is an ophthalmoscope. Altogether apart from affections limited to the eye, the ophthalmoscope renders valuable service in more general systemic diseases. The specific constitutional taint, for example, or chronic inflammations of the kidney, or certain diseases of the brain may be accompanied by ocular changes whose presence is only ascertained by the help which this instrument affords. For use with the ophthalmoscope an adjustable light is necessary.

A place in which persons are medically examined should contain a microscope capable of showing renal casts and urinary deposits. Facilities for bacteriological inquiry are so frequently offered by public health local authorities that a high-power lens would in many cases not be required.

To determine the nature of certain diseases and forecast their probable course provision should be made alike for qualitative and for quantitative chemical estimation of substances present in the urine. For quantitative work, as a rule, the material submitted to examination should represent a 24-hour period, in order to take into account the daily rhythm of bodily functions. In dealing with persons who are not under observation at home, this requirement may often be difficult to fulfil, but the obstacle is not insuperable. The occasions for systematic quantitative analysis at Poor Law dispensaries would probably not be numerous. I am informed, however, that cases requiring such investigation emerge from time to time, and it would clearly be a convenience to medical officers in dealing with these to have the necessary appliances ready to their hands.

The stethoscope, the thermometer, the measuring-tape, and the like have not been discussed. Doctors carry these simple instruments, and many will prefer to use their own. Their provision at all dispensaries requiring them would offer no difficulty.

(l) **Surgery.**—(1) *Surgical Instruments.*—At the official dispensaries the stock of surgical instruments was somewhat variable. Four of the nine dispensaries had no surgical instruments, and such as happened to be required from time to time were provided by the medical officer from his own stock. Only one of the nine had a surgical outfit which in any degree recalled the provision made at an outdoor department of a general hospital. At this dispensary there were knives of various kinds, artery forceps, sharp spoons, instruments for use in the administration of chloroform and the like. These were kept in a glass case. At the remaining four dispensaries the instruments shown did not appear to have been collected on any very definite plan. One of the four had metal catheters and tooth-forceps; another had knives, tooth-forceps, artery-forceps, and other forceps. Another had bone forceps ready to hand, and another had silver catheters, gum-elastic catheters, and Southey's tubes. Instruments which were wanting, as at the first four dispensaries referred to, were brought, if required, by the medical officers from their own houses.

At unofficial dispensaries the stock of surgical instruments was kept by the doctor in his own house. In four of the six cases which came under notice the stock of instruments was adequate. In one it was slight, and in one, where the medical officer was interested in surgical work, the stock was most complete.

(2) *Operations.*—I inquired at each dispensary as to the operations which were conducted within the dispensary buildings. In two official dispensaries no operations were done; in two of them abscesses were incised from time to time, and in one a hydrocele had been punctured. In the four remaining official dispensaries abscesses were also incised as required, and, in addition, various minor operations took place at intervals. At one, for example, operations on the tonsils or for the treatment of post-nasal adenoids were undertaken by medical officers as occasion arose. Cases requiring surgical procedure of any magnitude were either sent to a Poor Law infirmary or were recommended to apply for admission to a general hospital. Where the surgical work is small in amount and infrequent in occurrence, it seems unnecessary that elaborate equipment of instruments should be required at official dispensaries; it might, however, be well that a certain minimum should be provided for such purposes as the incision of abscesses.

At unofficial dispensaries the operations undertaken were also few. On rare occasions an abscess was incised. Most commonly minor surgical conditions were dealt with by the medical officer, either in his private surgery, as opposed to his pauper dispensary, or else in the patient's house. Major surgical conditions, as in the case of official dispensaries, were sent to a Poor Law infirmary, or were recommended to apply to a charitable institution.

(3) *Anæsthetics*.—At official dispensaries anæsthetics were rarely given. At one only was the administration of anæsthetics contemplated as part of the routine.

Of the six medical officers at the unofficial dispensaries one employed ethyl chloride when required for surgical work at his dispensary. In another instance the medical officer had the services of his assistant as an anæsthetist, chloroform being used.

(4) *Dental*.—It was the exception for the extraction of teeth to be undertaken at the dispensaries visited, whether official or unofficial. I was informed that treatment at dental institutions is so readily obtained by patients that it was found unnecessary to do this work.

At six of the nine official dispensaries teeth were not extracted. In one of the remaining three a few extractions were done; in another a loose tooth might be removed from time to time; and in the third, though no extractions were undertaken at the dispensary itself, one of the medical officers who was interested in dental work asked certain patients to attend at his own house and dealt with their teeth there.

Of the six medical officers at unofficial dispensaries only one was in the habit of extracting teeth. The patients of the remaining five were dealt with at dental institutions, as already indicated.

(m) *Clinical Records*.—Neither in the official nor the unofficial dispensaries did the medical officers keep a clinical record of work done. In private practice, however, of any order, such records are the exception rather than the rule; and it will readily be understood that a busy man thinks it a useless task to commit to writing data which he can carry in his memory without trouble so long as the case concerned is under his treatment. All the medical officers kept the district medical officer's relief book.

(n) *Time Occupied*.—It was the rule in official dispensaries that the medical officer should remain in attendance for one hour per diem. I was informed by some medical officers that this period was unnecessarily long. Others again found the whole hour fully occupied. Eleven medical officers whom I interviewed at official dispensaries were daily engaged approximately as follows:—A quarter of an hour, 5; three-quarters of an hour, 1; one hour, 4; one and a-half to two hours, 1.

At unofficial dispensaries some medical officers waited for a stated time. Others opened their dispensary at a fixed hour, and continued working till all who called had been seen. Although these medical officers had a surgery hour, usually in the morning, at which they preferred to see pauper patients, yet in cases of emergency, or for special reasons, they never refused to interview a pauper patient either at their afternoon or evening consulting hours. It is probable, therefore, that medical officers in unofficial dispensaries are at the disposal of patients daily for at least as long as medical officers in official dispensaries. Six medical officers at unofficial dispensaries estimated the time occupied daily by consultation with paupers as follows:—Half an hour, 3; one hour, 1; one to one and a-half hours, 1; two hours, 1.

(o) *Nature of Work*.—The work of medical officers at Poor Law dispensaries is of two orders. One of them may be described as administrative, and the other as remedial.

In his administrative work the medical officer relegates paupers who come to consult him to places appropriate for the treatment of their condition. Some he may send to a Poor Law infirmary. Some he may advise to apply for admission to a general hospital with a view to surgical operation. Some he may think suitable for the outdoor department of a hospital for diseases of special organs. Some he may order to bed in their own houses, and visit them there. Some he may continue to treat by dispensary methods. By this system of allocation the serious cases are dealt with in a speedy and beneficial manner.

In his remedial work the medical officer is concerned mainly with two classes of persons. The first class is composed of those whom he has recently attended for acute illness at home, but who are sufficiently recovered to take the air. They complete their cure by attending the dispensary. The second class is composed of those whose ailments are not such as to confine them indoors or to qualify them for admission to hospital. They suffer, it may be, from chronic bronchitis, from digestive derangements, or from the complaints of advancing years. I inquired of medical officers whether their dispensary work among this class of patient was repaid by its results. I gathered that for most of the chronic cases a cure was seldom in prospect : symptoms, however, were relieved to a greater or less extent ; and the comfort or the contentment of patients was promoted. Other cases coming under notice at a more favourable stage responded to treatment and regained their health.

(*p*) **Numbers.**—The quantity of work on purely dispensary lines overtaken at the institutions now under consideration will be most fitly expressed in terms of the consultations, interviews, or attendances, as they are variously termed, which take place within the dispensary premises. The number of prescriptions dispensed, irrespective of the consultations held between doctors and patients, is a less satisfactory criterion, partly because cases from time to time are sent for treatment to a hospital or infirmary, and so receive no medicine at the dispensary, partly because the examination of the sick person and the advice which the doctor offers him are more important elements in the procedure than the presentation of a bottle of mixture, which may or may not be required. Dispensary books, however, usually record prescriptions. In such cases I obtained the opinions of medical officers or dispensers as to the number of consultations corresponding with the recorded number of prescriptions.

It is stated at the end of Section (*a*) of this Part that the dispensaries visited were used not only for diagnosis and treatment on the premises, but also as stations for distributing medicine to patients attending at home. The issuing of drugs to persons unable to be out of doors has no relation for the present purpose to dispensary work in the special sense of the term. Dispensary records, however, do not as a rule distinguish between the two classes of work. Indeed, if they did so, many cases would appear under both categories, being treated at home in the acute stage of their illness and continuing treatment at the dispensary until a cure was effected. In such circumstances I obtained the views of medical officers or dispensers as to the relative proportion of the two classes of work.

The bases for these views and opinions varied, being sometimes of the nature of impressions. With reference, therefore, to the numerical considerations which follow, while the original datum available at each dispensary is usually trustworthy, being usually an actual record of items booked, it is necessary to bear in mind that the deduction from it of a figure representing consultations held within the dispensary buildings is seldom more than approximate. For this reason I have been careful to indicate for each dispensary, as precisely as may be, the process by which the number of consultations was arrived at. The details for each institution are noted in the Appendix : for the sake of convenience they are reproduced here in tabular form.

TABLE I.—SHOWING THE ANNUAL NUMBER OF CONSULTATIONS ON DISPENSARY PREMISES AND THE METHOD OF ESTIMATION.

Serial Number of Dispensary.	Union or Parish.	Annual Number of Consultations on Dispensary Premises.	Method of Estimation.
<i>Official Dispensaries :—</i>			
1	Lambeth - -	7,619	Suggested percentage of total <i>attendances</i> recorded during 1906.
2	Lambeth - -	5,264	Suggested percentage of annual total <i>attendances</i> .
3	Lambeth - -	3,782	Suggested percentage of total <i>prescriptions</i> recorded during 1906, number of prescriptions being taken as nearly equivalent to number of interviews.
4	Saint George's -	3,462	Ratio of consultations at dispensary to entries in register during one month applied to total <i>entries in register</i> during 1906.
5	Hackney - -	6,856	<i>Prescriptions</i> taken as a guide to number of interviews. Percentage of prescriptions for consultations at dispensary based on a five years' average applied to total prescriptions for 1906.
6	Saint Pancras -	2,280	Statement of <i>consultations</i> at dispensary in 1906 on lowest computation.
7	Saint Pancras -	7,012	Statement of <i>consultations</i> at dispensary in 1906 with qualification as to over-estimate.
8	Poplar - -	20,050	<i>Prescriptions</i> taken as practically equivalent to number of interviews. Suggested proportion representing consultations at dispensary in 1906.
9	Shoreditch - -	6,000	Total interviews estimated on <i>prescriptions</i> recorded during 1906. Suggested proportion representing consultation at dispensary.
Official Total - -		62,325	
<i>Unofficial Dispensaries :—</i>			
10	Salford - -	1,877	<i>Prescriptions</i> during 1906 taken as somewhat under estimating number of consultations at doctor's house.
11	Salford - -	3,600	Annual number of <i>consultations</i> at doctor's house, based on his impression of daily average.
12	Salford - -	1,872	Annual number of <i>consultations</i> at doctor's premises, based on his impression of the daily average.
13	Salford - -	1,200	Doctor's statement of number of <i>consultations</i> per annum.
14	King's Norton -	4,000	Doctor's statement of number of <i>consultations</i> per annum based on calculations made by him.
15	King's Norton -	3,708	<i>Consultations</i> booked at dispensary in 1906.
Unofficial Total - -		16,257	
GRAND TOTAL - -		78,582	

TABLE II.—SHOWING FOR OFFICIAL DISPENSARIES THE ANNUAL TOTAL WORK DONE, THE ANNUAL NUMBER OF CONSULTATIONS AT DISPENSARIES, THE PERCENTAGE OF CONSULTATIONS TO TOTAL WORK, AND THE NUMBER OF MEDICAL OFFICERS.

Serial Number of Dispensary.	Union or Parish.	Annual Number of Home-Visits and Dispensary Consultations together.	Annual Number of Consultations at Dispensary.	Percentage of Consultations at Dispensary.	Number of Medical Officers at Dispensary.
1	Lambeth - -	10,159	7,619	75	2
2	Lambeth - -	6,580	5,264	80	1
3	Lambeth - -	5,043	3,782	75	3
4	St. George's -	6,621	3,462	52	3
5	Hackney - -	12,466	6,856	55	5
6	St. Pancras -	4,730	2,280	48	3
7	St. Pancras -	13,293	7,012	53	4
8	Poplar - -	24,061	20,050	83	3
9	Shoreditch - -	10,000	6,000	60	5
		92,953	62,325	67	29

Table I. shows the annual number of consultations held on all dispensary premises, together with the method of estimation. Table II., which refers to official dispensaries only, shows the total work done, the number of consultations on the premises, the percentage of such consultations to total work, and the number of medical officers attending.

It will be observed by Table I. that the number of consultations at 8 Poplar is much the highest under notice, being almost three times as great as the figure 7,619 for 1 Lambeth, which is next in order. It is shown in the Appendix that the work at 8 Poplar has increased within recent years. Official dispensaries, as a rule, have a larger number of consultations than unofficial, though 11 Salford and 15 King's Norton are higher than two of the official institutions, while 14 King's Norton is higher than three. Lowest of the official dispensaries is 6 St. Pancras, and lowest of the unofficial 13 Salford.

The total number of consultations in a year at the nine official dispensaries amounts to 62,325 ; at the six unofficial dispensaries to 16,257 ; and at both together to 78,582.

It will be further observed by Table I. that in official dispensaries the number of consultations at the dispensary is directly stated in two instances, both qualified, as noted in the Appendix. The total attendances, including both home visits and consultations on the premises, form the basis of calculation in two examples. The number of prescriptions is the starting-point at four dispensaries, while in one an estimate was arrived at by applying to the number of names in the register a ratio obtained by keeping a special record for a limited time.

At unofficial dispensaries numbers were stated by medical officers in terms of consultations in five cases, and as prescriptions in one.

With reference to the percentage of consultations at official dispensaries it will be observed by Table II. that the statements made independently by the three Lambeth dispensers are in moderately close agreement, being 75, 80, and 75 per cent. respectively, 4 St. George's, 5 Hackney, and 9 Shoreditch are all between 52 and 60 per cent., and the difference between the two St. Pancras dispensaries may perhaps be entirely explained by the low computation of 6, and the over estimation of 7 ; 8 Poplar, with 83 per cent., has the highest proportion.

Owing to the causes above considered, the number of consultations ascribed to any particular dispensary cannot be regarded as other than approximate ; but if the figures at certain official dispensaries are liable to be in excess owing to the methods of calculation employed, those of unofficial dispensaries are as likely to err on the side of defect, owing to cases not entered by medical officers for want of leisure ; so that the total figure, 78,582, is probably a fair approach to the annual number of consultations between doctors and patients at the 15 dispensaries visited. It represents a very considerable body of work.

OBSERVATIONS ON DR. CURRIE'S REPORT.

Consideration of the facts recorded in Dr. Currie's report suggests the following observations :—

The Poor Law dispensaries are a great convenience both to paupers and to the medical officers. To some extent the dispensaries serve as medical clearing houses, some cases being sent for special treatment to eye, or ear, or throat institutions, others being placed in the Poor Law infirmaries, others sent to their own homes in order to be attended there, whilst others are told to continue to call at the dispensaries. The work also includes the granting of orders for repetition of prescriptions previously given, such as cough mixtures, tonics, liniments, and ointments. All the official dispensaries visited had an apothecary's department at hand, and all the unofficial dispensaries had a medical officer's own drug store adjoining. The doctor's prescriptions are attended to without delay. Also, where the relief office adjoins the medical dispensary, the paupers have the further convenience of getting an order for medical attendance and immediately presenting it to the medical officer.

In comparing the work done in the Poor Law dispensaries with that of general and special dispensaries attached to voluntary hospitals, it is necessary to keep one or two distinctions in mind. At the teaching hospitals some part of the examination of patients is intended not so much for the guidance of the medical officer in charge as for the instruction of the students in attendance. Also, the class of cases coming to the two sets of dispensaries is probably a little different. A pauper will go to his Poor Law dispensary on account of a comparatively slight ailment, a little diarrhoea or other digestive derangement, a trifling cough, or any such fleeting illness. For troubles like these the non-pauper of the poorer classes would probably consult a druggist or a private doctor. Persons going to the outdoor department of a great general hospital or to special dispensaries for eye, ear, throat, and the like, do so in most cases because they believe themselves suffering from something more than a temporary disturbance of health, and in many cases they are right. The result is that the work of diagnosis and treatment at such dispensaries often requires to be of a more detailed and elaborate nature than at the Poor Law dispensaries. Looking to the class of patients at the latter institutions, Dr. Currie informs me that he regards the quality of the medical work as fairly adequate, though in some instances the equipment of the dispensaries is insufficient to permit of such complete examination as is often necessary, especially in the direction of routine microscopic work in its less elaborate forms, and urine testing generally. The kind of work done at the different dispensaries must depend somewhat on the proclivities of the medical officers, some having special knowledge and qualification for ophthalmic cases, others for throat cases, and others for different classes of general diseases. Where in respect of the organs of special senses a medical officer has no particular knowledge or predilection, he will naturally send the case to the dispensary of one of the special hospitals. Under opposite circumstances he will attend to it himself.

The minimum equipment of all Poor Law dispensaries should include sufficient apparatus for quantitative as well as qualitative testing of urine, and for microscopic work. It is not necessary, as Dr. Currie points out, that the quantitative apparatus should be in constant use, and the difficulty of such work under dispensary conditions is obvious enough. Yet sick persons must present themselves whose progress will be most intelligently followed by the aid of quantitative analysis, and for the benefit of such the apparatus required should be at hand. Nor is it essential that the microscope provided should be of very high power. An instrument capable of showing urinary deposits or renal casts would be of service.

Since important information is obtainable by inspection of the interior of the eye, I incline to the view that an inexpensive ophthalmoscope would be a helpful addition to dispensary equipment. Needless to say, the consulting room should always be comfortable, and there should be a good adjustable light for special examinations. A medical man may always be assumed to have his stethoscope and clinical thermometer. Many doctors carry a pocket case of surgical instruments, but a minimum provision of these at the dispensary itself seems desirable.

The question whether, in addition to such appliances, a dispensary ought to be furnished with the means of diagnosis and treatment of special eye, throat, and ear cases, or with Finsen light, X-rays, and other electrical apparatus, is part of a larger subject, the subject, namely, of the relation between the Poor Law and voluntary medical charities. If such special institutions are already within convenient distance, then if they are to be used for paupers sent by Guardians there should be a proper contribution by the Guardians to their funds. If, on the other hand, it were desirable that the Guardians should themselves provide all such apparatus and treatment, the institutions would thereby become attractive to a class not requiring Poor Law aid. But if there were not otherwise available for this class any such facilities for diagnosis and treatment of special diseases as had been provided by the Guardians for the paupers, then it would be obviously against public policy that this class of persons should remain untreated. The course would be to give them the advantages of the special appliances and treatment, but to exact from them a sufficient contribution in payment.

PART VIII.—ATTRACTIVENESS AND DETERRENCY OF POOR LAW
MEDICAL RELIEF.

Questions suggested to me for inquiry include allegations of an opposite character as to the influence of Poor Law medical relief—(1) that it is unduly attractive; and (2) that it is unduly deterrent. The allegations are not of necessity mutually destructive. In one aspect there may be attraction, in another repulsion.

I. STATISTICS OF MEDICAL RELIEF.

It will be necessary to discuss the subject in respect first of outdoor and then of indoor medical relief, but the following statistical data will be convenient as a preliminary to both.

From the latest half-yearly Report issued by the Local Government Board, I learn that in the six months ending 1st January, 1907, the number of paupers classed as in receipt of medical relief only was as follows:—

	Unions in London.	Unions outside of London.	Total.
Men - - - - -	1,366	5,023	6,389
Women - - - - -	1,306	5,218	6,524
Children - - - - -	1,149	3,770	4,919
	3,821	14,011	17,832

These figures are subject to this reservation, that "the numbers include, besides individuals actually attended, a certain number of the dependants of persons relieved, and in the case of relief to a dependant (wife or child), the head of the family." The figures indicate that medical attendance is valued for its own sake, which indeed no one denies.

For two half-years, ending respectively January 1st, 1905, and January 1st, 1907, the statistics of out-medical relief only, for the eleven rural Unions whose outdoor pauperism was investigated, were as follows:—

Union.	Half-year ending—	
	January 1st, 1905.	January 1st, 1907.
Newhaven - - - - -	7	15
Smallburgh - - - - -	24	17
Hexham - - - - -	...	...
Newent - - - - -	5	6
Clutton - - - - -	11	54
Kendal - - - - -	6	12
West Ward - - - - -	...	...
East Ward - - - - -	...	...
Llanfyllin - - - - -	...	...
Fareham - - - - -	12	15
Glossop - - - - -	1	...

All the rest of the out-medical relief in these Unions was conjoined with out-relief in money or in kind. The figures of total pauperism in these Unions at

1st January 1905, are given in the table at page 11, ante, and are repeated here for convenience.

Union.	1st January, 1905.	
	Total Paupers.	Out-medical relief only.
Newhaven - - - - -	167	7
Smallburgh - - - - -	808	24
Hexham - - - - -	918	...
Newent - - - - -	352	5
Clutton - - - - -	990	11
Kendal - - - - -	701	6
West Ward - - - - -	155	...
East Ward - - - - -	265	...
Llanfyllin - - - - -	507	...
Fareham - - - - -	748	12
Glossop - - - - -	407	1
Total - - - - -	6,018	66

It will be seen that the numbers bear no near proportion to each other. They indicate that in some unions medical relief is always conjoined with other relief, while in others it is occasionally, but infrequently, given apart from relief in money or in kind.

2. ATTRACTIVENESS OF OUTDOOR MEDICAL RELIEF.

Evidence given before the Commission shows it to be the opinion of authorities with special knowledge of the subject that medical out-relief may, and often does, lead into a life of pauperism. An order for medical attendance being obtained, it is thought that the recipients find the convenience to be so great of getting, without payment, a doctor and medicines, and, perhaps, medical extras or "comforts," that they are thereby tempted to ask for other aid in money or in kind, though not really requiring it. The view is a perfectly natural one, and I had no doubt of finding abundant evidence of its soundness in the first Union to be inspected. I decided to ask every inmate of its workhouse who could give any information on the subject whether he or she had received medical out-relief before getting any other kind of relief from the Guardians, and accordingly spent an afternoon interviewing the paupers. In reply to inquiry, it appeared that in no single case had their pauperism begun by out-medical relief, independently of other out-relief. The replies were so unexpected that I asked the master to continue catechising on the same lines, and to give me a note of the particulars of all the answers obtained. He did so, and the result was similar. Thinking over the matter, I concluded that this Union must be exceptional, and that, at any rate, my questions had been directed only to paupers within the workhouse whose history might be different from that of outside paupers.

3. TABULAR RETURNS FROM RURAL DISTRICTS.

I accordingly had a tabular form prepared containing questions on this and on a variety of other points, answers to which would give a brief history of paupers' careers and circumstances, and would show alike as to indoor and outdoor cases what had been the beginning of their dealings with the Poor Law. Of these forms I gave some to rural workhouse masters to fill up for indoor paupers, and others to relieving officers for outdoor rural cases. The trouble involved in getting up the information for me was so great that the number of forms sent out was restricted, and I did not issue any in urban areas.

Summarising the facts, it appears that as to indoor paupers, in a total of 490 regarding whom information was received, 481 had had no medical out-relief, five had had medical and other out-relief simultaneously, and only four had begun with medical

out-relief apart from other out-relief. These four do not include cases of illness for attendance on which an order was sent to the district medical officer, who, after a few visits got the patient into the workhouse. Such visits were not an inducement to pauperism, but were only made often enough to satisfy the medical officer that the case was one, not for out-relief, but for in-relief.

CASES OF IN-DOOR PAUPERISM IN UNIONS AND PARTS OF UNIONS, COMMENCING DURING THE FIVE YEARS, 1902-6, INCLUSIVE.

Unions or Parts of Unions.	No Medical Out-Relief.	—	BOTH Medical Out-Relief and other Out-Relief TOGETHER.	BOTH, but Medical Out-Relief BEFORE other Out-Relief or In-Relief.	—	Totals
Newhaven - -	88	...	5	4	...	97
Smallburgh - -	4	...	0	0	...	4
Hexham - -	122	...	0	0	...	122
Newent - -	166	...	0	0	...	166
East Ward - -	101	...	0	0	...	101
Totals - -	481	...	5	4	...	490

CASES OF OUT-DOOR PAUPERISM IN UNIONS AND PARTS OF UNIONS, COMMENCING DURING THE FIVE YEARS, 1902-6, INCLUSIVE.

Unions or Parts of Unions.	No Medical Out-Relief.	ONLY Medical Out-Relief.	BOTH Medical Out-Relief and other Out-Relief TOGETHER.	BOTH, but Medical Out-Relief BEFORE other Out-Relief.	BOTH, but Medical Out-Relief AFTER other Out-Relief.	Totals.
Newhaven - -	51	175	8	1	0	235
Hexham - -	125	0	93	0	4	222
East Ward - -	40	4	51	0	0	95
Kendal - -	321	250	63	11	1	646
Totals - -	537	429	215	12	5	1,198

The returns received from the relieving officers relating to outdoor paupers included a total of 1,198 cases.

Of the 1,198 :

537 had received no medical out-relief.
 429 " medical out-relief only.
 215 " medical out-relief and other out-relief simultaneously.
 5 " medical out-relief after other out-relief, and
 12 " medical out-relief before other out-relief.

1,198

Thus in only four out of 490 indoor paupers, and in only twelve of 1,198 outdoor paupers, or in practically 1 per cent. of each of the two classes, had general pauperism begun with medical out-relief only, so that in only this 1 per cent. is it possible that, in the rural Unions, medical out-relief had led the way to indoor relief, or to outdoor relief in money or in kind. The figures given for 1st January, 1905, correspond very closely to these. In a total of 6,018 paupers in the eleven rural Unions only 66, or very little over 1 per cent., were in receipt of medical relief only. And it cannot be assumed that even this 1 per cent. was led into pauperism by receiving medical out-relief. In short, I found it impossible to get on a statistical basis any evidence of this alleged evil influence of medical out-relief.

In addition to preparing these forms and getting them filled up by workhouse masters and relieving officers, I continued in almost every rural workhouse and in one or two urban workhouses visited to make inquiries of inmates whom I found intelligent enough to answer. They were mostly old men in the day rooms or in the sick wards, but they included also a number of old women. In practically every case they flatly denied ever having received attendance by the parish doctor outside.

4. IN URBAN DISTRICTS.

The case is somewhat different here. In the first place the percentage of persons in receipt of only medical out-relief is greater. The figures for urban districts, as a whole, are not given separately in the Board's half-yearly statements, but some useful data are available. It has already been shown that in the rural Unions included in my investigation about 1 per cent. of the paupers were receiving medical relief only. In the whole of England and Wales on 1st January, 1907, the total number of paupers, other than insane and casual paupers, was 796,044. Of these, 17,832, or 2·2 per cent., were in receipt of medical relief only. But these include the rural Unions where, if the samples I examined are a fair indication of the whole, the percentage is much less than 2·2, so that in the urban Unions the proportion must be greater; and in London, for which the figures are given, there were 118,754 paupers, of whom 3,821, or 3·2 per cent., were in receipt of medical out-relief only. There is therefore a somewhat greater statistical possibility that in cities medical out-relief may be an inducement to general pauperism.

(a) **Medical Extras: Views of Relieving Officers and Medical Officers.**—I was much impressed by the frequently-stated conviction of relieving officers that in one particular respect medical out-relief is an inducement to pauperism. The inducement, it is held, consists neither in medical attendance nor medicines, but in the granting by the doctor of recommendations for medical extras, especially meat and milk. In particular, one district medical officer in a London area was alleged to give "extras" to nearly every case for which the relieving officer granted an order for medical attendance. I made a point of seeing this medical officer and eliciting his view of the whole subject. The respective attitudes of the relieving officer and the medical officer are interesting, and may be stated as follows:—

The relieving officer is greatly influenced in all his work by his legal responsibilities. As already stated, if an applicant for Poor Law relief is offered the workhouse, and deliberately refuses the offer, the Poor Law is not then done with him. If the man is destitute, and doggedly declines to accept indoor relief, he runs risk of death from starvation. It is the duty of the relieving officer to prevent this, and if he fails in his duty, and death takes place, he is liable to be tried for manslaughter. Therefore in self-protection he provides out-relief, and the applicant triumphs.

The position is not dissimilar where application is made for a medical order. The case may be urgent, and, despite appearances, the people may be destitute. Very nearly always, therefore, the order is granted at once, and inquiry made afterwards, as is indeed the intention of the Poor Law. Meantime the doctor visits and recommends milk and meat, though the people may be able to pay for them, and the relieving officer being a layman, and looking on the recommendation by a medical man as equivalent to a prescription, does not risk refusal. Thus the applicant gets beef and milk, which may have been his sole object, and in this way medical relief opens the door to pauperism.

The medical officer's view is that destitution being the touchstone of pauperism, and the order to attend a pauper having been duly received by him, he is bound to regard the patient as destitute, and to give his own services and medicine free, and to recommend meat and milk or whatever else is necessary for the case. If meantime the relieving officer has discovered that the people have means, he need not act on the doctor's recommendation, but can tell the people to buy the articles for themselves. When I pointed out to the medical officer that, in a midwifery case for example, articles of bed linen and other things might also be necessary, he agreed, and said he had recommended these also whenever required. He had even had to include coals. He quite admitted that patients able to pay might often ask a medical order for the purpose

of getting extras; but the investigation of domestic finances is no part of the doctor's duty, and it lies with the relieving officer to grant or refuse, as the facts may indicate. If the doctor took the responsibility of assuming that the people could provide for themselves, and declined to recommend extras, and the patient died in consequence, then it would be the doctor, not the relieving officer, who would be censured alike by the coroner, and the public, and the Guardians, and perhaps tried for manslaughter. Also, he had known of a medical officer being blamed by the Guardians for not ordering extras, and of a case in which, the doctor refusing extras, the Guardians granted as a substitute relief in kind.

It appears to me not inconceivable that if a medical officer paid by salary (often inadequate) is bombarded with medical orders for persons obviously not destitute, he may use his power of making recommendations for extras as a kind of reprisal, arguing to himself that if the Guardians, through their relieving officer, compel him to give gratuitous attendance and medicine to all and sundry, he will at least endeavour to make the Guardians themselves contribute milk and meat to all and sundry.

(b) **Attitude of Guardians.**—And I am not sure that the Guardians in some areas at present do object to medical extras being given in this indiscriminate fashion. One view, indeed, with regard to all this controversy is that in some places it is pointless, because relief is now so easily obtainable that no special device, such as the obtaining of medical orders, is required, if the applicants only realised the fact.

Among the older relieving officers the old practice of stringency in investigation remains, but in the case of officers appointed by Guardians who favour the free granting of out relief the officer is apt very naturally to be less strict in his inquiries, and to fall in with the policy of his superiors. The following is an example of a case which should have been more thoroughly investigated before the granting of relief:—

Case 283.—R. S. (male), age 25—pneumonia. This man is a collier, and is at present in a Poor Law infirmary. He has a wife and two children, and when at work he earns 7s. a day, but he often works less than six days a week. He is in no club, and was ill for only one week when he got an order for the services of the district medical officer. It appears that the man himself had intended to pay the district medical officer, but his mother told his wife to apply for Poor Law relief, and the Guardians have allowed her 6s. weekly. The two children are aged, one two years and the other 10 months. I saw his wife. She says that the man neither drinks nor gambles, and she can give no explanation of their alleged destitution. She says that they had a house when they were married, but her husband was out of work for a fortnight, and they had, on that account, to break up the home and go into lodgings. They resumed house-keeping again, and a single week's illness has been sufficient to result in application to the Guardians both for medical attendance and for relief in money, both of which have been granted.

The Guardians, one spectator averred, are apt to reverse their policy from time to time. A board is elected to deal kindly and considerately with the poor, the older relieving officers find that their old-fashioned way of investigating details of income and recommending refusal of relief to any but necessitous cases is not appreciated by the Guardians, and that their official advice is set aside, and relief is freely given. Then the rates go up and public protests begin, and at the next election the policy is reversed, and stringency more or less resumes its old place.

Such are the two sides of the question, and the public have to pay while the game of shuttlecock as to official responsibility in the granting of medical orders and medical extras goes on. It should not pass the wit of man to devise a scheme which would prevent such abuses, whatever be their exact extent. That some abuse does exist is curiously suggested by an odd story which I was told in one district. The Guardians had resolved to discontinue giving meat, and to give instead some proprietary preparation of beef tea. The change was most unpopular in the district, and applications for relief appreciably diminished. The meat had helped to make a decent meal for the family, but the beef tea they regarded as poor stuff. I do not say they were wrong.

5. DETERRENCY OF OUTDOOR MEDICAL RELIEF.

I have asked many district medical officers to give me examples of illnesses where, owing to independence of character, or to dislike of the Poor Law, there has been delay in sending for the medical officer, and consequent want of proper attendance, resulting in death, or in severe illness or prolonged bad health. But I have been able to get hardly any cases of this sort. The usual answer has been that outdoor medical relief is not regarded in the least as degrading, but is freely asked for and is freely

given. But in saying so, it has always turned out that the officer has had in his mind a pretty clear distinction between what he has come to regard as a pauper class on the one hand and a non-pauper class on the other. It is the pauper class, as distinguished from the poor or borderland class, who freely ask and receive orders for attendance by the district medical officer. One doctor who had given attention to the subject was strongly of opinion that in his own area the class just above the grade of pauperism was much worse off in respect of medical attendance than the paupers themselves. Poor people who were expected to pay for a doctor often felt the financial burden too great, and delayed sending for him, or asked him to discontinue his visits before the patient ought to have been out of his control. In this sense there is a certain amount of deterrency: some who are only a little above the standard of pauperism, and are yet anxious to pay their way in the world, find medical attendance a burden, and try to avoid asking for the doctor. A pauper widow, with five dependent children, told me that her husband died of cancer four years ago, at the age of 37. When the district medical officer was sent for he recommended removal to a general hospital, where the case was operated on, but unsuccessfully. The widow said that the man was prevented from getting medical advice earlier owing to the expense.

There is in this matter an appreciable difference in different localities. In the north of England, on the whole, there seems a greater feeling of independence than elsewhere, but my investigations refer after all to such a small number of areas that I do not venture to draw any geographical conclusion, especially as even in this small number there was a striking exception. In Newhaven, in the extreme south, where pauperism is restricted with a strong hand, even outdoor medical relief is not sought for so readily as in most other places. This is not due to such relief being grudgingly granted. On the contrary, I took the opportunity in Newhaven of asking the views of clergy and medical men, and the former told me that though they themselves were inclined to believe that the restrictions on out-relief in money and in kind were too severe, yet, as regards out medical relief, there was no stringency whatever, and that the Guardians willingly give (through the relieving officer) orders for attendance by the district medical officers. These orders, however, though easily obtainable, are not very readily asked for, and this may be due to a general influence on public opinion of the Guardians' known policy of stringency, or to a misunderstanding on the part of likely applicants, that money relief being sparingly allowed, so also would medical relief.

Smallburgh Union, Norfolk.—Of the rural Unions whose outdoor pauperism I investigated, one stands out in my mind as indicating no stigma whatever attaching to outdoor medical relief. In Smallburgh Union, Norfolk, out-relief in general appears to be looked on as equivalent to old-age pensions. The agricultural labourer there earns on an average 12s. a week, in addition to a special harvest income, which more than pays his year's rent, and to various little extras, especially, as a rule, a garden, which yields him potatoes and vegetables. Many of these labourers have large families, and, to an ordinary man, it seems quite impossible that they can win even a bare existence for themselves and their households on their family income previous to the children becoming wage-earners. Then as the children grow up they get married, and have the same responsibilities and wage and occupation, and can give practically no help to their parents. The Guardians try to extract 1s. a week from the sons of some paupers; but if too much pressure is used, the sons may move from the locality and find work elsewhere—perhaps in the North, where, in competition with the coal mines, agricultural labourers' pay is much higher. Migrating thus, their whereabouts become unknown to the Guardians, and their services as active agricultural labourers in the prime of life are lost to their own district. Apprehension of this result prevents too much pressure being brought to bear on them to help in supporting their parents. The Guardians consist mainly of farmers and others interested in the land. When a labourer gets up in years and applies for assistance they are naturally sympathetic. They know that he has all his life had a small pay and can have saved nothing, and that his family are no better off than himself, and so they have no hesitation in giving him his old-age pension—the pension including both money relief and attendance by the district medical officer.

Relief in Aid of Wages.—It is understood to be a principle of the Poor Law that relief shall not be given in aid of wages, but if a pension is to be looked on as

deferred pay, then the relief, including the medical relief, given by the Guardians to old labourers in Norfolk can hardly be considered other than a supplement to their wages. When young labourers come to the marrying age they are earning their 12s. a week, with the extras already mentioned. Their parents are receiving relief from the Guardians. They themselves have no prospect of ever getting more pay, and they have the choice either of an unmarried life or of a married life on that income with the expectation of obtaining, in old age, support, as their parents are already doing, from the Guardians who are also their employers in farm labour. I have nothing to do with any aspect of pauperism outside the medical, but it is difficult to avoid comparison between the position of the agricultural labourer in Norfolk and that of his compeer in Northumberland and Somerset. In these two counties there are mining industries in competition with agriculture, and the farm labourer's position is appreciably better. In Norfolk such competition is absent. But there appear to be other and important factors in the case, consisting of differences in the nature of the crops for which the land is suited, and differences in the markets, if not also racial differences in the people.

In urban areas a certain degree of deterreny sometimes exists owing to the traditionally poor reputation of the parish doctor and of the Poor Law generally, so that where there is a choice many poor may prefer a dispensary doctor to a parish doctor. But such preference is not due to any feeling about the stigma of pauperism.

6. ATTRACTIVENESS AND DETERRENCY OF INDOOR MEDICAL RELIEF.

(a) **In the Rural Districts** there is no suggestion that workhouse infirmaries or sick wards are attractive. It was impossible to advance many steps in the inquiry without becoming impressed with the curious difference in the attitude of the poorest classes in rural England towards outdoor as distinguished from indoor Poor Law relief of all kinds, including medical relief. The rule is that outdoor relief carries with it no degradation, but that the workhouse is abhorred; and incidentally, the workhouse sick wards, as being part of the workhouse are equally abhorred. An occasional loafer may pretend to be ill in order to get into that part of the workhouse, namely, the sick wards, where no work will be required of him, and such a man will be dealt with according to the medical officer's skill and discernment in discovering that the man is a malingerer. But the influence of the rural sick wards on the ordinary rural community is distinctly and strongly repellent. The reason appears unquestionably to be that these wards are part of the workhouse, or within the workhouse precincts. I heard no suggestion that indoor medical treatment had any different reputation from outdoor, or that the patients are not well treated. But the workhouse and everything within its walls is anathema, excepting to the very dregs of the population. It does not deserve to be so in respect of physical comfort. Though, as already indicated, individual workhouses and sick wards have various defects capable of amendment, yet so far as board and lodging and convenience for medical attendance are concerned, the workhouse inmate is much better off than the outdoor pauper, and after the initial repugnance is overcome a patient in the sick ward is usually willing to confess that he has made a very advantageous change. I have made no list of cases illustrative of deterreny, but it is incidentally referred to in Cases 156, 158, and 265.

The evil reputation of the country workhouse is partly traditional or historical, and partly due to the curious and objectionable agglomeration of purposes which it now serves. It is a home for imbeciles, an almshouse for the destitute poor, a refuge for deserted children, a lying-in hospital for dissolute women, a winter resort for the ill-behaved casual labourer or summer beggar, a lodging for tramps and vagrants, as well as a hospital for the sick. The remedy for its unpopularity as a hospital is to be sought for in the classification of different institutions for different purposes, and this can only be done by the formation of larger administrative areas with multiple institutions under one control.

(b) **In the Urban Districts** indoor medical relief is both attractive and repellent. Speaking broadly, the more populous the city, and the more specialised its Poor Law infirmary, the more attractive does indoor medical relief become to persons requiring medical attendance. The reasons are several.

(1) The taint of pauperism is less felt in the large and shifting population of great cities. In the country village with its non-migratory residents, every one knows every one else, and local feeling and tradition are strong and enduring, so that the fixed view remains of outdoor relief as a right of the worn-out labourer, whilst the "house" is a degradation. Hardly any such attitude is to be found in the slums of the great provincial cities or of London.

(2) The more or less complete separation of the infirmary from the workhouse has done much to remove deterrency. In Salford, the infirmary, as well as being far from the workhouse, is called the Hope Hospital, and the name is said to have been almost too successful in concealing the fact that it is under the Poor Law. A patient in such an infirmary often does not regard himself as a pauper, and refuses to be transferred to the workhouse of the same Union when the course of his illness renders such transference desirable.

(3) The handsome buildings, with all the appearance of a first-class general hospital, lead to application for admission by a class not previously regarded as pauper, and very likely the policy of the Guardians is to grant such requests.

This quickly becomes known, and there is an ever increasing stream of better-class entrants, so that in Camberwell, as already noted, the original pauper class is largely driven out of the new infirmary into one of the workhouses where difficulties of administration arise, owing to the place being a hybrid between workhouse and infirmary. In fact, the difficulty comes to be, not to get cases to come in, but to get them to stay out, and as accommodation is extended the extensions are quickly occupied.

An example may be mentioned of a curious phase of attractiveness. One man in an urban infirmary is quite incapacitated for work by very extensive chronic ulceration of the leg, from the knee to the ankle. He has been an inmate for many years, and it has been found that when the ulcers show any tendency to healing he deliberately prevents this by placing penny pieces in the folds of the bandage, and destroying the new tissue by pressure. For such widespread and long continued ulceration, amputation of the leg is the only remedy, but the man refuses to let this be done, and so continues to live on the rates, preferring his indoor and almost bed-ridden life to any alternative which would be open to him if he were sent out cured after amputation.

Yet, as illustrated by Cases 188 and 197, even in urban districts some relic of deterrency can still be found. In one Union, where a Town Council now treats some amount of phthisis in its fever hospital, patients are said to show much more willingness to go to the fever hospital than to the very good modern infirmary of the Guardians.

But the bulk of such deterrency as still exists in connection with a place like Camberwell or King's Norton Infirmary is of the best sort, a deterrency depending on objections to salutary discipline, to bathing and cleanliness, and restriction of the patient's liberty to do as he pleases.

It is manifest that where little stigma attaches to indoor relief, and where at the same time the workhouse is comfortable, and the dietary good, and the bathing regulations not too stringently enforced, owing to insufficiency of staff, there is every likelihood of the institution being well patronised. Diminution of reasonable comfort is not the way to check such increase of pauperism. Sufficient stringency of investigation, and of discipline and refusal of relief to improper applicants, are all the more necessary where the conditions of pauper life are so tempting. And one of the most important and difficult duties of whatever governing bodies are in future to administer the Poor Law will consist in rejection of the non-necessitous, and repression of the undeserving.

PART IX.—CONCLUSION AND RECOMMENDATIONS AS TO POOR LAW MEDICAL RELIEF.

1. CONCLUSION.

Poor Law medical relief, both urban and rural, is a cripple supported on two crutches—the general hospitals on one side, and gratuitous medical work on the other. The general hospitals supplement the workhouse infirmaries, whilst the unpaid work of the district medical officers and other medical men supplements outdoor medical relief. The fact is, that the whole system would break down if it were not thus assisted. But it is obvious that such charitable contributions in supplement of the Poor Law cannot be uniform throughout the country. Medical men are not all alike in their willingness to work for nothing, private charity does not equally abound everywhere, general hospitals are not equally well supported everywhere, and are not within convenient distance of every part of the country. At present there is nothing at the same time systematic and complete in the provision made. The systematic part is the Poor Law, whose operations, though national, are incomplete and insufficient. The completing part is local, and consists in the gratuitous work of the doctors, and the assistance of private charity and the general hospitals; but these are not systematic. And I have already given facts to show that medical relief is inadequate in its dealings in respect of paupers, with the most important medical problems of the time, the healthy up-bringing of children, the control of phthisis, and the early preventive treatment of disease.

In the preceding parts of this Report various suggestions have incidentally been made. It is necessary now to summarise and complete the recommendations which seem to me to be the outcome of the facts set forth in the Report and Appendices.

Recommendations with regard to indoor and outdoor medical relief may be based on the different assumptions—(1) that the present system of government by Boards of Guardians is to remain and be amended merely in details, and (2) that a re-organised or even a new system of local government is to be established. It will be convenient to treat the subject first on the one assumption and then on the other. But as a preliminary it is necessary to lay down a principle which should thoroughly pervade both, but finds much too subordinate a place in the present regime.

2. THE PRINCIPLE OF CONDITIONAL RELIEF.

The worst kind of public policy is that under which an authority representing a community confers personal benefits without any accompanying requirement of good order or obedience. I heard of a relieving officer in an urban Union who, reporting on an application, recommended that relief be refused because the applicant was a lazy loafer, continually to be found at public-house corners, and any money he received would be spent in drink. A Guardian listening to this report indignantly demanded to be told: What right has anyone to interfere with how a man spends his money? The wrong policy is crystallised in the Guardian's query. It is surely obvious that if individuals or their dependants are to be selected for maintenance in whole or in part by local rates or imperial taxes, they should in their maintenance be duly controlled by the authority which supports them. The principle is so elementary as hardly to require setting forth, but under the Poor Law it is abrogated every day of the year and every hour of the day. Lazy, drunken loafers are taken into the workhouse to be cleansed, and fed, and tended during their recovery from a debauch, or are sheltered and boarded through the inclement weather of winter, and let out again to revert without restriction to their life of misconduct in summer. Prostitutes come in to be treated for the foulest diseases and go out again to resume their old career. Persons suffering from the most serious transmissible maladies are

afforded relief without prevention of opportunities to inoculate the healthy or contaminate the next generation. Weak-minded girls or dissolute women enter the workhouse to be delivered of illegitimate children, and go away again to return time after time in the same condition. Phthisis cases are maintained in crowded, unventilated houses where there is unrestrained facility to convey the disease to their own offspring. Diabetes cases live on the rates and eat what they please. Infirm men and women supported by the Poor Law are allowed to dwell in conditions of the utmost personal and domestic uncleanness. Widows get money for the upkeep of their family without any advice or requirement as to the spending of it or as to the healthy rearing of their children. Outdoor medical attendance is freely and unconditionally provided by the Guardians for the drunken and the immoral.

It is not worth while entering on any reform of the Poor Law unless this policy is changed. Beneficiaries must be compelled to obedience alike in their own and in the public interest. And the officers who are placed in direct charge of the beneficiaries must themselves be subject to supervision and discipline.

3. RECOMMENDATIONS.

(1) If Boards of Guardians are to be continued, the Local Government Board should possess and exercise much greater powers than are exercised at present. It is impossible to glance through the numerous orders and circular letters which the Board has issued without being impressed by the special knowledge and experience which has been accumulated on every aspect of the Poor Law, and by the value of the rules and regulations issued from time to time. But the Guardians too often neglect the Board's advice, and too little pressure or compulsion is exercised towards its enforcement. This neglect results not from the strength, but from the weakness, of the local authorities. The more incompetent any kind of local authority is, the stronger ought to be the central authority, to counterbalance incompetence and promote good government. Conversely, the stronger and the more competent the local authority the less need there is, for centralisation of control. My own belief being that in this country there is abundant material for good local government, and that such government has a valuable educative and elevating influence, I would much rather see a higher class of local bodies substituted for the Guardians than see great increase of interference by the central authority. But if the Guardians are to remain, then in the public interest the Local Government Board must assume a much more direct part in the local administration of the Poor Law.

The Board, for example, should be in a position to compel Guardians to take proper action with regard to such simple matters as ventilation control keys, hot-water supply, hot-water control keys, bathing rules, fireguards, poison presses, linen stores, water beds and mackintosh sheets, milk storage, tooth brushes, feeding bottles, babies' dietary, and many details as to which rules already apply, but are broken, or advice is already given, but is neglected. The Board should also have power to specify the amount of workhouse and infirmary accommodation necessary for any given area. Permission to receive more inmates than can be accommodated under the rules as to cubic space should be granted only sparingly and temporarily and conditionally.

(2) The administrative areas of most boards of guardians should be greatly enlarged, so that each would have under its control multiple institutions capable of being devoted to separate purposes. It would probably be necessary to appoint a Commission with power to define and establish new areas of administration. I do not know whether it would be practicable to place the whole metropolis under one authority, but at present one institution may be overcrowded, whilst another has room and to spare, and the want of co-ordination must lead to waste.

(3) Both indoor and outdoor medical relief should be under regular and systematic inspection by medical inspectors of the Local Government Board. The Poor Law institutions should be inspected on an average, say, of every two years; but the average intervals would not be the same for all institutions. Cottage homes and all institutions for children should be visited more frequently than the rest. Each

inspection should be reported on, and such action should be taken as the report might show to be necessary or desirable. The inspection should refer not merely to the treatment of disease, but to everything bearing on health, both structural and administrative. It should include sick wards, dormitories, day rooms and vagrant departments, dietary and medical attendance and nursing, indoor and outdoor. I have already referred to what appears to me the surprising fact that up till now the Local Government Board has not been provided with any medical staff for supervision of outdoor medical relief. It is obvious that if the existing local authorities are to continue, this department of their work should become subject to systematic inspection by the central authority.

The total amount spent annually on outdoor pauperism is nearly £4,000,000, of which more than a quarter of a million represents salaries and fees of medical officers, drugs, medical appliances and extras, and salaries of dispensers, nurses, &c. Over the disposal of all this publicly provided money there should be proper public supervision.

(4) The reports of the medical inspectors under (3) should include reference to the amount and quality of the work done by medical officers and nurses, indoor and outdoor, the size and convenience, both for patients and officers, of the areas in which the work is done, the salaries paid in respect of such work, and the sufficiency of the medical and nursing staff provided by the Guardians.

(5) The salaries of medical officers should not cover the supply of medicines.

(6) The minimum fees paid to medical officers, indoor and outdoor, for attending midwifery cases should be increased, and no extra payment should be made in respect of difficult cases.

(7) A special inspection of all existing infirmaries and workhouses, including their vagrant departments, and of all vagrant wards and pauper children's homes, apart from workhouses, should be undertaken in each case by a medical inspector and an architect of the Poor Law Department of the Local Government Board. Their report on each institution should be sent by the Board to the Guardians, accompanied by the Board's recommendation in view of the report. The Board should be empowered, and should exercise the power of compelling recalcitrant Guardians to put their institutions into a condition reasonable as regards sanitation and the comfort of the inmates, and convenient as regards administration by the officers.

(8) All plans for new, and for modification of existing, Poor Law institutions should be examined in every detail by architects of the Local Government Board, and every departure in structure and arrangement from the Board's regulations should be rejected, unless on good cause shown to the contrary. That is to say, Section 21 of the Poor Law Amendment Act, 1834, should be rigidly enforced.

(9) The management of phthisis should receive much more attention than at present. The sanitary supervision of paupers' houses in which cases are being treated should be regular and thorough, and to this end the district medical officers should intimate to the Medical Officer of Health all phthisis cases coming officially under their notice. Boarding-out of suitable cases in country cottages should be arranged for. Reasonable and properly designed provision should be made in Poor Law sick wards and infirmaries for cases of phthisis which cannot be otherwise dealt with.

(10) Epileptics should be treated in separate institutions or colonies.

(11) Imbeciles should be treated partly by boarding out, partly in special institutions.

(12) Cases of delirium tremens, alcoholic, puerperal, and other forms of readily curable mental derangement, should not be certified as insane until opportunity has been given for their recovery under treatment in special wards in Poor Law infirmaries or workhouses.

(13) If general and special hospitals and other proper institutions for the sick or convalescent are accessible, rural boards of guardians should, as a rule, be obliged to contribute to them, and to use them for suitable cases, if the hospital managers are willing to accept paupers.

(14) If general hospitals are not within reach, or if they are not open to paupers, it might be necessary in some cases to require rural boards of Guardians separately or in conjunction to build or provide infirmaries of their own apart from their work-houses, or to contribute towards the erection of general hospitals.

(15) Urban boards of guardians who have not suitable or sufficient infirmary accommodation of their own should be required to provide such accommodation separately or in conjunction. In so far as their pauper cases are received into general hospitals, or relieved at public dispensaries, payment for such cases should be made to the proper authorities. If they have not special accommodation of their own, urban boards of guardians should be required to contribute in the same way as rural to special hospitals and other proper institutions for the sick or convalescent, and to use such institutions for suitable cases.

(16) Urban Poor Law dispensaries should be continued on present lines, and defects in equipment should be remedied. The dispensaries should be under systematic supervision by the Local Government Board.

(17) As little restriction as practicable should be put on the use of maternity wards in rate-supported institutions by married women not ordinarily receiving Poor Law relief. Midwifery orders for medical attendance at their own homes should not, as a rule, be granted to unmarried women.

(18) Subject to proper safeguards, boards of guardians should have power of compulsory removal to Poor Law institutions of suitable cases, and similar power of compulsory detention therein. These powers should be exercised so as, *inter alia*, to prevent the hardships to children which result from the present in-and-out system. The safeguards might perhaps consist in a warrant by a magistrate, made after hearing evidence, and on submission, in some cases, of two independent medical certificates. The warrant should be for a limited period, involving frequent reconsideration of the circumstances.

(19) It should be made clear to boards of guardians that they have power to receive into the sick wards the sick dependants of an able-bodied person where non-removal would involve cessation or loss of work by the able-bodied person or risk of spread of contagious disease.

(20) Labour colonies should be established and compulsory labour imposed for lengthened periods on able-bodied persons who become paupers owing to their refusal to work.

(21) Medical officers and relieving officers should receive clear instructions and explanations in the principles which are to guide them with respect to medical orders and medical extras.

(22) All observed unhealthy conditions in houses occupied by paupers should be intimated by the district medical officer to the Medical Officer of Health, and all ordinary nuisances should be similarly reported by the relieving officer.

(23) The district medical officer should report to the Guardians all cases in which his instructions are not obeyed, and in the event of persistent disobedience Poor Law relief should be withdrawn, or the case be compulsorily removed to hospital.

(24) Cripples and persons partly incapacitated for work by accident or otherwise should, if they become paupers at a teachable age, be instructed in such industrial occupation as their condition may permit them to follow.

(25) In determining the conditions under which pauper children should be reared, institutional life should be avoided as far as possible. Rearing in workhouses should be debarred. Under central supervision and proper management, existing barrack schools should be allowed to remain in use unless or until the buildings can be devoted to some other useful purpose, but they should not be added to nor extended. Cottage homes already existing should continue to be used, but in view mainly of the costliness of the system I think new institutions of the sort should be discouraged.

Scattered homes are a praiseworthy method of accommodating children and should be increasingly used.

Boarding out of children with suitable foster-parents should be increasingly practised.

(26) The great majority of pauper children must, as at present, continue to be reared by widowed mothers. The money relief granted should be sufficient to enable them to feed their children properly and to keep them and the dwelling clean and tidy. But if the mothers are drunken, or immoral, or criminal, or hopelessly incompetent, or incurably lazy and dirty, the children should be taken from them and dealt with according to the best available of the other methods. Wherever desirable, such mothers should at the same time be placed under control and compelled to work. If the mothers, though ignorant and partly incompetent, are capable of being taught so that they can perform their duties even passably well, such teaching should be provided and the children should remain with them.

(27) So far as practicable, pauper children should be reared in rural districts rather than in large towns or cities. This recommendation applies more especially to children who have had a bad upbringing or are of a bad stock. Boarded out children include many such, and therefore boarding out should be done in rural districts. But the recommendation goes further. Many pauper widows, though they have become paupers in city unions, must belong originally to rural districts, and may still have connections there which would make it suitable for them to return to the country with their families. The death of the head of the household has in very many cases been due to phthisis, or other disease indicative of transmissible physical defect. The children of such parents would be better reared in the country.

As regards scattered homes I am not clear that they could always suitably be established in very small villages or hamlets. A scattered home would bulk so largely in a very small centre of population as to give it too much of an institutional character, and to influence the lives of its inmates correspondingly. Small country towns are perhaps most suitable districts for scattered homes. Cottage homes and barrack schools are already, so far as I have seen, situated in rural or semi-rural areas. (As regards this recommendation, *see* page 88—Boarding Out in Rural Districts.)

(28) All pauper children, indoor and outdoor, should be subject to regular and systematic medical and dental examination and treatment. The medical visitation of children, whether in institutions or boarded with foster-parents, or with widowed mothers, should include inspection of cleanliness of body and of clothing, and of living and sleeping accommodation with regard to ventilation and general sanitary condition, and inquiry as to dietary. Such medical inspection of children should be done by the medical officers of the Guardians, probably most suitably by women medical officers. Certain parts of existing Poor Law orders and circulars may be regarded as requiring systematic medical inspection. If there is any dubiety of interpretation of these orders and circulars it should be removed, and if the requirements are already specific enough, they should be enforced. All such local inspectorial work should itself be subject to supervision by medical inspectors of the Central Authority.

4. RE-ORGANISATION OF THE POOR LAW MEDICAL SERVICE.

In what has already been said I have confined my recommendations to alterations which might be made on the existing system without entire re-organisation of medical relief, indoor and outdoor.

Consideration of a wider scheme is now to be approached.

The Guardians have had placed under their charge a variety of people requiring supervision on behalf of the public. These include able-bodied persons, aged and infirm persons, cases of acute and chronic illness, imbeciles, epileptics, deserted children, widows and orphans, women about to be confined. The one fact common to all is that they are destitute. Want of means of support is the band which ties together these utterly diverse classes. It has now to be considered whether this grouping is best in the public interest, or whether any of the classes under the Poor Law should be detached for different government. My own inquiry is limited to medical relief. The question thus narrowed is whether medical relief should be entrusted to a local authority whose function is relief of destitution, or should be placed under some authority which would also take charge of all other public medical duties, so that the primary object would be, not relief of destitution, but preservation of bodily and mental health and prevention and cure of disease.

The other local bodies who in this country have medical duties imposed on them are, in the meantime, the sanitary or public health authorities. These have general control of conditions bearing on the health of the community. Their work includes the provision of the great public utilities necessary for the general health—water supply, drainage, cleansing, and the like—the supervision of housing in respect of sanitary conditions, safeguarding of the public against unsound or adulterated food, protection against the spread of certain infectious diseases, and reduction of infantile mortality.

Has this body of work a greater natural affinity than has the relief of destitution for some part of the duties at present imposed on the Poor Law authorities? Should the control of all the health conditions of the poor be put under a single health authority? Should it have charge of the up-bringing of pauper children with a view to making them healthy members of the community and preventing their entering on a life of pauperism as a result of hereditary or acquired defects? Should it deal with all the disease that at present exists amongst paupers indoor and outdoor? Should this health authority supervise the work of the district medical officers; or, on the other hand, should there be two medical services supported by the State—one a preventive service, and the other for dealing with disease occurring amongst persons who are unable to maintain themselves without aid from the public purse? The whole question is one of public advantage, and the answer depends on which system would be the more conducive to the general welfare.

It is a difficult problem to which far more time and thought should be devoted than can be given in the course of a few months' investigation of indoor and outdoor Poor Law medical relief. And the fact that I am myself an official in the existing public health service very likely prejudices me, so that the Commission, in considering what I have to say, should not forget the personal equation, but should scrutinise all the more carefully the grounds for the suggestions submitted.

The reasons which can be advanced for combination of the medical services at present under the Public Health Act and under the Poor Law respectively centre round the axiom that prevention is better than cure. The object of the Poor Law is to relieve existing distress and destitution—to prevent death from starvation. The object of the public health service is to secure the individual and national efficiency which result from the living of a healthy life in healthy surroundings.

Having no previous knowledge of the English Poor Law, I believe I approached the question with an open mind, and with full appreciation of the risk that attaches to giving to any local authority a very heavy burden of work. As my enquiry progressed, however, the conclusion has forced itself on me that transference of functions should take place if that be practicable.

But the public health authorities of rural England as at present constituted would be most unsuitable bodies to take over from the Poor Law the duties referred to in this report. The sanitary areas in England outside the great towns are much too small for the best administration. It is true that some of them are loosely—very loosely—knit together for the purpose of appointing a medical officer of health, but in other matters each little area acts for itself. In the country the Board of Guardians

and the District Council are often one and the same body, with a different chairman, and the medical officer of health may also be a district medical officer. Where these coincidences exist the result sanitarily speaking is not necessarily by any means satisfactory. On occasion it may be the very opposite.

In Scotland under the Local Government Act of 1889, as strengthened and supplemented by the Local Government Act of 1894 and the Public Health Act of 1897, sanitary administration outside of burghs is conducted by bodies elected from a wide constituency, with large areas to control, requiring the employment of whole-time medical officers, who have security of tenure and need to be possessed of a diploma in public health. Reformation or reorganisation of the sanitary government of rural England is outside my purview here, but has to be mentioned in order to make it plain that the administration of which I am thinking when I suggest transference to it of the medical duties of the Guardians, and subsequent development of these duties, is an administration organised and conducted on these lines.

(1) The new health authority would be both administrative and supervisory. It would have all the ordinary duties of water supply, drainage, scavenging, house sanitation, nuisance removal, food and drugs inspection, smoke prevention, sanitary supervision of workshops, prevention of rivers pollution, provision of isolation hospitals, disinfection, and control of infectious diseases.

(2) The district medical officers would be under its charge. As regards disease, they would have duties not merely of cure or palliation, but of prevention. They would take note of and report defects in the health conditions of dwelling houses visited by them. Their official work would be done under supervision by the principal officers of the new local health authority. In the appointment of district medical officers heed would be given to their acquaintance with the preventive side of medicine.

(3) It is essential to make one point clear. I am not assuming nor suggesting that all the principal officers of the new authority should be medical officers of health. Primarily these are sanitarians. For much of the supervisory work a clinician might be better than a sanitarian. The nature of the duties of the principal officers would indicate the qualifications to be considered in their selection. At present, a Medical Officer of Health is much the better of having had some experience in general practice, so that he may look at questions not merely from the official point of view, and acquaintance with the treatment of disease would be even more important for some purposes under the suggested health authority.

(4) The healthy rearing of pauper children from their earliest years is a duty more suited for a health than for a Poor Law body. As the officers directly engaged in this important work would be the district medical officers, it is reasonable to think that supervision over them could best be exercised by a health authority engaged in the prevention of disease, having the benefit of skilled medical advice in pursuing its policy.

(5) The control of pauper phthisis and phthisical families, and their houses, should certainly lie with a health authority. Control of the patient would include not merely the giving of medicine, but consideration of his housing; provision of an outside shelter in his garden if he lived in a cottage in the country; perhaps his out-boarding in such a cottage if he were a town dweller and his case were suitable; ventilation of his house; precautions against spread of infection to other inmates; examination of other inmates to ascertain whether they were keeping free from the disease.

(6) Almost every disease can be dealt with from the standpoint of prevention, and while phthisis is specially important, yet the early stages of disorders of all organs of the body—heart, lungs, kidneys, digestive system, brain, and the rest, often furnish indications for preventive measures. (See Memorandum II.)

(7) If the care of sick paupers were handed over to a health authority, some of the rural workhouses would also be transferred, to be altered as might be necessary in order to establish them as hospitals for acute disease, or for surgical operations amongst paupers, just as the present fever hospitals are under their control. It

seems quite likely that, if this were done, many who require institutional treatment, but refuse to enter a workhouse, would be willing to go in under the new authority.

(8) The main policy of the new body would be to try to maintain the health of those committed to its care, and to diminish the need for the curing of disease and the prescribing of drugs, but treatment of disease in paupers would be included in its functions.

(9) In the course of my inquiries I had many opportunities, both in rural and urban districts, of learning the views of the best class of Poor Law officials as to the desirability of a change in the local governing body. I cannot, of course, give any names, but the amount of opinion in favour of a change was surprisingly great, and so far as the facts go they indicate that a scheme under which a higher class of local authorities would be created would be very heartily welcomed by those who are best acquainted with the present system.

5. UNIFICATION OF POOR LAW AND PUBLIC HEALTH SERVICES.

Moving still further on the lines already indicated, it may be asked whether for all that would be left of mere Poor Law work a local Poor Law authority would still be required, or whether relief of destitution might not be handed over to the new health authority. That is not a medical question, and I have quite insufficient knowledge of details of English administration to form a definite conclusion for myself.

In the matter of pauper children living with widowed mothers there would, however, be some advantage in unification. Under divided control there might often be difference of opinion as to the money relief required, the health authority, perhaps seeing reason for special expenditure which the Poor Law authority might object to incur. This, of course, is not insuperable, but unification would be the simplest remedy. In cases of phthisis or diabetes, and other diseases treated at home, similar difference of opinion might arise, but, again, it could no doubt be overcome without any great difficulty.

Against unification of work and enlargement of area it can be urged that local knowledge of the circumstances of applicants for relief is essential. Once more that is not a medical question, but in the course of my enquiry I have repeatedly heard it stated that local knowledge results in local favouritism, and that each village representative looks on it as his duty to get as much money as possible spent on his own village, the money coming from rates levied over the whole Union. Such a defect will probably show itself, more or less, under any system, but I believe that a more impartial supervision could be exercised by an authority in control of a wide area, and receiving reports from a supervisory officer independent of purely local influences. Such an authority, however, need not be a health authority.

If complete unification were thought of, it would be necessary to consider whether transfer of all Poor Law duties could be accomplished without, at the same time, transference of the stigma which in rural districts at present attaches to indoor relief, including indoor medical relief. I think it could, by means of classification of institutions, and renovation of those set apart for hospital or sanatorium purposes. But the point would have to be most fully borne in mind in preparing any scheme. It would also have to be considered whether a local health authority would not be overburdened by the additional work of the relief of destitution.

6. THE IDEAL HEALTH AUTHORITY.

The question may be asked, Why should one expect that any change in the local governing body would produce any improvement in local government? Would not those who are at present elected as Guardians be simply re-elected under a new name, and would not things go on just as before? I am sure there would be a difference. As a simple matter of fact, the County Councillors in Scotland are not the Parish Councillors, and I have no doubt this is so also in England.

The new body would not be elected for the same purposes as the old. It would be there primarily as a health authority in the widest sense—an authority to take charge, not merely of water and drainage and other such conditions of general environment, and the prevention of epidemic disease, but of all the medical work at present understood to belong to the Poor Law, and of new medical work which in the public interest requires to be undertaken by some local authority—the rearing of all children of paupers in such a way as to hinder their growing up into a life of pauperism, and the prevention of spread of disease by insanitary conditions within houses.

Application of the principle of conditional relief requires a strong local authority. I have indicated the importance of removing the stigma which attaches to indoor relief in rural England, and have suggested means towards that end. Also I have recommended increased help to widows, both in urban and rural Unions, in the rearing of their children, and increased expenditure in lay and medical inspection and supervision. I believe that all this expenditure would ultimately be directly profitable by reduction of pauperism. But the provision of better institutions, and the granting of more adequate relief will attract, and in cities is already attracting, into reliance on the rates a class who are able to maintain themselves. Repression of those who do not need, and so do not deserve, and would not be helped by doles from the Poor Law will be even a more difficult duty than attraction of the needy and deserving who at present refuse to come in. "There is that scattereth and yet increaseth; and there is that withholdeth more than is meet but it tendeth to poverty." The withholding which tends to poverty permeates from top to bottom the existing local administration of the Poor Law. But, on the other hand, profitable scattering requires much wisdom, and if the country is to avoid being overburdened or overwhelmed by attempting to support those who can support themselves, the duty of refusing unneeded relief will have to be seriously undertaken and persevered in. The new authority would have to be strong, alike to give and to refuse.

The statutes to be administered by it would be different, and the men who would be induced to offer themselves for membership of the governing bodies would be different. They would have loftier aims and a wider and more invigorating range of duty than the mere relief of destitution and prevention of death by cold or starvation; they would be occupied with different ideas and inspired by different ideals. The opportunity to do work of the highest value would draw into the membership men of the highest qualifications. Over a local administrative authority of this sort minute supervision and control by the Central Authority would be unnecessary. The local body would be not only willing but genuinely desirous to profit by the knowledge and experience and counsel of the Central Board. The need for greater centralisation would disappear, and local government would be justified by its results.

MEMORANDA.

MEMORANDUM I.—MEDICAL PROVIDENT INSTITUTIONS.

What I have already said may be regarded as the end of my Report on the questions submitted to me. But knowing how widely the Commission have been viewing the subject of Poor Law relief in all its bearings, I am tempted to go further afield and to submit, with diffidence, some observations on medical attendance in the country as a whole.

(a) **Question of a Free Medical Service.**—The subject naturally arises from consideration of the extent to which the principle of prevention can be applied to most of the maladies that affect the human frame. If it be the case that diseases of nearly all the organs of the body, and of the system as a whole, can be dealt with on preventive lines, so that sickness and its accompanying incapacity to work shall be diminished, and death shall more and more be a matter of old age, ought the requisite measures of prevention to be confined merely to paupers, who are unable through want of means to contribute to their own support? Should they not equally be applied to the whole population? In short, should there not, as has sometimes been mooted, be a free medical service maintained out of the rates, and open to all who choose to avail themselves of it?

In looking at this far-reaching suggestion one or two admissions may be made at the beginning. Free access to and acceptance of medical advice on the part of the general community would certainly result in great improvement in average physical health and great diminution in the prevalence of disease. But if this expert conclusion be once accepted, then, though it is historically true that doctors have as a rule led the way in demanding health reforms, yet in considering whether any such scheme is advisable or inadvisable, we immediately get outside the sphere in which expert medical opinion is necessarily any better than, even if it be always as good as, the opinion of the average layman. A doctor is quite within his own bounds in stating that a public medical service would greatly reduce disease, but he speaks with less authority when he discusses the desirability of legislative institution of such a system. It may have drawbacks other than medical, which can best be weighed by men who are not wholly influenced by considerations of health. If, for example, it were certain that the physical fibre could only be strengthened by weakening the moral and mental fibre, it would be open to argue that the cost would be too great. Good health is not the only important thing in the world.

(b) **Some objections to a free Medical Service.**—Trying to think of the subject, not as a medical man, but rather as a member of the general public, I am bound to say that I shrink from the contemplation of any scheme by which the whole community would have a right to medical advice paid for out of Imperial taxes or local rates.

The best analogy that occurs to one in support of the proposal is that of Free education. The State has agreed that the elementary education of every child is so important for the national well-being that such education should be provided by the State. Health, it is argued, is equally important, and the State has a similar duty. But the purpose of elementary education is to enable the child to fight life's subsequent battle unaided, whilst free medical attendance would continue from childbirth to the grave. And let us carry the analogy a little further. If free medical attendance should be provided out of the rates because in itself it would be useful in improving the health of the community, medicines, of course, should be similarly provided. But in the treatment of disease it is hard to distinguish between food and medicine, so that an individual requiring the one out of the rates would similarly be provided with the other. And good clothing also has a bearing on health, so likewise

has good housing, and suitable employment, and a regular holiday in summer, and freedom from worry of all kinds. In short, the vista which is opened up by the suggestion of free medical service is practically endless.

(c) **Friendly Societies.**—Still speaking not as a medical man, I am strongly of opinion that it is better for an individual to make direct personal payment for direct personal service. In the case of medical attendance such payment is often and most conveniently made by periodical contributions to a friendly society. Convenience lies in the fact that the payment is made whilst a man is well and can best afford it, not when he is ill and can least afford it. Also, the contribution being fixed in amount, the contributor need have no hesitation in applying to the doctor whenever he suspects that his services are required.

But the Friendly Society system, as a method of obtaining medical attendance, has at present many defects. The medical officers are ill-paid, perhaps even less liberally than by the Guardians. A member of a society wishing to obtain its medical benefits has no choice but to go to the one doctor whom the society employs, even though the member has no faith in his skill and no confidence that such skill as he possesses will be exercised. And, on the other hand, two or three such members will harass the doctor far more than a hundred others. In the past, many sick benefit societies have been actuarially unsound, and have failed when members most required their aid. In March, 1891, there were in the workhouses of England and Wales 4,593 paupers who had been members of benefit societies which became bankrupt (Parliamentary Paper No. 366 for 1891). Fortunately, there is very much less insolvency now; but I have heard the story of their break up far too often in the course of this investigation. Also, their membership is usually limited to male adults, though juvenile societies are becoming much commoner. Very few societies have female members.

(d) **Medical Provident Institutions.**—In recent years a different method of obtaining medical attendance by annual payment has been established and extended. In many towns medical provident institutions have been formed. They are concerned wholly with medical attendance and medicine, and provide no sick pay, so that they require almost no accumulated funds, and have no chance of insolvency, each year's income meeting its own outlay. They have on their books a list of medical men, any one of whom is willing to attend at the annual rate of payment established for the institution. Members joining it have the right yearly to select from the list the medical man whom they prefer, and at the end of the year, if dissatisfied, they may choose a different doctor.

(e) **A State Subsidy.**—It seems to me that a development of medical attendance on these lines opens up the best hope of progress, without entailing serious disadvantage. I think, therefore, that it is well worth considering whether in every community, urban and rural, medical provident institutions, available alike for men, women, and children, ought not to be established, and State aid be given in their support. The benefits would be both national and personal. In respect of the former the State would provide a subsidy, and the members would pay the rest. Contributions by the State would give it the right to take part in the management and to prevent abuses. The list of medical men attached to the institution would require revisal from time to time, and the local controlling body, including representatives of the State, would have power to remove any name on sufficient cause being shown. Such cause would include neglect of duty, general misconduct, and the like. If, for example, any of the class of men at present known as "sixpenny" doctors were to endeavour to attract members by offering to return to them a percentage of the payment received from the institution, such conduct would involve immediate expulsion of the doctor, if not also of the member.

(f) **Payment of Medical Officers.**—As to the influence of such a system on the medical profession itself, I think it would be good. Practitioners and consultants who felt themselves above contract work would remain outside, and would aim at better class practice, as they do at present. Whether a wage limit should be set to the membership is a question on which opinions would differ, but if the annual fee

paid to the medical man in respect of each case on his list were a proper one, any wage limit might be placed pretty high. Payment to the doctors by an annual fee per member on his list would have certain advantages over payment by salary, which would no doubt be the rule in any system of State or rate-paid medical attendance. The fees would depend on the number of members on the doctor's list, and laymen are not quite incompetent to judge of the care and capacity of medical men.

(g) **Patent Medicines.**—Incidentally I believe that a wide adoption of such a system would effect great economy in one respect. The right to obtain medical advice and attendance and medicines by a fixed annual payment ought to save a large part of the enormous sums of money that are at present spent in the purchase of quack medicines. In Britain, stamp duties on patent medicines indicate a sale amounting to about £3,000,000 yearly. This money is in very great part wasted, and the fact that a man could without expense consult his own doctor whenever he had occasion would largely diminish resort to quackery.

(h) **Periodical Medical Examination.**—One consideration in particular inclines me to favour some such scheme. It ought to be the duty of every medical officer of every such institution not merely to attend patients during illness, but to offer a periodical, perhaps an annual, medical examination of every individual on his list—child and adult. The examination should include the general physical condition and the vital organs. Advice would, of course, be the sequel of examination. Note would be taken of ascertained facts, which should indeed be entered in a case book for convenience of future reference, and at the end of every year inspection would be repeated. It would, of course, be impossible to compel members to submit to such examination. Compulsion would only exist towards the offer of it; anyone who chose might refuse to be examined. But I believe such refusals would not be numerous, and that the medical man by warning members of the institutions as to the threatenings of disease, and advising them as to the precautions to be taken in the way of diet, alcohol, exercise and health conditions within and outside the house, would be doing his best work, and that his work would be appreciated.

This question of periodical inspection is more fully dealt with in Memorandum II.

(i) **Medical Provident Institutions contrasted with free Medical Service.**—It seems to me that preventive medicine could be better applied to a system of medical provident institutions than to a universal rate-provided medical service. In the former it would be the medical man's duty to call periodically on all the households on his list. The fact that these had placed themselves on his list would indicate that they desired and approved of his services, and their very membership would show that they had some appreciation of medical benefits. The membership would usually consist of whole families, not of individuals, and the head of the family would understand that his selected doctor would take all the members under his charge, with the view to periodical visitation as well as medical treatment. If the doctor were changed, the case book would be available.

On the other hand, in a free national medical service, if the rate-paid doctor called at every house within his area, in some he would meet with a hostile reception, and in many no attention would be paid to his advice, even if it received the courtesy of a hearing. His position would be both degrading and disheartening, especially in districts pervaded by crime and intemperance and thriftlessness. The principle of conditional relief on which I have already insisted could be much better applied to membership of provident institutions than to a free national medical service. Reasonable attention to advice might well be a condition of continuance of membership of the former: it could not possibly find any place in the latter.

(j) **Voluntary Membership.**—A natural question is whether compulsory membership of such institutions would be possible, contributions being deducted from workmen's wages, and collected by employers of labour, and handed over to the governing body. The question is not a medical one, but, though such a scheme of compulsion may be

practicable in some countries, at present it seems hardly feasible in Britain. Obviously it would be greatly limited by the existence of the casual labourer, who has no regular employment and no fixed wage, who may be serving one master one day and another another, and may be paid one time by the hour, and another time by the job. And such compulsory membership would at once introduce the evil principle of unconditional relief. A man who had no choice but to contribute would be restive under the compulsion, and would be in no control as to obedience to preventive and curative advice. The doctor's periodical examinations would tend to become perfunctory, and his interest in the work would be less than if he were in charge of people who had voluntarily selected him as their adviser. In short, I am of opinion that compulsory membership would be both undesirable and impracticable.

Absence of compulsion being assumed, what would be the inducements to voluntary membership? They would, I think, be threefold. The State subsidy would be a direct attraction. Intelligent people of limited means would be very willing to contribute their moiety in order to get the benefit of the State's moiety. In the second place, the adoption by the new Health Authorities of a firm policy of refusal to grant medical relief to persons able to maintain themselves would indirectly promote the success of medical provident institutions. In the third place, the inherent value of the institutions would be apparent even at the beginning, and would quickly become more apparent as the result of experience.

It may be urged that such institutions would be resorted to almost wholly by the better class of artizans, and not by the labouring poor. How far this would be the case only time could tell, but the fact that a man's parents have not taught him a trade, and that he has therefore had to remain a labourer, does not prove him to be unintelligent or thriftless. And even if skilled artizans predominated in the membership, there is no reason why their physical health should not be a matter of public concern, nor why a system of periodical health inspection should not be promoted because they would be the principal beneficiaries. On the contrary, it is to the national interest that the class in question should be protected against the ravages of disease; at the same time, that their dependence on self should not be undermined. In brief, however large or however small might be the membership of such institutions, they would be useful to the extent of such membership.

The relationship of such a scheme to certain existing public utilities requires consideration. These are the great Friendly Societies, the great Hospital Charities, the rate-supported Poor Law and Public Health services.

(k) Relation of Medical Provident Institutions to Friendly Societies.—At present, the Societies have three functions; they provide for their members (1) a money allowance during disablement owing to sickness or accident; (2) medical attendance and medicines during illness; and (3) a small sum sufficient for funeral expenses at death. The establishment of a State-aided system of medical provident institutions need have no effect on the first and third of these functions, but ought to have an important influence on the second. As above urged, the granting of a State subsidy to medical provident institutions would naturally lead the public to desire to share in the benefits of the subsidy by becoming members of an institution. In this way there would be much less reason for the friendly societies continuing to provide medical benefits. Indeed, by legislation if necessary, they might be empowered to discontinue granting medical benefits to their present members, pointing out to them the new opportunities that were being provided, and perhaps aiding them in becoming members of the medical provident institutions. At the same time, it might not be necessary nor desirable for the friendly societies to lower the contributions required by them from their members. Some branches of these societies are at present actuarially unsound. Fortunately the number of such branches is diminishing, but where there is unsoundness, a continuance of the present contributions, and a discontinuance of the salary of the society's doctor, ought in most cases to cause the unsoundness to disappear. Indeed, it should often do more, and in already solvent societies it might yield a nucleus, though no more than a nucleus, of a fund for old-age pensions.

(l) Relation of Medical Provident Institutions to Hospital Charities.—

I think it quite likely that in the course of a comparatively short time, one result of establishing medical provident institutions on a national scale would be a fundamental reform in the work of the general hospitals, at least as to their outdoor departments. The present system of hospital dispensaries in all the great towns throughout the country is a subject of constant animadversion by medical men, and by those of the public who have given thought to the matter. The abuse of these dispensaries by the well-to-do public is an admitted scandal. Tens of thousands of people who are perfectly well able to pay for advice degrade themselves and injure the medical profession, and make a serious call on the funds of the hospitals to which the dispensaries belong. If medical provident institutions were available everywhere, it would be possible to curtail to a mere fraction of its present dimensions the work done by these dispensaries; indeed, excepting with regard to special departments, I would look forward to their ultimate closure, or to their partial transfer to the medical provident institutions, and to the hospitals continuing only as institutions for the indoor treatment of the sick. The saving which they would thus effect in their out-patient work would enable them greatly to extend the good work which they accomplish in their wards, or else place the institutions on a sounder financial basis than many of them at present occupy. But certain departments of dispensary work could probably not be discontinued. The armamentarium of the general practitioner is necessarily much inferior in special directions to the apparatus and equipment for curative treatment possessed by the great dispensaries. The installations for X-Ray work, for Finsen Light, and so forth, which belong to some of these dispensaries are altogether excellent, and should continue to be fully utilised. But such utilisation should not be gratuitous to all who choose to make application. Contributions to the funds of the hospital should be a condition laid on all who are able to pay. Of course, as organisation of medical provident institutions developed, they might be able to undertake even this special work by establishing fully-equipped dispensaries of their own. And it would not be an immeasurably long step further if, in localities not within reach of a general hospital, the medical provident institutions made provision of pay-hospitals for themselves, or alternately took over as pay-hospitals any existing hospitals which might have become unable to maintain themselves owing to diminutions of voluntary charity in their direction, as a result of increasing statutory obligations. But these speculations carry us far afield, and are of no present practical interest.

By the average medical practitioner the limitation of hospital dispensaries would be hailed with the utmost satisfaction. He has had to undergo a long course of severe and expensive training to fit him for a professional career, and having met all the requirements of the Medical Acts, the General Medical Council, and the Universities or other licensing bodies, he starts out to practise only to find that, by a cardinaly unsound and mischievous development of charity, the well-to-do are enabled to pass by his door and obtain for nothing from a hospital or dispensary what they ought to get only by payment of a proper professional fee. Just as it gratifies a kindly man or woman to hand a copper to a street beggar who is almost certainly worse than undeserving, so contemplation of the benefit he believes he has conferred on the poor and suffering by giving a contribution to the funds of a hospital dispensary raises a man in his own estimation and makes him feel good, and helps him to sleep at night. But in great measure the money that he has given is worse than unhelpful—it is actually mischievous to many of its recipients, and is directly injurious to the profession whose services are exploited at the dispensary.

I would venture to hope that the establishment of medical provident institutions would do much to divert into a better direction all this wasteful and unreasoning charity.

(m) Relation of Medical Provident Institutions to Poor Law and Health Authorities.—Consideration of these relationships will be simplified by assuming that new local authorities have been created, as already suggested in this Report, with large areas of control and whole time officials, and that they have charge of the medical work at present performed under the Poor Law, and of administration of the statutes relating to public health.

It has already been stipulated that medical provident institutions, being subsidised by the State, should be partly under control of the State. Such control could likely be best exercised by the central health authority acting through the new local authorities. The committee of management, therefore, would be partly composed of representatives of the members, and partly of members of the new local authority as representing the central authority. The work of the officers of the institution, being largely preventive, should be supervised by the public body responsible for preventive measures in general. Naturally, direct supervision would be by the medical staff of such authorities. And it will be recollected (p. 154) that the district medical officers were to be officers of the new health authority, and to report to it observed insanitary conditions, and that their work was to be similarly supervised. Naturally, therefore, it might often be found convenient that the same doctor would act for a medical provident institution and as district medical officer in attendance on paupers. Supposing that a casual labourer owing to illness and unemployment required for himself and his dependants money relief from the Poor Law, and required, at the same time, medical attendance to be provided by the health authority, it might be arranged that the latter relief be given through the agency of a medical provident institution, the services of one of its officers being obtained, and a payment in respect thereof being made to the funds of the institution by the health authorities responsible for the medical attendance. If the patient were better removed to a hospital or infirmary, and if the health authority possessed such an institution of its own—say a transformed workhouse—the man would be sent there. Otherwise he might be sent to a voluntary hospital, and his treatment paid for by the health authority.

Medical provident institutions would not be a substitute for rate-paid medical relief of the destitute, but they ought gradually to diminish the amount required to be spent on such relief, and the two schemes together, while not sapping but maintaining the foundations of personal thrift and independence, would work for the national welfare by raising the general standard of health, and attacking and controlling the very sources and origins of pauperism. Only a small part of the benefit would be reaped immediately, but the general reaping would begin in a comparatively short time. Especially the preventive work amongst Poor Law children would transfer to the self-supporting class of the community thousands of individuals who, as at present reared, are practically certain to swell the ranks of pauperism.

(n) **Limitations and Advantages.**—As compared with a system of rate maintained free medical service, the medical provident system would be much limited in the extent of its operations. But the work done within its limits would be much better work. I have already held that periodical medical inspection could be established by medical provident institutions, but not suitably nor effectively under a system of free medical service. If that be so, then in the latter scheme a man would not be seen by the doctor until he was actually ill, whilst in the former, the members would nearly all be first seen when they were well. But I do not lay too much stress on this difference, because supervision of the health of an individual from his first illness onwards would in very many cases prevent advance of the disease. Under medical provident institutions obedience to advice would be much more general, members would receive direct service for direct payment, the membership would quickly increase as its benefits became understood, and from the very beginning it would have a valuable educative influence towards health and thrift and independence.

The suggestions I have made are crude and elementary, and are freely open to any amount of criticism. They are put forward as the merest indications of a system. At the best the scheme would be incomplete; but I do not myself believe that at present any complete scheme would be accepted by the country, and a proposal to include everything might end in accomplishing nothing.

MEMORANDUM II.—HOME MEDICAL INSPECTION.

"Whatever attitude the State may in the immediate or remote future adopt, there will, it seems to me, be a growing demand for the services, in a prophylactic sense, of the medical practitioner."—(Dr. Timbrell Bulstrode's Introduction to "The Prevention of Disease." Constable and Coy. 1902.)

In the course of this Report I have made so many references to preventive medical work, that it may be advisable in conclusion to try to give some conception of what such work would mean. A layman may naturally inquire, If it were the duty of the medical attendant of a household not merely to visit when sent for in sickness, but to call at the house periodically in order to examine and advise the inmates, what lines would he follow? If all the inmates were in ordinary good health, how would he proceed? His course of action would probably be somewhat as follows:—

(1) He would acquaint himself with the general family history. He would note tendencies requiring to be checked—tendencies to general disease like tubercle, gout, rheumatism, diabetes, obesity, cancer, insanity, alcoholism, or the like.

One of the most important diseases of the present time is cancer in its various forms. Prevention of cancer is receiving careful study in hospitals and laboratories, but as yet the work has not reached its full fruition. One of the advantages of periodical medical visitation, independent of known illness, might be the discovery of cancer in its early and perhaps curable stages.

(2) With regard to the children he would note their physical condition as a whole, their state of development in relation to age; indications of rickets, or tubercle, or glandular disease, enlargement of tonsils, defects of hearing and of sight, as bearing both on health and education. He would give advice as to diet, bathing, fresh air, exercise, and the like. By prevention of rickets in female children, he might succeed in hindering pelvic deformity with its serious results belonging to the child-bearing period of life. In connection with the occurrence of actual illness, he would be careful to note whether there was any threatening of dangerous sequelæ, such as endocarditis after the acute infectious diseases; or ophthalmia or ortorrhœa, which last, if neglected, is often followed, sometimes after an interval of many years, by fatal inflammation of the brain. He would note whether the child's nervous system was being properly developed, on the one hand, and its functional activity sufficiently restrained on the other. As regards the school child, he would see whether school work was being overdone, whether there was headache, or insomnia, or night terrors, whether the child was being taught to practise steady application in any specified task; whether it was being permitted to read books of too exciting or too advanced a character, whether it was being sent sufficiently early to bed, and made to rise early enough in the morning; whether it was being punished unwisely for faults due to its physical and mental condition.

(3) As the child continued to grow into youth, the medical man would note whether athletic exercise was excessive, whether injury to the heart or other vital organs was being threatened; whether cycling was being overdone; whether, on the other hand, the youth was leading too sedentary a life, and was unduly given to reading. When the time came he would advise as to the most suitable occupation, looking to the general physical and mental health and condition. Amongst girls, he would note tendencies to anæmia, chlorosis, gastric ulcer, and the like, and again the question of insufficiency or excess of exercise would arise. Here also he would advise as to occupation with relation to length of hours and healthiness of employment, whether the work would be too sedentary or require too much standing; whether, as in the case of a teacher, it might involve too severe mental strain or voice strain; whether neuralgia and insomnia would result from the life proposed to be led.

(4) Amongst women he would see that due care was taken to prevent mischievous sequelæ of childbirth, such as uterine displacements or inflammations.

(5) Among men he would observe any tendency to trade diseases; whether their employment was such as made special calls on any of the vital organs, and, if so, whether these organs were re-acting properly to the stimulus, or were threatening to break down under it. In most cases the important organs would be the heart and the lungs. Heart strain would be looked for, and bronchitis and emphysema and the like.

(6) Independently of age and sex and occupation, the inmates of a household would be offered a general examination of their vital organs. In presence of heart lesions, advice would be given in order to prolong the duration of compensation, and to limit the calls made on the heart, so as to give it only so much work as it could properly perform.

(7) In old persons attention would be paid to the condition of the arteries in relation to apoplexy, and to parts likely to be attacked by cancerous disease.

The medical man, in short, would be the family physician, not merely attending on acute illness, but taking charge of the general physical health and well-being of those who had placed themselves under his care. The prescribing of drugs would be the merest incident in his work, instead of, as is too often the case at present, its principal feature; and the time, both of the doctor and his clients, would be far more profitably occupied in the former way than in the latter.

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August, 1908.

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PART I.—RURAL UNIONS.

APPENDIX I.

NEWHAVEN UNION, SUSSEX.

From the list of unions prepared for my guidance by the Royal Commission I selected Newhaven as a convenient subject for my first inspection. It is a comparatively small union with an exceptionally small amount of pauperism, only one relieving officer, and three district medical officers.

The features of interest which occurred to me in looking at the data relative to Newhaven in the statistics furnished to me by the Commission, are that the union shows a somewhat rapid increase in population, a rapid and considerable diminution in pauperism, a rapid and considerable diminution in the proportion of outdoor pauperism to the total pauperism, and a steady increase in the cost of pauperism, not only when calculated per pauper, but also when calculated on the basis of population. In reply to a letter inquiring as to the cause of the increased population the Clerk states that "the great increase in the population between 1891-1901 was certainly owing to a large number of houses having been built, to meet the demand required owing to the large number of quay workers at the time.

"I do not anticipate, however, that there will be much (if any) increase at the next Census, as about the year 1901-2 a strike occurred on the quay which caused a portion of the trade to be directed to other ports, and the town has never really recovered yet."

The area of the union is 27,061 acres, it contains eighteen parishes, and the board of guardians consists of twenty-two members. The population at the Census of 1901 was 12,132. As estimated at three inter-census periods, it was as follows:—

1885.	1895.	1905.
8,979	10,575	13,450

About one-half of the population is in the urban district (or town) of Newhaven, which, at the Census of 1901 had 6,136 inhabitants, and in 1906, as estimated by the medical officer of health, 7,000. The rest of the population may be regarded as rural, the principal centres being Rottingdean, with about 2,000 inhabitants, and South Heaton, with about 400. The union, on the whole, is financially rather a poor one; the rateable value per head was in the year 1904 £5 2s., as compared with a mean of £5 16s. for England and Wales, £6 18s. for the county of Sussex, and of £6 5s. for a District consisting of Kent, Sussex, and part of Surrey. In Rottingdean, which is only four or five miles distant from Brighton, there are a number of houses of good valuation, but many of these are let for board and lodging. In Newhaven itself it is said to be doubtful whether there is a single householder of independent means. The principal employer of labour in the Newhaven Urban District is the Brighton and South Coast Railway Company, and its servants include the clerical staff, boiler-makers and their labourers, seamen, dock labourers, and harbour workers. Boiler-makers are said to earn a wage of about 35s. per week; seamen about 24s., with a uniform; and labourers about 20s. The village of South Heaton is occupied by cement workers, whose wage is said to be approximately about 25s. weekly. Outside of this population and of part of the Rottingdean population (where an income is derived from house letting), most workers are agricultural labourers, whose direct money earnings are reported to be about 14s. weekly, but who lose nothing through broken time (as town labourers do), have a house and probably a garden with vegetables, and may keep hens or a pig. Perhaps, therefore, the agricultural labourer with 14s. a week is almost as well off as the town labourer with 20s. a week and rent to pay, and loss of work through bad weather or other causes.

In visiting the outdoor paupers I was struck by the want of house accommodation suitable for labourers. It appeared difficult to get a dwelling at a less rent than 5s. or 6s. per week; and many are occupied by two families, one on the lower and the other on the upper flat. Many apartments are let as lodgings, and many of the outdoor paupers are housed in these ways.

STATISTICS OF PAUPERISM.

The rate per 1,000 of paupers to the total population was as follows in the Newhaven Union, in the county of Sussex and in a District consisting of Kent, Sussex, and part of Surrey.

	1875.	1885.	1895.	1905.
Newhaven Union - - -	39	21	19	12
County of Sussex - - -	44	32	30	25
District, as above - - -	38	28	26	22

The actual number of paupers (exclusive of lunatics in asylums and registered hospitals and vagrants) was 188 in 1885, 206 in 1895, and 167 in 1905. It appears that on September 1st, 1903, the total paupers were only 128; at the time of my inspection (May 6th to 9th, 1907) the number was 140.

Age Classification.

On January 1st, 1905, the percentages were as follows in Newhaven, Sussex County, and the above District.

	Age in years.		
	Under 16.	16-60.	60 plus.
Newhaven Union - - -	22	18	60
County of Sussex - - -	26	19	55
District, as above - - -	28	18	54

Newhaven has thus a larger than ordinary percentage of its pauperism in the age period over sixty, and a correspondingly smaller percentage in the age period under sixteen. When I was there the proportion over sixty years of age was even greater; in the total of 140, 23 were under sixteen years old, 22 between sixteen and sixty, and 95 over sixty, so that about 68 per cent. belonged to the last age period. This somewhat exceptional age distribution of the pauper population is emphasised when contrasted with a very different and very remarkable age distribution of the general population. Persons aged sixty and over per 1,000 of population, were ninety-five in the county of Sussex eighty-eight in the District, and only sixty in Newhaven Union. This figure sixty is much the lowest in the whole county of Sussex, and is quite abnormally low for a rural district. Lewes, for example, which has 66 per cent. of its pauperism over sixty, has 105 per 1,000 of its population over sixty; and Westbourne, which has 70 per cent. of its pauperism over sixty, has 123 per 1,000 of its population over sixty; while Newhaven, which has a much larger proportion of its pauperism over sixty, has a much smaller proportion of its total

population over that age. The population of Newhaven Union being estimated for 1905 as 13,450, there are, at the rate of sixty per 1,000, 807 persons over sixty years of age. If the union had had the mean age distribution of the county, its population over sixty would have been, not 807, but 1,278, and its pauperism over sixty years of age would, no doubt, have been correspondingly greater. It thus appears that Newhaven pauperism is much more a matter of old age than even the existing high percentage over sixty would indicate. Its population over sixty years old is very low, its share of pauperism over sixty is very high. But its total pauperism is very low, as contrasted with the county and adjoining counties. It has only twelve paupers per 1,000 of population, as compared with twenty-five in the county of Sussex, twenty-two in the District, and 24 in England and Wales. All these figures relate to 1st January, 1905.

The explanation of the unusual age distribution of the population of Newhaven is probably the rapid increase of the population in the decade 1885-1895. The increase has, no doubt, mainly occurred as a result of immigration of persons at the working period of life, owing to the growth of the Continental traffic at Newhaven Quay, and to the cement industry. In the course of a decade or two, this added population will reach the age period over sixty and normal rates should assert themselves.

Indoor and Outdoor Pauperism.—A notable diminution has taken place in the proportion of outdoor pauperism to total pauperism. It is given as follows:—

1875.	1885.	1895.	1905.
80	71	66	38

The following figures are for comparison:—

	Percentage of Outdoor Pauperism to Total Pauperism.			
	1875.	1885.	1895.	1905.
Newhaven Union - - -	80	71	66	38
County of Sussex - - -	82	76	77	69
Group; Kent, Surrey, Sussex - - - - -	78	70	68	64
Rural total of England and Wales* - - -	87	83	84	82
Urban total of England and Wales - - - -	74	68	64	64
England and Wales, Total -	80	74	71	69

The Newhaven figures have considerable resemblance to those of Bradfield in Berkshire, which is a well-known case of restriction of outdoor relief. Its percentages are as follow:—78, 34, 19, 37.

Cost of Pauperism.—On the other hand the total cost of Poor Law relief per pauper in Newhaven is exceptionally high. Each pauper costs £29 6s. per annum, as against a mean of £16 17s. for the county. This is largely due to the fact that the great majority of the paupers in Newhaven are indoor, the cost of these being much greater than that of the outdoor. The total cost of poor relief per head of the population in Newhaven is no greater than in the County of Sussex, the figure for the former being 9s. 8d., and for the latter 9s. 9d. The subdivisions indicate the explanation. In Newhaven in-maintenance

costs 2s. 4d. per head of population, and in the county of Sussex 2s. 3d.; but for out-relief, the cost in Newhaven is only 8d., as against 2s. 5d. in Sussex; and for lunatics in Newhaven 1s. 9d., and in Sussex 2s. 1d. The other items, namely, salaries, loan charges, and other expenses are all higher in Newhaven than in the county, the figures being for the former 2s. 4d., 1s. 5d., and 1s. 2d.; and for the latter 1s. 10d., 5d. and 9d. The loan charges refer mainly to infirmary buildings, erected eight or nine years ago, and the guardians wisely think it good policy to pay their staff fair salaries.

While the cost of poor relief per head of population is, therefore, just about the same in Newhaven as in the county of Sussex, it is considerably higher than in the group of unions composed of Kent, Surrey, and Sussex—in which the cost is not 9s. 8d. nor 9s. 9d., but 8s. 2d. Also, while the number of paupers has been greatly diminished in Newhaven, the total amount expended in poor relief has greatly increased. In 1881-2, it was £2,501; in 1891-2, £2,471; in 1901-2, £5,120; and in 1904-5, £5,886. It is this £5,886 which is represented by 9s. 8d. per head of population. In 1881-2, the corresponding figure was only 5s. 10d.; in 1891-2, it was 5s. 2d.; and in 1901-2, it was 8s. 5d.; so that in the past fifteen years the cost has almost doubled.

WORKHOUSE AND INFIRMARY.

The union workhouse and infirmary are situated together within half a mile of Newhaven, and are under one control. The total accommodation is for 206 paupers, the workhouse having 138 beds and the infirmary 68 beds. The workhouse is an old building, which served for all purposes until 1898, when a modern infirmary and casual wards were erected. At the same time a new kitchen was provided, and was connected with the workhouse on the one side and the infirmary on the other.

The workhouse resident staff consists of the master, matron, charge nurse, two assistant nurses, cook, porter, assistant to master who has also charge of the boys, and children's caretaker. In addition, two laundry women, who reside outside, come daily; these women would otherwise need out-relief. All the gardening is done by the inmates.

The institution is not on the National telephone, but there is telephonic communication between the various sub-divisions, the lodge, the infirmary, and the master's rooms.

INFIRMARY.

It is the erection of the infirmary which has added so much to the loan charges. It contains, as just stated, sixty-eight beds. It is a modern, well-designed, two-storied building with two wings, each containing two main wards, one on the lower and the other on the upper flat. Adjoining each main ward there is a side ward. The wards on the right are for males, and on the left for females. The main wards on the right are intended for seventeen beds each and the side wards for two beds each, so that the total accommodation for males is thirty-eight beds. On the female side the main wards have thirteen beds each, so that, including the two side wards, the total accommodation is thirty beds. It will be seen by the Table that the cubic space in the larger wards is very satisfactory, but that in the lying-in ward and isolation wards it is below the Local Government Board's standard, especially in the latter.

The following table, kindly prepared for me by the master of the workhouse, gives a list of the wards, with their dimensions:—

Male side.

Description of Ward.	Dimensions in feet. Length, breadth, and height.	Cubic space. Feet.	Floor space. Square yards.	Wall space. Square yards.	Present number of beds.	Cubic Feet.	
						Per bed.	L.G.B. Standard.
Convalescent Ward -	54 × 24 × 11	14,256	144	190	11	1,296	600
Infectious Disease Ward:—							
No. 1 - - -	11 × 12 × 10½	1,764	18½	60	2	882	2,000*
No. 2 - - -	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto*
Acute Ward - - -	54 × 24 × 11	14,256	144	190	17	838	600

* See footnote to p. 14.

Female side.

Description of Ward.	Dimensions in feet. Length, breadth, and height.	Cubic space. Feet.	Floor space. Square yards.	Wall space. Square yards.	Present number of beds.	Cubic Feet.	
						Per bed.	L.G.B. Standard.
Convalescent Ward -	42 x 24 x 11	11,088	112	161	5	2,217	600
Infectious Disease Ward - - -	14 x 12 x 10½	1,764	18½	60	2	882	2,000*
Lying-in Ward - -	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	960
Acute Ward - - -	42 x 24 x 11	11,088	112	161	13	853	600

* This is the cubic space required for infectious disease like scarlet fever, diphtheria, measles, etc. For itch, venereal diseases, and the like, the standard amount is 960 feet.

The principal wards are 24 feet wide by 11 feet high, and are well constructed with good cross ventilation by means of freely-opening windows of sufficient size and reaching well up to the ceiling. All corners are rounded, and everything is so designed as to make cleansing easy. The floors are well laid and not conducive to retention of dust. The sanitary conveniences are of suitable construction and well ventilated. It is a very good up-to-date hospital, but has certain defects due to the difficulties of subdivision in a comparatively small institution. The side wards give the only available accommodation for isolation of any kind. One of them is used, when required, for a maternity ward, one bed being reserved for labour and the other for lying-in. Any case of infectious disease not removable to the district sanatorium has to be treated in one of the side or isolation wards. At the time of my inspection a case of measles was under treatment. Cases of delirium tremens, sepsis, erysipelas, itch, and other skin diseases, or venereal diseases, can only be isolated in the same fashion. There is no convenience for separation of acute from chronic cases, if that were desired; nor is there any ward for the treatment of phthisis apart from other diseases. There is no outdoor verandah into which a phthisis patient could have his bed moved from the ward.

Operative Surgery.—There are conveniences for this purpose, but they are practically never required, as cases for operation go to the Sussex County Hospital at Brighton. If an emergency case occurred, the medical officer would use his own instruments and would be allowed to employ an anaesthetist.

Cases requiring to be moved to the Sussex County Hospital for operation are sent in a cab or by rail; there is no ambulance wagon.

The average number of inmates on the medical books for the last five years has been thirty-two. The total number admitted sick and sent to the infirmary during the five years ending May 1st, 1907, was 344, and the total number transferred sick from the house to the infirmary was forty-nine.

Nurses' Accommodation.—This is quite good, excepting for the defect that no separate bathroom nor water closet is provided for the staff, so that the accommodation for the women's ward on the upper flat has to be used by the nurses.

Administration of the Infirmary.

The medical officer visits the infirmary daily; he visits personally, not by deputy or assistant. His duties are confined generally to attendance on the infirmary; he does not go through the workhouse, but workhouse inmates can see him when desired. The guardians have made no arrangement for his systematic inspection of the children in the workhouse. He lives one-third of a mile from the workhouse, and is on the telephone, but the workhouse itself has not a telephone connexion.

There are three nurses to an average of thirty-five patients, most of whom are chronic cases. Only about fifteen patients are usually confined to bed. One of the three nurses is on night duty.

The charge nurse has been here for four years, and had four years' previous experience in asylum infirmary, and prison infirmary duty. The second nurse was an inmate of the institution in childhood, then went to domestic service, then had three years' nursing outside,

and has been here for two years. The third nurse had midwifery training only, before coming here two and a half years ago.

The salaries paid to the nurses are £25 to £32 per annum. There is one wardswoman, an inmate who is on No. 8 diet. There are two wardsmen on the same diet. The nurses fill up report sheets night and morning and send them to the master. These are filed and presented to board meetings. The day nurse receives a written report from the night nurse and reports verbally to the medical officer. She does not keep a report book for ward use and for placing before the medical officer when he visits. The nurses receive their food supply from the general kitchen of the institution, so that no time is wasted in cooking for themselves.

At the time of my inspection I found that the wards were being well ventilated and were very clean, and that all the beds and bedding were clean and in good order. The absence of bed sores was notable; and wet and dirty cases were well attended to. The patients were clean in person.

A good form of bed card is in use. On one side are entered the name, age and disease, and there are also columns for dates, prescriptions, diet and extras, the date columns showing when the various items were ordered and when discontinued. Changes of diet are entered on the bed card by the medical officer, and also in the nurses' report sheet, and are thence transferred by the master to the daily provisions account. On the other side of the bed card there is space for notes regarding lungs, heart, urine, etc., and a temperature chart for one month with the usual lines for pulse and respirations. The cards were well filled up, temperature records being given for acute cases.

At the time of my inspection, in the men's sick ward on the first floor, nine of the seventeen beds were occupied at night, and four of the nine during the day. These four consist of one case of injury to the knee, and three bedridden cases—one cancer, one paralysis, and one old age. The side ward of two beds was unoccupied.

In the women's ward on the first floor eight of the thirteen beds were occupied. The cases included one of tuberculous glands, one of eczema in a very old woman now almost well again after four years' treatment, and one of ulcers of the leg, which began outside six years ago, have been under treatment in the infirmary for a year, and are now healing. Two bedridden cases need blanket bathing weekly. The others go to the bathroom.

A simple form of locker is in use in the wards, and the contents were clean and tidy, and such as a locker should contain. Soiled clothing is put into a solution of Jeyes' Fluid in a galvanised iron cylinder with a tight fitting lid.

Midwifery.—The matron of the workhouse is a midwife, but does not practise. When a confinement is about to take place in the infirmary, the nurse intimates to the master, who informs the medical officer, and he attends the case personally.

Bathrooms and Water Closets.—These were in excellent order. The hot-water taps are controlled by keys in charge of the nurse.

Day-room.—There is no day-room for the infirmary, but, as already stated, the total accommodation is for sixty-eight beds, and the average number of patients is only thirty-five, so that it is found practicable to have only a very few beds in one of the two wards on each side, one for males and one for females, and to use these as day-rooms. On the female side, at the time of my inspection, the ward

which was in use as a day-room had only three patients instead of thirteen.

Medicine Store.—The medicine store was in good order, though one poison bottle was not properly labelled, and other medicines were kept along with poisons. A small inner poison press is wanted.

Linens Store.—The storage is good so far as it goes. There is no separate store for the linen, blankets, etc., of the lying-in department, but a shelf is reserved for them. The articles for this department are not separately stamped as they ought to be, so as to distinguish them from the rest of the infirmary linen. A proper inventory of the linen is kept and was being revised at the time of my inspection. The provision of linen is passably complete, there being four sheets for each bed, though the sheets are rather narrow. There is a sufficiency of draw sheets. The water and the air beds and the mackintosh sheets were not properly kept; the beds, instead of being spread out flat, were folded up, and instead of being half filled with air were empty; some of the mackintosh sheets were also folded instead of being wound round a wooden roller to prevent injury to the texture. There is no stock of water pillows; it is said that these have not been needed, but they might be required at any time.

The medical officer has been only quite recently appointed, and takes an active interest in his work, but is not sure whether he has a right to supervise the arrangements in the poisons press, or the storage of water beds, or such matters.

CHILDREN'S DEPARTMENT.*

The total number of inmates on the list under sixteen years of age is twenty. One of these was in the District Council's Sanatorium at the time of my inspection; another, as above stated, was in a side ward with measles. I saw all the other eighteen. Four of them were under three years of age, one was a baby a month old, and another a baby six months old; the former was being suckled by the mother, the latter was dieted in accordance with a printed dietary table prepared by the late medical officer; so also were the other two children under three years old. This does not meet the requirements of the second paragraph of Regulation VI., that there should be written dietary instructions for each such child, but, as a matter of fact, the children were being well attended to; the feeding bottle for the baby of six months old was of the right sort and was thoroughly clean. The total food required for the children, excluding the babies, is weighed out in one quantity, and is then given according to appetite; any shortage is made up from the store and any excess is put aside as waste.

The children have a separate clothes store, and the stock includes a perambulator. Attention is now given to the prevention of uniformity in the clothing, so as to remove any suggestion of workhouse dress. I saw the female children going out for exercise, and am bound to say that

* Though this department is part of the workhouse proper, it will be more convenient and appropriate to consider it here.

they were dressed in a fashion which could not be afforded by a labourer with a small pay and two or three children to maintain.

All the eighteen children whom I saw were scrupulously clean, alike as to skin, hair and ears. I caused some of them to remove socks or stockings, and others to strip to the waist. My inspection was made on a Monday, and the weekly bathing day is Saturday. The children have separate handkerchiefs and towels, but the handkerchiefs are not numbered so as to be reserved for individuals.

At present the children include five boys. These are looked after by a paid attendant, the master's assistant, who also aids in the clerical and other work of the institution. The younger children have a paid female caretaker. The boys have a day room, which is also occupied by two well-behaved adult male paupers.

Two criticisms suggest themselves to me as to the children:—(1) I made a cursory examination of the neck glands, throats, and teeth. The only serious defect was in the teeth; not from want of cleanliness, because in this workhouse every child over seven is provided with a tooth brush, and is taught to use it; but many of the teeth were decayed and were not being attended to by any dentist. (2) The boys' dormitory is lit by two windows both of which directly overlook the test labour yard, where the worst of the resident characters in the workhouse are herded; the association is obviously bad. Also the playground is separated by a not very high wall from the same yard, and swearing and foul language will easily be heard.

I understand that the question of boarding out the children is at present under consideration by the guardians. Boarding-out will, in all probability, mean a lower standard of personal cleanliness than exists in the workhouse, but it will remove the children from the evil influences of such an institutional upbringing and should prevent them from regarding the workhouse system as a natural or routine part of a life scheme.

Malingering.—In winter, I am told, young* men, making some complaint of a bad back or other undiagnosable ailment, get into the infirmary and are thence sent back to the workhouse and compelled to work, and very soon afterwards take their discharge.

WORKHOUSE.

The workhouse is a square, three-storied building, which served for all purposes until the new infirmary was built.

The workhouse, on the male side, includes a receiving ward, a young men's day room, two small houses for married couples, an old men's day room, a boy's day room, a boy's bedroom, a young men's bedroom, and an old men's bedroom. On the female side it contains a women's receiving ward, a girl's and infant's day room, a girl's bedroom, an infant's bedroom, two young women's bedrooms, a young women's day room, an old women's bedroom, and an old women's day room.

The following is a tabular statement of its accommodation for paupers:—

* In workhouse nomenclature a "young" man or woman is anyone under sixty years of age.

HOUSE.

	Dimensions in feet —length, width, height.	Cubic space in feet.	Floor space, square yards.	Wall space, square yards.	Present number of beds.	Cubic feet per head.	L.G.B. Standard.
<i>Male Side—</i>							
Receiving ward	18 × 10 × 11	1,980	20	68	4	495	400
Young men's dayroom	12 × 11 × 8	1,056	14½	41	—	(Old casual ward).	
Married couples (1)	11½ × 12 × 10	1,380	15	52	1 double	690	—
" " (2)	11½ × 12 × 10	1,380	15	52	1 "	690	—
Old men's dayroom	20 × 15 × 10½	3,150	33	81	—	(21 men).	
Boys' " "	17½ × 16 × 10½	2,940	31	78	—	(5 boys, 2 men).	
" bedroom	27 × 16 × 9	3,888	48	86	9	432	360
Young men's bedroom	21 × 16 × 9	3,024	37	74	9	357	360
Old " "	39 × 16 × 9	5,616	69	110	17	330	360

HOUSE—continued.

	Dimensions in feet —length, width, height.	Cubic space in feet.	Floor space, square yards.	Wall space, square yards.	Present number of beds.	Cubic feet per head.	L.G.B. Standard.
<i>Female Side—</i>							
Women's receiving ward -	18 × 10 × 11	1,980	20	68	2 double	495	400
Girls' and infants' dayroom -	20 × 15½ × 13	4,030	34	102	-	(13 girls and infants).	
Girls' bedroom - - -	21 × 16 × 9	3,024	37	74	5	605	360
Infants' " - - -	21 × 16 × 9	3,024	37	74	7	432	-
Young women's bedroom -	15 × 16 × 10	2,400	26½	69	4	600 (unoccupied).	
" " dayroom -	18 × 16 × 10	2,880	32	75½	-	(unoccupied).	
Old women's bedroom - -	21 × 16 × 9	3,024	37	74	8	378	360
Young " " No. 2 -	17 × 16 × 9	2,448	30	66	4 double	306	360
Old women's dayroom - -	20 × 16 × 10	3,200	35½	80	-	-	-

Though the house is old, it is kept in good order, being clean and well ventilated. An obvious defect in its arrangement is that the accommodation for the master and matron is both insufficient and unsuitable, being right in the middle of the men's department.

Classification.—The workhouse is not large enough to permit of elaborate classification. The able-bodied, who are subject to test labour, have a small airing yard which, as already stated, is directly overlooked by the boys' dormitory. The yard also has within it accommodation for the old married couples. This accommodation consists of a single apartment for each of two couples. I understand it was an outhouse of some sort and was transformed for the purpose. It is large enough, as nearly all the cooking for the two couples is done in the general kitchen, but it is very objectionable in having its only entrance and exit directly into the test labour yard. The workhouse contains a small day room and dormitory for specially bad male characters, and another for female, but these rooms have not been needed to be used for

eighteen months. The workhouse is limited also in respect that it contains no dining room; the food is taken to the day rooms, and it is said that the arrangement works well, but the day room for the able-bodied or "young" men, whom I saw at food, was overcrowded. The number present was eighteen and its floor area is only 132 square feet, so that the amount per inmate was only 7½ square feet, whilst the day room standard of the Local Government Board is 15 square feet even where there is a separate dining room.

Imbeciles.—The number of imbeciles is not such as to require a paid attendant. One result probably is that sometimes a case which might be treated in the infirmary, if there were accommodation, is sent direct to the lunatic asylum. The imbeciles mingle with the other inmates, the institution being too small to allow separation.

Seasonal Influence.—The following are the principal statistics of occupation of the institution during the past five years, the figures being kindly furnished to me by the master:—

NEWHAVEN WORKHOUSE.

TABLE I.

	1902.	1903.	1904.	1905.	1906.
Number in House January 1st - - -	98	90	92	93	104
Admissions in year - - - - -	141	152	141	145	118
Discharges " " - - - - -	134	137	123	126	119
Births " " - - - - -	1	2	2	2	-
Deaths " " - - - - -	15	17	14	13	16

TABLE II.

	1st May, 1902, to 1st Nov., 1902.	1st Nov., 1902, to 1st May, 1903.	1st May, 1903, to 1st Nov., 1903.	1st Nov., 1903, to 1st May, 1904.	1st May, 1904, to 1st Nov., 1904.
Admissions in half-year - - - -	77	74	76	75	76
Discharges " " " - - - - -	80	66	73	76	54
	1st Nov., 1904, to 1st May, 1905.	1st May, 1905, to 1st Nov., 1905.	1st Nov., 1905, to 1st May, 1906.	1st May, 1906, to 1st Nov., 1906.	1st Nov., 1906, to 1st May, 1907.
Admissions in half-year - - - -	75	70	49	72	62
Discharges " " " - - - - -	63	65	47	72	53

It will be observed that the latter of these two tables divides the year into the summer and winter periods, 1st May to 1st November, and 1st November to 1st May. My object in the division was to get an indication of the influence on the workhouse population of the ins-and-outs, who go out in summer and return to the workhouse in winter. The result is rather unexpected. Here are the summer and winter admissions and discharges for the five years:—

Summer.		Winter.	
Admissions.	Discharges.	Admissions.	Discharges.
77	80	94	66
76	73	74	76
76	54	75	63
70	65	49	47
72	72	62	53
371	344	335	305

The influence of winter is better seen by noting the number of inmates at four different dates in the year, thus:—

ON WORKHOUSE ROLL.

Year.	January 1st.	May 1st.	July 1st.	October 1st.
1902	98	—	74	83
1903	90	88	67	75
1904	92	73	77	79
1905	96	99	77	83
1906	104	92	76	77

These figures show that the population of the institution is greatest on January 1st, has diminished by May 1st, is much lower still on July 1st, and has begun to rise again by October 1st.

Employment.—The arrangements for employment of the workhouse paupers have only an indirect bearing on their health, but it may be noted that the system at Newhaven seems good. Occupation is found for practically all the inmates: the men in the making of firewood and in gardening, and one or two—a tailor and a joiner or handy man—at their own occupations. The women are employed in the laundry or at needlework. The gardening account shows a balance in favour of the institution of some £35 a year. For the younger men, who are technically regarded as undeserving, test labour is regularly in use.

Receiving Ward.—Unless seriously ill, all inmates wait in the receiving ward until they have a bath and are seen by the medical officer. If verminous, they are detained for several days until their bodies and clothing are cleaned. But if seriously ill on admission, they are removed right into the infirmary, where, if the disease is itch or the like, they will be accommodated in one of the side wards.

Dietary.—The dietary tables are on the usual lines, which are well followed. It is evident that the dietary and extras are regularly supervised by the medical officer and are changed when required. The full bread diet is not weighed out for either the workhouse or infirmary, 4 ozs. of bread being weighed instead of 6, but the full meat diet is always given. Limitation of the bread diet saves waste, and it is seldom that extra allowance is wanted by inmates. No pigs are kept, but the swill is sold and the amount obtained for it is about 2s. per week. All imbeciles get No. 8 diet, which contains more meat and milk than the working diet, and less bread.

Bathing.—The infirmary patients are bathed monthly in the bathroom; they are also washed in bed every morning. The imbeciles are bathed weekly, and also the old women living in the workhouse, who are less constantly under supervision and whose daily washing may be less

thorough. Girls up to sixteen and the male and female children under seven are bathed by the female caretaker. Boys over seven are bathed by their attendant.

Visitors.—Visitors to the workhouse are allowed twice a week, on Wednesdays and Sundays, from 2 p.m. to 4 p.m. This privilege is largely used, and it is held by some of the officers that the removal of the aged and infirm to any great distance from their own homes would prevent acceptance of the workhouse by suitable cases. About ten inmates get an annual visit from a relation at some distance, the distance being too great for anything more frequent. It is found that to those inmates who have relations living quite close, as in Newhaven itself, visits of relations and friends are more frequent than to inmates from Falmer, nine miles off, who are rarely visited. On July 16th there were eighty-three inmates, of whom forty-six had no visitors in twelve months.

The remaining thirty-seven had visits thus:—

	Miles off.	Visited.
1 inmate from Bishopstone	2½	Monthly.
1 " " Denton	1	Daily.
4 " " "	1	Weekly.
1 " " Falmer	12	Once yearly.
1 " " Heighton	1	" quarterly.
1 " " "	1	" yearly.
1 " " Ilford	5½	Thrice "
8 " " Newhaven	½	Weekly.
5 " " "	½	Monthly.
5 " " "	½	Quarterly.
5 " " "	½	Once yearly.
1 " " Ovingdean	7	Weekly.
1 " " Piddinghoe	1½	Once yearly.
1 " " Rottingdean	5½	" "
1 " " Southease	3	" "

There are no fixed "liberty days" at Newhaven Workhouse. Inmates over sixty who are physically fit to go out, have a day's leave once a month, and those of good character have additional leave on application. Twenty inmates in general avail themselves of this privilege, and four on an average weekly. These are inmates who seldom have a visitor to see them within the workhouse: it is stated that when they go out as above they usually visit their friends.

CASUAL AND VAGRANTS' DEPARTMENT.

This, subject to the control of the master, is looked after by the porter and his wife. The porter is a naval pensioner. Dr. Gill inspected this department for me.

Men's Side.—The male side consists of ten cells, all opening out from a central passage which is lofty and lighted at either end with open windows and also skylights. A typical cell is as follows:—

Size 10 by 5 by 10 feet=500 cubic feet. The Local Government Board's minimum requirement is 360 feet. There are brick walls, cemented floors and no woodwork excepting the door. There is a window, size 2 feet by 1 foot 6 inches, opened from the outside by the porter by means of an iron rack and key which controls every window on one side. There is a ventilating grating about 1 foot square into a central passage. A canvas hammock is slung from iron hooks. There is one enamelled slop pail in each cell. An electric bell is available for each cell, but none of them were acting. Each occupant is locked in at night-time.

On arrival each vagrant is searched in the searching room; then he is sent to the bathroom and undressed. His clothes are removed, dried in a drying chamber and disinfected if required in a Thresh's disinfectant. After the bath, the vagrant puts on a clean cotton shirt and is placed in cell and supplied with 8 ounces of bread and some water. Three blankets are allowed.

An associate ward is used for vagrants the second night in, before leaving. There is accommodation for ten

hammocks. The room capacity is about 5,796 cubic feet. The cubic space per bed is therefore 579 feet. The Local Government Board's minimum requirement is 324 feet. There is good cross-ventilation, by three large windows at each end, each opening in the upper half. There are also three Sberingham valves. In the associate ward the regulations are hung up.

The bathroom contains two good porcelain baths with screen between, hot and cold water, with safety keys kept by the porter. There is also one w.c. here in a separate apartment; absolutely no woodwork, all stone and cement. The flush works automatically and there is no smell. The other w.c. is in the labour yard and is of similar type. A urinal is available.

In the labour yard are eight roofed stalls for pounding stones, and two for sawing wood. The stone is broken by means of iron pounders like huge pestles. The pulverised stone is sold as grit for poultry runs. The task is the breaking of 1 cwt. of the boulders.

Male casual paupers are detained for two nights; they pound 1 cwt. of stone to go through a sieve twenty-five meshes to the square inch, or saw deal ends in 5½-inch lengths to weigh 3 cwt. when sawed, or do nine hours' chopping or bundling of firewood.

The boiler house is approached from this yard. It is placed beneath the drying room. There are two boilers, one used for baths and the other for circulating the hot water. The drying chamber is well adapted for the purpose, racks and shelves being arranged around a central heat carrier and chimney from boilers below.

Women's Side.—The women on admission are taken charge of by the porter's wife, and are searched and bathed as are the men. In the bathroom is a small bath for infants and children, which is very useful. The bath is of the same type as above. Safety keys are in charge of the female porter. There are also wash basins.

The ward is 7,056 cubic feet. It is built of bricks and cement. There are eight single iron beds with lath bottoms. The mattresses are made of the condemned tick from the house, filled with clean straw, which is burnt after use. There is good cross-ventilation by two large sash windows in each side and one at the end, all opening top and bottom.

The whole place is heated by hot water pipes.

In this department is a room in which the porter's assistant sleeps. It is intended for temporary detention of lunatics. About two or three yearly are admitted. The room has an elaborate window, which opens by an iron crank and winding key; the window consisting of several narrow panes which revolve on their long axis when screwed or unscrewed by a key in possession of porter. There is no padded room.

As children are frequently brought up as tramps, I have got as far as possible the number of children per quarter for 1906:—

	Children
Christmas to Lady Day, 1906	23
Lady Day to Midsummer, 1906	61
Midsummer to Michaelmas, 1906	26
Michaelmas to Christmas, 1906	18
	128

For the half-year ending July, 1907, there have been fifty

The general result of the arrangements in the casual department is that by the separate cell and hammock system there is no risk of a cleanly man in search of work being infected with lice or other vermin by a filthy tramp; that risk of conveyance of infectious disease is minimised; that all wet clothing is properly dried for use when the casual leaves, so that a tramp cannot catch cold or bring on rheumatism or chest disease through wearing wet garments; that if his clothing is already verminous the vermin are destroyed; and that his own body receives a thorough washing, so that he starts again with a clean skin, and with garments which may be dirty, but are neither infected nor verminous.

MEDICAL OUT-RELIEF AS AN INDUCEMENT TO PAUPERISM.

This being my first inspection of an English workhouse I was anxious to get such a note of facts about individual inmates as would result in a general impression of the causes and conditions of pauperism amongst the indoor poor of the union. In particular, I was desirous to get all available facts bearing on an opinion which is evidently held very generally by those who have given consideration to the subject, that medical out-relief is often the first step in the history of pauperism, and that if given too readily, the recipient thereby loses self-reliance, and naturally applies for money relief, being filled with the desire to do as little as possible for himself, and to get as much as possible from the rates. Personally, I had no doubt that abundant evidence would be forthcoming of so reasonable a proposition. But the result of my inquiries was most surprising. Hardly any facts were elicited which supported the view in question. I interviewed thirty of the inmates myself in presence of the master of the workhouse, and he kindly continued the inquiry for me, with regard to other thirty-four. The facts are set down in the following list, the cases in the infirmary being given first, and then those in the rest of the workhouse.

TABLE OF CASES.

(1.) *Infirmary Cases.*

No.	Name.	Sex.	Age.	Occupation.	How Pauperism began.
1	D. D.	M.	76	Coal tipper.	Had bronchitis. Got order from district medical officer, February, 1906, and entered infirmary three weeks later.
2	B. H.	M.	75	Platelayer, then quay labourer.	Had ulcerated leg seventeen years ago, was refused out-relief, and came into infirmary. In and out for twelve years. Permanently in for last five years. Wife stayed out during B. H.'s in and out time and did outdoor work, but came in with him five years ago.
3	J. H.	M.	32	Quay labourer.	Crippled by rheumatism. Was in general hospital. Asked out-relief, but was refused, and came into infirmary in 1897.
4	H. B.	M.	65	Farm labourer.	Sciatica. Had district medical officer for three weeks and then entered infirmary sixteen months ago.
5	J. B.	M.	81	Carpenter.	Mitral disease and senility. Came in eight years ago. No out-relief.
6	G. B.	M.	85	Gardener.	Double hernia. Had district medical officer two months, then into infirmary fourteen years ago.
7	J. B.	M.	85	Seaman.	Mitral disease and senility. No out-relief. Came in five years ago.
8	T. D.	M.	58	—	Imbecile, certified. Deserted by mother. Cripple and nearly blind. Inmate since boyhood.
9	F. A.	M.	68	Seaman.	Lame owing to leg injury. Came in four years ago. No out-relief.

TABLE OF CASES—continued.

No.	Name.	Sex.	Age.	Occupation.	How Pauperism began.
10	J. M.	M.	82	Shepherd.	Cancer. Had 5s. weekly for fortnight in March, 1907, then came in. No previous medical relief.
11	S. P.	M.	74	Sailor.	Pleurisy. Was lame from rheumatism. Could get no work. Came in six years ago. No out-relief.
12	E. W.	M.	36	Quay labourer.	Locomotor ataxy. Admitted April, 1907. No out-relief.
13	G. V.	M.	78	—	Mentally weak. Inmate for eight years. Cannot tell as to out-relief.
14	G. S.	M.	42	Quay labourer.	Rheumatism. Admitted January, 1907. No out-relief.
15	G. N.	M.	43	Quay labourer.	Appendicitis. Admitted February, 1906, then out again, and re-admitted January, 1907. Was to be operated on, but medical officer found he has phthisis, and question of operation has been left over. No out-relief.
16	W. M.	M.	49	Quay labourer.	Injury to leg. Admitted May 4th, 1907. No out-relief.
17	R. B.	F.	64	—	Tubercular glands. Mentally weak. Admitted December, 1906. No out medical relief.
18	E. S.	F.	28	Domestic servant.	Gastric ulcer. Admitted April, 1907. No out-relief.
19	M. J.	F.	84	Housewife.	Ununited fracture of leg. Husband died thirty-two years ago. Washerwoman till accident. Came in eight years ago. No medical out-relief.
20	R. H.	F.	86	Domestic servant.	Eczema, general. Now practically well. Came in four years ago. Had medical out-relief for at least a year.
21	E. H.	F.	55	Housewife.	Ulcerated leg. Came in first four years ago. Out twice since then. District medical officer attended for a week or two before first admission.
22	M. M.	F.	93	—	Old age. Was in almshouse, but could not attend to herself, and came in October, 1906. Widow.
23	E. C.	F.	74	—	Rheumatism. Husband died five years ago, after which widow did nursing for two years, then came in. No out-relief.
24	J. F.	F.	52	—	J. F. is a mentally weak woman. Married young and had four children. Husband deserted her when she was twenty-two years old, her youngest child being a month old. Two daughters are inmates, both certified insane in 1888. One came in in infancy, other when eleven years old. Younger daughter, A. F., was discharged from imbecile list, and got situation in London. Came back with illegitimate child.
25	E. F.	F.	35	—	E. F., older sister, has never been out. The other two children are sons, and are not paupers. Both are married and one has a family. A brother of Mrs. F. is T. H., aged sixty-four, also of weak intellect, who has been in and out for twenty years.
25	A. F.	F.	32	—	See No. 57.
27	R. A.	F.	85	—	Malaria. Widow. In and out for twelve years. Had medical out-relief.
28	C. R.	F.	52	Charwoman	Cripple. Inmate ten years ago, then out. Re-admitted January, 1905. No out-relief.
29	M. A. R.	F.	33	—	Certified imbecile. Inmate for past ten years.
30	B. A.	F.	19	—	Mentally weak. Inmate for nearly four years.
					(2) Workhouse Inmates.
					Notes by Master of Workhouse.
31	J. C.	M.	61	Baker	Mentally weak. In and out for past eight years. Cannot get regular work. No out-relief.
32	T. P.	M.	58	Farm labourer.	Mentally weak. Came in eight years ago, suffering from ulcerated legs, after having district medical officer's attendance.
33	J. H.	M.	76	Shepherd	Came in with erysipelas nine years ago, and has remained owing to infirmity. No out medical relief.
34	T. T.	M.	50	Common lodging-house keeper.	Came in with delirium tremens three years ago. Now mentally weak. No out-relief. Ordinarily on test labour.
35	S. W.	M.	80	Fisherman	Had no home, and came in eight years ago. No out-relief.
36	C. A.	M.	71	Farm labourer.	No home. In and out six years. No out-relief. Industrious but intemperate.
37	J. G.	M.	68	—	Mentally weak. No home. Came in four years ago. No out-relief.
38	J. D.	M.	65	Stableman	Infirm, but goes out to work in summer. No out-relief.

TABLE OF CASES—*continued*.

No.	Name.	Sex.	Age.	Occupation.	How Pauperism began.
39	J. B.	M.	52	Seaman	Permanent injury. Came in four years ago. No out-relief.
40	W. S.	M.	67	Farm labourer.	Had order for district medical officer owing to eczema, and came into infirmary immediately afterwards. First time six years ago, out and in since then. Industrious but intemperate.
41	A. P.	M.	65	Bricklayer's labourer.	Admitted six months ago, owing to destitution. Will go out to work in summer. No out-relief. Seems respectable and steady.
42	F. S.	M.	71	Baker	Had accident fifteen years ago. Got order for district medical officer and admitted immediately afterwards.
43	R. D.	M.	72	—	Dwarf and mentally weak, admitted eight years ago, friends being no longer able to keep him. No medical relief previously so far as known.
44	R. D.	M.	76	Baker	Past work, no home, admitted six years ago. No out-relief.
45	G. L.	M.	48	General labourer.	Lame. Can get some work in summer. Admitted for sickness a year ago. No previous medical relief. Industrious, but intemperate.
46	J. F.	M.	63	Painter	Goes out to work in summer. Industrious, but intemperate. No outdoor medical or other relief.
47	M. B.	F.	58	—	One arm paralysed since seven years old. Entered workhouse twenty-one years ago when father died. Has been out twice, but returned. No medical nor other out-relief.
48	G. B.	M.	68	Baker	Only able to get work in summer. No medical nor other out-relief. Industrious, but intemperate.
49	J. N.	M.	59	Barber	Does quay labour in summer. First admitted ten years ago with bad throat—in-and-out since then. No medical nor other out-relief. Ordinarily on test labour.
50	G. P.	M.	45	Carpenter	Discharged from Army thirteen years ago after eight years' service. Admitted to workhouse seven years ago with fractured leg. No out-relief. Continually in and out. Lazy and drunken. Ordinarily on test labour.
51	W. M.	M.	62	Seaman	Repeatedly denied outdoor relief. Admitted to workhouse a year ago, because W. M. unable to get work on shipboard.
52	Mrs. M.	F.	61	—	No previous medical relief.
53	J. E.	M.	52	—	Blind. No home. Had out-relief three years. Came in six years ago.
54	J. S.	M.	75	General labourer.	Had medical order eight years ago, owing to rheumatism which finally disabled him four years ago, and he came in, though having plenty of work outside if he could have done it.
55	D. B.	M.	70	Farm labourer.	Both had medical out-relief ten years ago, before admission, also relief in kind. Came in seven years ago, then out again on out-relief. Permanently in during past four years.
56	Mrs. B.	F.	77	—	
57	T. H.	M.	64	Farm labourer.	See Nos. 24-6. Weak intellect. Was twelve years in Army. In and out for twenty years. Does farm labour. No out medical relief.
58	J. H.	M.	70	—	Nearly blind. Got medical relief four years ago, and immediately came into House, on district medical officer's advice.
59	W. D.	M.	76	General labourer.	Came in eight years ago. No previous medical relief.
60	J. K.	M.	50	Hawker	Had out medical relief several times before coming into House. A town loafer, on task work, who goes out in good weather and comes back covered with lice. Lazy and drunken. Ordinarily on test labour.
61	J. W.	M.	72	Farm labourer	In and out case, first admitted ten years ago. Never had medical or other out-relief. Industrious, but drunken when out.
62	G. S.	M.	60	General labourer.	In and out for ten years. No medical or other out-relief. Industrious, but drunken when out.
63	J. M.	M.	80	General labourer.	Had medical and other out-relief for a short time before coming in five years ago.
64	J. R.	M.	50	Farm labourer.	Came in seven years ago with bad leg. Had no medical or other out-relief. Is very lame. Was always intemperate.

Of the sixty-four persons in the table, only about sixteen had any medical out-relief. Half of these had such relief only for a very short time before coming into the institution, the doctor's attendance being for the ailment on account of which they were admitted, following his advice to that effect. And even the remaining cases do not indicate that medical out-relief was a factor in the subse-

quent indoor relief. No. 20, an old woman of eighty-six, had general eczema, and came into the infirmary when eighty-one years of age. No. 27, a woman of eighty-three, who suffers from the effects of malaria, was a widow, aged seventy years before she had any relief from the guardians. No. 32, a weak-minded farm labourer, came into the house with an ulcerated leg.

No. 53 is a blind man, who had no home. No. 54 is a labourer aged seventy-five, who received medical out-relief eight years ago, owing to rheumatism, which finally disabled him four years ago, when he came into the workhouse. Nos. 55 and 56 are an old farm labourer and his wife, who received relief in kind at the same time that they got medical out-relief. No. 57 is a farm labourer of weak intellect. No. 60 is a drunken hawker.

Cases Illustrating the Need for Powers of Compulsory Detention.—The table contains a number of such cases. A few "ins and outs" seem justifiable—old and ailing men who are unfit for work in winter but can go out and do a little in summer. No. 41 is such a case. But Nos. 36, 40, 45, 46, 48, 50, 60, 61, and 62 are men who should be under control. These cases themselves require subdivision. No. 60 is a lazy drunken loafer, who does no work except under compulsion inside, goes out when he pleases, and comes back covered with lice after a debauch. The others belong to a class who are undeserving when out, but deserving when in. They have little will power, and readily yield to temptation when out, but indoors they are industrious and well behaved. In their own interests they should be permanently kept under the latter conditions.

The case of the following family of indoor paupers interested me. T. B., aged sixty-nine, his wife who is a good deal younger than himself, and their children, Nellie B., aged twenty-two, Frederick B., aged fourteen, Florence B., aged nine, Bessie B., aged seven, Alfred B. aged two, all came into the workhouse together a fortnight ago. This was not their first residence, which began two years ago and lasted during the winter. The father had bronchitis and was unfit to work, and the whole family came in along with him; they go out to work in summer. His wife has been ailing for about eight years and has been attended by the district medical officer; she did not come in with him on his first visit. The daughter, Nellie, gave up domestic service some time ago to attend her mother, and she came into the workhouse a fortnight ago along with her parents; she does not appear to be strong mentally; domestic service was obtained for her through a school officer; but she behaved like a child and was dismissed after two months; there is a suspicion that she is pregnant. The boy of fourteen was at work, earning 4s. a week, but his parents made him stop work and brought him into the workhouse with them, because, as they state, the people who occupied the only house where he could obtain lodgings are addicted to drink. All this constitutes a kind of training which is likely to make pauperism continue from one generation into another.

OUTDOOR PAUPERISM.

In the Newhaven Union when I visited there were fifty-eight persons on out-relief, living in thirty-six houses; of the fifty-eight, six were getting medical attendance only.

Relieving Officer.—There is one relieving officer for the whole union; he lives in Newhaven, which is about seven miles from the furthest point of the union, at Blackrock, close to Brighton. He visits every part of the union weekly, and messages from the country can be conveyed by post, by milkmen or by anyone having occasion to visit Newhaven. There are seven overseers, one of them at Blackrock, to whom application can be made for relief, but in practice applications come to the relieving officer. Blackrock would be much more suitably joined to Brighton.

When the present relieving officer began his work fifteen years ago the amount of out-relief granted was about £700 per annum. It is now about £250.

The relieving officer personally visits and makes inquiry with regard to every application for relief; he also calls with all the relief money instead of distributing it from pay stations, so that the whole of the paupers are regularly visited. If with regard to any application, immediate medical visitation, as for a midwifery case, is required, the relieving officer grants a medical order at once and he visits subsequently.

Excepting in midwifery cases relief on loan is not often given and is still less frequently repaid. An illness

or accident on shipboard may result in the patient being taken to the infirmary, and in such a case repayment may be made. The relieving officer does not use case papers though he brought the matter before the guardians and offered to use them, but they regarded it as unnecessary, and I think the relieving officer is of the same mind. He reports directly to the guardians, and in some cases they leave him to give or refuse relief as further inquiry may determine.

Every application is considered on its merits, and it is difficult to state what would be done in hypothetical cases. No. 1 on the list in next page is a man who had a usual wage of 24s. weekly in the railway boat service; he has £6 in the pension fund, he is in a society which pays him 10s. a week, and he has a boy who earns 6s. 6d. a week. The rent is 6s. 6d. weekly. The relieving officer says that a Newhaven man would not apply for relief under such circumstances, but that this man came to Newhaven about two years ago from another district where relief is given with greater readiness. It has to be explained that the man has a wife and a family of seven children living in the house. He appears to have been of bad habits and to have laid up nothing for a time of illness. The man has been offered the workhouse and refuses it. Obviously the risk in such a case is that the children will suffer. I learned afterwards that the man developed delirium tremens and was removed to the infirmary.

A sick labourer earning, say, 16s. a week, and with two or three children, would get medical attendance and probably also relief in kind, and would have the alternative of the workhouse. Labourers know generally what they can get from the guardians. If they have several children they get medical attendance, and they know whom to ask for it, but most of the clubs take in male children down to three years old for medical attendance, though they do not admit female children or women.

District Medical Officers.—There are three medical officers with the following districts:—

—	Area in Acres.	Population (census).
First (Rottingdean, etc.)	5,964	2,362
Second (Newhaven)	9,552	8,680
Third (Falmer, etc.)	11,545	1,090

The duration of a medical relief order depends on the medical officer's report to the guardians; when a case is better it is removed from the list.

The medical officers for Rottingdean and Newhaven are on the telephone. There is a public telephone office at Blackrock, which is about two and a half miles from Rottingdean, and the doctor can be called in this way. He goes, if necessary, without waiting for an order from the relieving officer. The number of paupers in the Rottingdean district is ten, in the Newhaven district forty-one, and in the Falmer district two.

I saw the relief book of one of the district medical officers. It is regularly and properly kept and is a true indication of the cases receiving outdoor medical relief. The three district medical officers are within easy distance of the paupers in their districts—the Newhaven district officer having his cases in the town, at a maximum distance of 2½ miles, the Rottingdean district officer being about 2 miles from the extreme points of his district on either side, and the Falmer officer, who does not live in his district, being about 4 miles from his furthest pauper.

The numbers being so small, and visitation of outdoor paupers being new to me, I thought it important to see personally a large proportion of the cases, omitting only those residing at the extreme end of the union.

Along with the relieving officer, who gave me every assistance, I therefore called on thirty-seven of the outdoor paupers. The cases of a more or less acute illness,

requiring daily medical attention, are given first in the list. Cases given in the general Report are not included here. The notes which I made on thirty-one of the thirty-seven are as follows:—

No.	Sex.	Age.	Occupation or Condition.	Remarks.
1	M.	45	Sailor	This man injured his arm and head six weeks ago; he applied for outdoor relief on May 2nd and got an order for attendance of the medical officer, but receives no extras. He has a wife and seven children, and appears to have wasted his means in drinking. He is in a slate club, from which he receives 10s. weekly and medical attendance, so that at present he is being visited by the club doctor, though the district medical officer has also called. His eldest boy earns 6s. 6d. weekly; other four children are at school, and two are at home. The present income, therefore, is 16s. 6d. per week. He is a railway servant whose full pay is 25s. weekly, less 2s. for pension. He was refused admission to the Sussex County Hospital at Brighton, and he refuses to go into the workhouse. The house is in a very dirty condition, and the children suffer through the obstinacy of the father in refusing the workhouse and the slatternly housekeeping of the mother.
3	M.	82	Labourer	Bad heart disease. Lives with a son, a quay labourer, earning 24s. weekly, who has a wife, but no family. House rent 7s. 6d. weekly. One lodger pays 3s. weekly. Pauper refuses workhouse, offered as a test, and receives medical attendance and medical extras.
7	F.	82	Widow	Weak heart. Lodges with charwoman. Receives 2s. 6d. weekly and medical attendance, doctor visiting weekly. Pays 1s. 6d. weekly for small, badly ventilated room. Husband died forty years ago. Did charing and domestic service so long as fit.
8	M.	68	Railway	The man has bronchitis and his wife has rheumatism. The man receives 8s. 8d. insurance money weekly from railway company. The guardians give 3s. 6d. to the couple and medical attendance. Daughter lives next door and gives help. This is a back to back house, badly ventilated and opening on a narrow lane.
9	F.	67	servant.	
12	M.	73	Bricklayer	Man has not worked for twenty years, owing to asthma. Wife at present in Sussex County Hospital, being operated on for cancer. Receives 6s. 6d. weekly from guardians. A lodger pays 3s., and voluntary charity is given. Rent 2s. 9d. weekly. Medical relief and money relief were begun simultaneously twenty years ago.
13	F.	—	and then seaman.	
14	F.	72	Dressmaker	Has Bright's disease. Gets 2s. 6d. weekly and medical attendance from guardians; also 4s. weekly from former employer. No medical relief previous to money relief.
15	M.	63	Quay	Man has chronic bronchitis and heart disease. Became pauper one and a half years ago; first got medical attendance, now also 5s. weekly. They live in a badly ventilated, dirty room in a house occupied by the woman's brother, who is a labourer with a large family and earns 18s. weekly.
16	F.	61	labourer.	
17	F.	83	Widow	Ulcerated leg for past twenty-seven years. Medical relief and 2s. 6d. weekly. Began eight years ago, when son died. Has been a widow thirty-three years. Lives with daughter. Other three daughters help. Clean house.
18	M.	70	Bricklayer	Man has fistula and rheumatism. Operated on in County Hospital eight years ago with partial success. Came to Newhaven three years ago to live with daughter. First application to guardians a fortnight ago. Receives medical attendance and extras—Bovril and milk.
19	F.	72	—	
20	F.	77	Widow	Old age, rheumatism, bronchitis. Receives from guardians 2s. 6d. weekly and medical attendance. Gets help from two sons, and still does washing when fit. Gets other help. Pays 2s. weekly for room, and contributes 2d. weekly to Burial Society. The room is of fair size and in good order, but the upper sash of the window is fixed so that ventilation is defective.
21	F.	74	Widow	Old age, occasional rheumatism. Husband was roadman, had 25s. weekly, died five years ago. Widow became pauper four years ago. Receives 2s. 6d. weekly and medical attendance. Daughter helps. Rent 3s. 6d. weekly.
22	F.	89	Widow	Old age. Seldom needs medical attendance. Receives 2s. 6d. weekly. Lives with son-in-law, who is a quay labourer with 24s. weekly, and has a wife, but no family.

No.	Sex.	Age.	Occupation or Condition	Remarks.
23	F.	92	Widow	Old age. Gets 3s. weekly from guardians and medical attendance when required. -Receives 2s. 6d. weekly and some food from former employer, and 1s. 6d. weekly from daughter. Did some needlework till lately. Been widow for fifteen years. Lodges with midwife. Has great fear of being sent to workhouse.
24	F.	95	Widow	Old age. Has had 3s. weekly from guardians for twelve years, and subsequently medical attendance. Husband died twenty years ago. Widow kept marine store till twelve years ago. Lives with son.
25	F.	60	Shopkeeper	A cripple. Kept shop till mother died. Does some needlework. Gets 2s. 6d. weekly from guardians for past twelve years, and some help from sister, whose husband earns 26s. weekly.
26	F.	76	Widow	Chronic rheumatism. Gets 2s. 6d. weekly from guardians and medical attendance when required. Has been widow for thirty years.
27	M.	77	Labourer and Wife.	Old age. Received jointly 2s. 6d. weekly up to two years ago, since then 5s. from guardians, also medical attendance, if required. Live with son, who has 27s. weekly, and one child.
28	F.	76		
29	F.	67	Widow	Debility. Widow since last year. Husband was fisherman. Gets 2s. 6d. weekly from guardians and medical attendance, if required. Lodges in hired room in a widow's house, pays 1s. 6d. weekly.
30	F.	91	Widow	Has bronchitis, acute at present. Receives only medical attendance from guardians, with extras. Husband died about twenty-five years ago. Was in workhouse, but left it five years ago. Said to complain wherever she is. Lives in very small room, for which and attendance she pays 3s. weekly. Daughter gives 5s. weekly, and other help is given.
31	F.	77	Widow	Receives 2s. 6d. weekly from guardians, and medical attendance when required. Had medical attendance for some years before other relief. Husband was labourer, with seven children, and earned 15s. weekly without house; but the elder children were at work when the younger were born. They had no money relief during husband's life, but had medical attendance.
32	F.	38	Spinster	Is nearly blind, owing to neglected ophthalmia from measles when three months old. Has medical attendance from guardians, and has received also 2s. 6d. weekly since parents died thirteen years ago. Father was cowman and had 20s. weekly without a house.
33	F.	74	—	Age. Does a little laundry work and sewing, but is weak, though never needs district medical officer. Receives 2s. 6d. weekly since seven years ago.
34	M.	74	Farm labourer and Wife.	Man has disease of bone of leg. Have received from guardians 5s. weekly and medical attendance and extras for about four years. They keep a lodger, who pays 10s. weekly for board and lodging, and they get 1s. from a son; another son, who is a widower, lives with them. He is a farm labourer with 14s. weekly.
35	F.	75		
36	F.	70	—	No illness. Has had 2s. 6d. weekly from guardians for past two years; receives 1s. 6d. from a son, and 5s. for two lodgers. Pays 4s. rent.
37	M.	88	Farm labourer.	Thrift, ending in pauperism. Receives 2s. 6d. weekly from guardians and would have medical attendance, if required, but has no illness. Was a farm labourer with 13s. 6d. weekly and house. Worked till five years ago, when he was eighty-three years old. Had family of seven children. His wife kept bees and chickens, and they saved £100. He now lives with a widowed daughter, who does churing, and whose son lived with them also. The £100 lasted three years after the old man ceased work. A small part of it (about £6) was stolen, and he became a pauper two years ago at the age of eighty-six.

The conditions as above noted in a number of these houses indicate necessity for regular sanitary supervision. No doubt the people may be told to keep their houses clean and to open their windows, but the influence brought to bear on them is quite insufficient. Relief of destitution is administered without enforcement of cleanliness.

No. 37 is a particularly sad case—a lifelong struggle against pauperism by a labourer with a small wage and a large family, and in the end, at the age of eighty-six the accumulated savings, amounting to £100, have been

spent or lost, and the labourer and his widowed daughter have to be placed on the poor roll.

Nursing of Outdoor Sick.—The want of any trained nursing for the outdoor sick is an unsatisfactory feature in Newhaven town, though in Rottingdean there is a village nurse. There is no nursing association in Newhaven to which the guardians could contribute, and they do not themselves employ a nurse. The amount of outdoor pauperism is not so great as to require the whole time of a district nurse, and the guardians, having built a

good infirmary, offer to take into it cases requiring regular nursing. Yet a district nurse would have some very useful work.

The guardians subscribe to the Sussex County Hospital, Brighton, and to the Eye Hospital, Brighton, and to the Surgical Aid Society, in London, which supplies crutches, etc., to persons who have letters of recommendation.

Midwives Act.—There are four registered midwives in Newhaven. One effect of the operation of the Midwives Act on outdoor pauperism may be noted. The total amount of midwifery practice done by the medical profession has naturally diminished owing to the operation of the Act, and there is no guarantee under it that a medical man, when called upon by a midwife to take charge of a difficult case, shall receive any fee. The question of procedure under these circumstances had been under consideration in Newhaven among the persons interested; and at the time of my inspection I understood the position to be that the doctors had determined not to go to cases, when sent for by registered midwives, unless the guardians guaranteed their payment. The effect of the medical man's refusal naturally was that, failing a guarantee, application was made to the relieving officer, who gave an order for the services of the district medical officer. The result was that he attended and as it was only in difficult cases that he was sent for, the fee paid to him was two pounds, and it was paid out of the poor rate. In a large town this delay in getting medical aid would have been much more dangerous than in Newhaven with its small area, and its relieving officer and medical men within a stone's throw of each other, but even in Newhaven it was obvious that the system was unsafe. The guardians had asked the Local Government Board's opinion as to whether they could pay private medical practitioners for such work, but had not received a reply at the date of my inspection. Subsequently however, on July 29th, the Local Government Board issued a letter calling the attention of boards of guardians to an Act enabling boards to pay for medical assistance even rendered by other medical men than their own district

officer. In the sight of this letter the guardians, as I learned in December, have informed the medical men practising in Newhaven that they are prepared to pay one guinea to any doctor attending a case in response to a midwife's request for help, provided that the circumstances of the patient are such that a fee is not obtainable. I gather that the medical men in Newhaven regard this arrangement with satisfaction.

Limitation of Out-Relief.—Newhaven Union is one in which much strictness has been observed by the guardians in the granting of all but medical relief. As the statistics show, the practice in recent years has been to restrict outdoor pauperism, and the number of such paupers is very small relatively to the total pauperism. I have already pointed out that the age distribution is peculiar in respect that the proportion of persons in the Newhaven Union who have reached sixty years is quite unusually small, so that, as the majority of paupers are over sixty years old, the field from which this majority is drawn is comparatively limited. Relief (other than medical) in Newhaven is to a greater degree limited to old age than in most places, and the percentage of pauperism under sixteen years of age to the total pauperism is correspondingly small, whilst the percentage of the total between sixteen and sixty is normal.

Vital Statistics.—A layman may expect that local vital statistics will help to answer the question whether the Poor Law stringency of Newhaven, in respect of relief in money and in kind, has any evil effect. But death rates are very difficult to interpret, and the more one knows of them the more will one make reservations in reading their lessons. Yet it may be convenient that, in the peculiar circumstances of Newhaven, I should submit the facts, at least for the urban district, which contains fully a half of the population, made up nearly entirely of the working classes, gathered into the only town in the union. The following table is taken from the reports of the medical officer of health, which he has kindly placed at my disposal:—

TABLE SHOWING STATISTICS FOR THE LAST THIRTEEN YEARS.

Years.	1906.	1905.	1904.	1903.	1902.	1901.	1900.	1899.	1898.	1897.	1896.	1895.	1894.
Population, estimated to middle of year -	7,000	6,800	6,680	6,432	6,284	6,136	5,988	5,839	5,691	5,543	5,394	5,246	5,098
Birth-rate per 1,000 of the population -	26.71	26.32	27.09	28.29	30.23	34.40	31.35	32.75	31.07	30.00	30.94	32.5	32.4
Death-rate of infants under one year, per 1,000 births.	90.98	67.03	154.69	76.92	100.00	113.74	86.48	205.26	103.44	139.33	103.66	100.59	91.46
Total death rate per 1,000 of population -	12.43	11.61	12.72	10.88	11.30	14.24	14.74	18.10	11.96	16.54	17.73	14.61	15.00
Net death-rate per 1,000 of population -	10.42	10.14	11.52	9.63	10.34	13.27	14.00	15.00	9.46	14.18	15.84	14.03	14.2
Zymotic death-rate per 1,000 -	0.28	0.58	1.94	0.62	0.47	2.26	1.28	2.15	0.82	0.60	2.6	1.27	0.21
Death-rate from phthisis per 1,000 -	1.14	1.32	1.34	0.77	0.95	1.14	0.85	0.30	0.65	1.00	0.62	0.92	2.32
Death-rate from respiratory diseases per 1,000 -	3.70	3.52	2.54	2.64	2.54	2.70	1.28	1.84	0.62	2.60	1.73	1.91	1.68
Senile mortality, deaths at ages 65 and over as percentage of total deaths.	28.73	28.08	18.18	20.75	22.53	25.00	16.20	23.80	26.20	25.10	23.8	15.2	24.6

It will be seen from this table that the crude death-rate is low and is getting lower. Dr. Tatham, of the Registrar-General's Department, has been good enough to give me for the years 1901 and 1906 the death-rate corrected for age and sex. These rates are as follows:—

DEATH-RATE AT ALL AGES.

Year.	Crude Death-Rate per 1,000 living.	Corrected Death-Rate per 1,000 living*
1901	12.03	12.41
1906	9.92	10.24

These figures get rid of the fallacy due to the small proportion of persons in the Newhaven Union over sixty years old, and also of the fallacy due to the diminishing birth rate. The death-rate of Newhaven urban district is low, and is getting lower. Also the death-rate of infants under one year per 1,000 births is below the average and is irregularly diminishing. The same remark applies to the zymotic death-rate, but the death-rate from phthisis and respiratory diseases shows on the whole an increase in recent years.

Friendly Societies and Sick Clubs play an important part in the union. The total membership of friendly societies in Newhaven, as kindly ascertained for me by the relieving officer, is 1,068, and of "slate clubs," which do not attempt to establish a permanent fund, 723. But from these figures deductions have to be made for non-resident members—ninety-nine from the friendly society list and twelve from the "slate club" list, leaving totals of 969 and 711. To the 969 have to be added the members of outside lodges and courts of friendly societies, and these amount to 254. There are, therefore, 1,223 members of friendly societies, and 711 members of slate clubs in Newhaven—a total of 1,934. Looking to the total population as already given it at once appears that these societies must include the great majority of the heads of families. This local thrift is an important factor in the social condition of the union. No one whom I asked was prepared to say that the thrift is in any degree due to the known stringency of the guardians. The societies, or some of them, take in male children over three years old for medical attendance, but I understand they do not admit female children nor women. The National Deposit Friendly Society, however, and another, take in women and children. The societies provide medical attendance, sick pay and payment for burials; they also accumulate a surplus to be divided among members, and insure up to £200. Newhaven, being a working-class town, has what is naturally a club population.

It appears that one or two of these clubs pay medical men by fees, and that the patients can go to any doctor.

* The corrected death-rate represents the death-rate that would have been recorded had the sex and age constitution of the population been the same as that of the population enumerated at the last census in England and Wales as a whole.

I do not know in that case how malingering is prevented; but the clubs seem to prevent hardship; they take in all who have an objection to Poor Law aid. Those who do not object to Poor Law aid are the loafers and casual labourers.

There are few wealthy people in Newhaven, and few ordinary charitable organisations. In winter there is a soup kitchen; at Christmas there are some charities for the poor, and the churches have their own schemes.

By interviewing the rector of Newhaven, the minister of the Congregational Church, and the three medical men practising in the town, I have tried to find out whether any actual hardship exists owing to the policy of the guardians, but I could get no definite examples; opinion in the union however evidently tends in the direction that the guardians have in the matter of money relief pursued a too repressive policy, and at an election in 1906, four advocates of a more liberal practice were successful. It is recognised in this matter that the relieving officer must carry out the policy of the guardians, but I have not learned that there has yet been any very decided difference in practice, or that the newly-elected members have found much to alter in the existing system.

MEDICAL OUT-RELIEF AND ITS INFLUENCE IN NEWHAVEN.

I have already made the reservation that while there is great stringency in granting money relief in the Newhaven Union, this is not the case in the granting of medical attendance.

The policy as to medical relief is to grant it where really required and get the patients well again; but where cases need nursing, the further policy is to get them into the infirmary, unless they are too ill for removal. Probably such relief is not asked for so much in Newhaven as in the average union, the stringency in the matter of money relief having an effect in diminishing requests for medical relief, but even critics of the guardians with regard to other relief hold that medical relief is the best part of the local system.

The union affords no evidence that outdoor medical relief has been a stepping-stone to pauperism; it is difficult to find a single outdoor pauper who should not be on the list. Some of the few who get medical out-relief only would like money relief also, but the guardians do not grant it at all readily. The only suggestion I could find of any evil influence of out medical relief was that district medical officers might themselves sometimes grant medical extras too readily—beef, milk, etc.—and that sometimes undeserving persons attempted to get aid in this way. In the workhouse and infirmary there are a sufficient number of undeserving poor, but the facts do not indicate that any of these were led into their career of pauperism by the receipt of outdoor medical relief.

As usual in working class medical practice there is a very appreciable proportion of bad debts. Where a patient who is believed to have been able to pay has, as a matter of fact, failed to pay, the medical attendant sometimes refuses to visit when requested, and such a case commonly finds attendance from the district medical officer.

APPENDIX II.

SMALLBURGH UNION, NORFOLK.

I selected as a second field of enquiry, Smallburgh Union, because I judged from Knight's Local Government Directory that it offered a strong contrast to Newhaven in respect of the size of its workhouse, the directory giving the beds in the Smallburgh institution as 800, whereas Newhaven had only 200. My purpose was to see how classification was carried out in so large a rural workhouse. But on getting to the Smallburgh Union I found that there was a mistake in the directory. The workhouse, if fully utilised, could accommodate perhaps

250 to 300 inmates, but in fact it had only 115 beds and only eighty-six inmates.

The area of the union is 66,988 acres; it contains forty-two parishes, and the board of guardians has fifty members. The population at the census of 1901 was 17,329. As estimated at three inter-census periods it was as follows:—

1885	-	-	-	-	17,576
1895	-	-	-	-	17,472
1905	-	-	-	-	17,235

The population, therefore, is almost stationary, with a slight tendency to diminution. The chief centre is the urban district of North Walsham with 3,981 inhabitants. The rural district has its population classified by the medical officer of health as in four localities, estimated as follows for the middle of 1901:—

Bacton	2,402
Ludham	3,003
Stalham	3,957
Smallburgh	3,961
Total	13,323

The rateable value per head of the population was £5 13s. in 1904, as contrasted with £5 16s. in England and Wales, £4 19s. in the county of Norfolk, and £4 19s. also in a District consisting of Norfolk, Suffolk, and part of Essex.

The principal industry in the union is agriculture. A rough estimate kindly made for me by the clerk to the Guardians gives in the rural parishes about 75 per cent. of agricultural labourers, and in North Walsham about 30 per cent., but these figures make no pretence to exactitude.

In North Walsham there is a foundry for agricultural implements and a steam laundry, in addition to the building trades.

I gather from local information that the money wage of the agricultural labourer averages about 12s. per week, but in addition a sum of about £6 is earned in harvest time, and most of the labourers have a garden in which they plant potatoes. Some also have hens or a pig. They have about two hours at dinner time, and a spare hour in the evening which can be given to the garden. There are no manufactures in the union. North Walsham is a market town and its tradesmen and shopkeepers may be assumed to have ordinary rates of pay or income.

The house accommodation of the labourers is of the ordinary character—mostly cottages with one or sometimes two small apartments on the ground flat, and two small bedrooms above. The floors of the lower apartments are usually of pavement brick, the bedroom floors of wood. Very few of the houses have through ventilation. The back walls are nearly all windowless. On the ground floor the single front window is in far too many cases hermetically sealed, though in many of the houses the windows open on side hinges. In the upper or bedroom floor, nearly all the windows open in this way, and it is very satisfactory to observe that the great majority are kept regularly open during the day. My inspection being made in summer the houses were usually dry, but remains of winter damp were sometimes visible on the walls.

The rents of cottages in the country are from £3 10s. to £4 10s. The people do not often keep lodgers and there is very little sub-letting, but on the coast some of the houses are let to visitors.

Looking to the small wage of the agricultural labourers and to the frequency of large families, I was interested to know how they balanced income and expenditure, and I took occasion to make one or two enquiries. In one house where there was every evidence of intelligence and thrift and cleanliness, I gleaned as follows:—The householder is a farm labourer, aged forty-two. He has a wife and eight children, of whom the eldest is twelve years old. His wage is 13s. weekly and he sits rent free because he is "teamsman" at the farm, and looks after the horses on Sunday. He is a member of the Rational Sick and Burial Association, into which he pays 6d. a week, and during illness he gets from it 10s. weekly up to six months. He pays 1d. weekly into a clothing and boots club. The club is contributed to by the charitable, so that a bonus of 6d. is added to every 1s. paid in by members. Five hundredweight of coals are received at Christmas. The mother bakes the family bread. They have a garden from which they get potatoes and other vegetables. The dietary is somewhat as follows:—8 a.m. breakfast, fried cabbage and bread and butter, sometimes cheese instead of butter. 12.30 dinner, cauliflower or broccoli, potatoes, and butter, or gravy from pork; bacon very seldom. 7 p.m., tea and bread and butter, eggs very seldom, and milk hardly ever. The husband was recently off work for five weeks with an attack of acute pneumonia. He was attended by the district medical officer, who allowed him as extras, 2 pints of milk daily, and 2 lbs. of meat

weekly. His wife had no aid in nursing him. He never thought of going into the workhouse infirmary. That would have disgraced him, but no disgrace attached to the parish doctor's attendance. Six of the eight children are at school. The two at home were clean and well coloured.

Commenting on this story after getting these notes, I was told what indeed appears obvious, that thrifty agricultural labourers in such circumstances can afford to spend nothing outside the absolute necessities of life. They may never know a holiday, may never have seen the sea, may never have been in a railway train. Their children get school vacation to suit the harvest time, so that they can carry the father's food to the fields, and prevent his losing time and energy in walking home for it.

STATISTICS OF PAUPERISM.

The rate per 1,000 of paupers to the total population was as follows in the Smallburgh Union and the county of Norfolk, and in an Eastern Counties Group, consisting of Essex, Suffolk and Norfolk:—

	1875.	1885.	1895.	1905.
Smallburgh Union	49	50	56	47
County of Norfolk	55	45	48	41
Group of Eastern Counties	57	43	46	41

All these figures are very high.

The actual number of paupers was 886 in 1885; 977 in 1895; 808 in 1905, and at the time of my inspection they were 844.

Age Classification.—On January 1st, 1905, the percentages were as follows in Smallburgh Union, in the county of Norfolk and in a District consisting of Suffolk, Norfolk and part of Essex:—

	Age in years.		
	Under 16.	16 to 60.	60 & over
Smallburgh Union	21	16	63
County of Norfolk	22	18	60
District of Suffolk, Norfolk and part of Essex	23	18	59

The percentage over sixty years old is thus a little higher in Smallburgh than in Norfolk County and the Eastern Counties, but the age distribution of the population accounts for this. The total persons over sixty years old per 1,000 of the population are, in Smallburgh 118, in Norfolk, 110, and in the District 104. The proportions of old age pauperism therefore very closely correspond in the three areas.

Indoor and Outdoor Pauperism.—The following are the percentages of outdoor paupers to the total paupers (exclusive of lunatics and vagrants) at decennial intervals since 1875:—

	1875.	1885.	1895.	1905.
Smallburgh	92	90	93	90
Norfolk County	88	85	86	84
Group of Essex, Suffolk, and Norfolk	87	82	84	83
Rural total of England and Wales*	87	83	84	82
Urban total of England and Wales	74	68	64	64
England and Wales total	80	74	71	69

In Smallburgh therefore an exceptionally high proportion of the pauperism is outdoor.

* See footnote to page 14.

Cost of Pauperism.—Each pauper in Smallburgh costs only £10 19s. per annum, as compared with £29 6s. in Newhaven. The Newhaven facts have already been commented on. The very low figure for Smallburgh is of course largely due to the very high proportion of outdoor paupers who cost much less than indoor. The outdoor cost in Smallburgh is only £6 13s., while the indoor is £12 14s. But as compared with Norfolk County, and with the Group, Smallburgh still gives rather a low figure, the Norfolk County cost being £11 14s., and the Group cost being £11 18s. Turning to the cost of pauperism per head of population, the Smallburgh rate was in 1904-5,

10s. 4d., the Norfolk County rate, 10s., and the Group rate, 10s. 2d. In the whole of rural England and Wales* the rate was 8s. 7d. In Smallburgh, the rate is increasing, having been 7s. 3d. in 1881-2, 7s. 10d. in 1891-2, 10s. in 1901-2, and, as just stated, 10s. 4d. in 1904-5. The rate of increase here is greater than in rural England and Wales as a whole, of which the corresponding figures are 7s. 3d., 6s. 9d., 8s. and 8s. 7d.

The clerk to the guardians was good enough to prepare for me the following amongst other particulars as to salaries, statistics of pauperism, etc. :—

TABLE I.
SMALLBURGH UNION (MAY 1907).
LIST OF OFFICIALS AND SALARIES.

Officer.	Salary per annum.	
	£ s. d.	
District medical officer	70 0 0	Also public vaccinator.
" " "	66 0 0	" "
" " "	78 0 0	" "
" " "	8 0 0	" "
" " "	78 0 0	" "
Workhouse medical officer	30 0 0	" "
Master	50 0 0	
Matron	30 0 0	
Porter	30 0 0	
Cook	16 0 0	
Laundress	22 0 0	
Children's caretaker	20 0 0	
Nurse	35 0 0	
Assistant nurse	15 0 0	
General assistant	18 4 0	
Relieving officer	105 0 0	{ Also vaccination officer.
" " "	90 0 0	
	991 4 0	

TABLE II.
SMALLBURGH UNION (MAY 1907).
NUMERICAL STATEMENT.

Number of outdoor paupers	758
" " indoor paupers	86
" " boarded-out paupers within the Union	14
Number of boarded-out paupers outside the union	1
Number of children in Homes, etc.	10
" " paupers in Innstead District (R.O.)	420
Number of paupers in Happing District (R.O.)	325
	745
Number of paupers non-resident	27
" " North Walsham District (M.)	270
Number of paupers in Smallburgh District (M.)	150
	420
Number of paupers in Ludham District (M.)	147
Number of paupers in Stalham District (M.)	177
Number of paupers in Horsey District (M.)	1
	325

The guardians have not been asked to subscribe to the Nursing Association, but they give £21 yearly to the Norfolk and Norwich Hospital, and have given £5 5s. yearly to the Fakenham Nursing Institution, which subscription has been discontinued because nurses cannot be obtained for paupers at less than the regulation terms. £2 2s. are subscribed to the Norwich Eye Infirmary. Worstead has a boot or clothing club.

WORKHOUSE.

¶ The workhouse with its sick wards is situated about 2½ miles from Worstead railway station, and 4 miles or over from North Walsham. The situation is entirely rural.

At present there are 115 beds available for inmates. Of these seventy-eight are in the workhouse and thirty-seven in the sick wards. If the building were fully utilised, it could probably accommodate 250 to 300.

The seventy-eight beds in the workhouse are intended for use as follows :—

Able-bodied men	12
Old men	22
Boys	9
Receiving ward	3
Isolation ward	1
Able-bodied women	8
Lying-in ward	2
Nurseries	19
Isolation ward	1
Receiving ward	1

The number of inmates on May 14th was eighty-three, of whom twenty-eight were in the infirmary—thirteen males and fifteen females.

* See footnote to p. 14.

The following statistics for the past five years have been kindly prepared for me by the master :—

SMALLBURGH UNION WORKHOUSE.

	Year ending Xmas, 1902.	Year ending Xmas, 1903.	Year ending Xmas, 1904.	Year ending Xmas, 1905.	Year ending Xmas, 1906.
Admissions - - - - -	82	124	91	117	182
Discharges - - - - -	75	130	72	104	175
Births - - - - -	4	1	7	2	6
Deaths - - - - -	13	3	10	12	14
No. in House, 1st January - - -	72	71	55	74	81
Discharges, 1st January to 25th June	42	64	29	52	91
Admissions " " " "	30	58	31	46	91
Discharges, 25th June to 1st January	33	66	43	52	84
Admissions " " " "	52	57	60	71	91

The house is a red brick building, three stories in height, and in shape is like the letter H. The board room and the casual department are in a separate building adjoining a little-used public road. I could get no definite information as to when the place was built, or for what purpose—one statement being that it is about a century old and was originally a factory. If that be its age, it was very well built to begin with, and is quite capable of being modernised. The sick wards are on the ground floor of one arm of the H, and the upper floors are used for dormitories. The young men's * dormitory and a clothing room are on the top floor; the old men's dormitory and another room on the first floor; the sick wards and the men's day-room on the ground floor. The lying-in ward is also on the top floor. The greater part of the other arm of the H is disused, but it contains a day-room for the able-bodied, accommodation for children and young women, and workshop and stores. The cross-bar of the H contains the dining hall on the ground floor, and the chapel and clothes store above. The kitchen and laundry are in an annexe projecting from one arm of the H.

A curious fact with relation to a great deal of the accommodation in the institution may be noted here. Many of the original windows have been built up with brick. The reason, it is understood, was that this was cheaper than to renovate the old windows. I do not know the date at which this was done, but it cannot have been very recent.

All the buildings are lit with oil, there being no gas supply nearer than six miles.

The whole water supply is pumped by hand labour from wells situated in the workhouse garden, the principal source being a brick-built well with a stone cover. It is surrounded by manured garden ground and is said to be about 30 feet deep. All the pump water is hard and wastes much soap. Rain water is stored for laundry purposes.

SICK WARDS.

The sick wards accommodate a number of old people who might as well be in the workhouse excepting that these wards, some of which were being renovated when I visited, are a little better than the rest, and being on the ground flat they are convenient for attendance and also for getting the patients into the fresh air when they are fit.

The workhouse medical officer, whose house is about half a-mile distant from the workhouse gates, visits thrice weekly. In addition to seeing the cases in the sick wards he sees any workhouse inmates who are brought to him. He has no duty to go to the children's department unless requested.

* A "young" man is a man under sixty.

Nursing Staff.—The staff consists of a nurse and assistant nurse, both acting under the matron who is a trained nurse. The assistant nurse takes night duty when necessary. She was appointed quite recently, and has taken the place of a paid ward maid. The accommodation for the assistant nurse is not good. The wardman is an inmate, partly paralysed on one side. He does no nursing, but helps the nurse to move the patients. The nurse does not use a report book, but reports verbally to the medical officer. The matron takes the nurse's place when she is out on leave, and the matron takes all midwifery cases.

Wards.—The men's larger ward was being floored when I visited. This and various other alterations are being carried out at the advice or request of the master and matron who have only recently been appointed and were formerly in East Dulwich Workhouse. The men's larger ward is intended for nine beds, and its dimensions are 19 feet by 38 feet by 11 feet. Its walls are of brick painted over. It is ventilated by three windows on one side and two on the opposite side. The top of these windows is about 3 feet from the ceiling, but there are some extra-openings higher up intended for ventilation. The total window space is 71 square feet of which 30 square feet open. The cubic space for a bed will be nearly 882 feet. A smaller ward at the end of this one has dimensions 19 feet by 21 feet by 11 feet = 4,389 cubic feet, and has one window on each side, one of the windows being new. The total window area is 32 square feet, of which 16 square feet open. It is intended for six beds, so that the cubic space would be 731 feet per bed.

Ventilation under the floor is provided, but not by a very satisfactory method. Adjoining the larger of these two wards is a lunatic ward, 19 feet by 9 feet by 11 feet = 1,881 cubic feet. It has a window space of 32 square feet, of which 16 square feet open. It is intended for only a single patient. A bathroom and water-closet open off the largest of these three wards. It is a good room, but the hot-water tap is not provided with a safety key.

The women's two sick wards are: (1) With seven beds and 5,016 cubic feet = 715 cubic feet per bed; (2) with three beds and 3,135 cubic feet = 1,045 cubic feet.

In the sick wards there are six wet and dirty cases, who are well attended to. The wards are not provided with lockers. Articles belonging to patients are laid on chairs at the bedside.

The male sick wards have a water-closet, but for the women's sick wards there is only an earth-closet.

Cases.—The nature of the cases in the sick wards when I inspected on May 16th may be indicated by classifying them in accordance with a form issued by the Commission to the medical officers of various workhouses. The tabulation is as follows:—

SMALLBURGH INDOOR MEDICAL RELIEF.

STATEMENT OF THE NUMBER OF PAUPERS (INCLUDING CASUALS) UNDER TREATMENT BY THE MEDICAL OFFICER AT NOON ON SATURDAY, MAY 16TH, 1907.

Class of Disease or Infirmary.	Children under 16 years of age.	Men.		Women.		Total.
		Under 50 years of age.	50 years of age and upwards.	Under 50 years of age.	50 years of age and upwards.	
I. Mainly Medical: Acute - - -	—	1	—	1	—	
Chronic* - - -	—	2	3	—	1	
II. Mainly Surgical: Acute - - -	—	—	2	—	—	
Chronic* - - -	—	—	—	—	—	
III. Senile or Infirm, not certified as of unsound mind and not included in I. or II.						
a. Cases so bedridden or feeble as to need skilled nursing for general care or for prevention of bedsores - - - - -	—	—	2	—	2	
b. Cases not needing skilled nursing - - - - -	—	—	2	—	8	
IV. Persons certified as of unsound mind - - - - -	—	—	—	—	1	
V. Epileptics not certified as of unsound mind - - - - -	—	—	—	—	—	
TOTAL Paupers under treatment and classified above - - -	—	3	8	1	12	
Number included in Classes I. and II. above suffering from the diseases below specified:—						
1. Diseases specified in the Infectious Diseases (Notification) Act, 1889†						
2. Pulmonary Tuberculosis - - -	—	1	—	1	—	
3. Other forms of Tuberculosis - - -	—	—	—	—	—	
4. Bronchitis and Pneumonia - - -	—	—	—	—	—	
5. Heart Disease - - - - -	—	—	1	—	—	
6. Rheumatism and Gout - - - - -	—	—	—	—	—	
7. Venereal Diseases - - - - -	—	—	—	—	—	
8. Ulcerated Legs - - - - -	—	—	—	—	—	
9. Ophthalmia, Ringworm, Scabies, or other contagious diseases of eye or skin - - - - -	—	—	—	—	—	
10. Measles, Whooping Cough, or other infectious disease of childhood not included in the preceding list	—	—	—	—	—	
11. Malignant New Growths (Cancer, &c.) - - - - -	—	—	—	—	—	
12. Medical and Surgical cases not included in above - - - - -	—	2	4	—	1	

* Cases classed as "chronic" are those undergoing no active change or that have been or are likely to remain for six months under medical treatment or care. All others should be classed as "acute."

† The diseases specified in the Infectious Diseases (Notification) Act of 1889 are:—Small-pox, cholera, diphtheria, membranous croup, erysipelas, the disease known as scarlatina or scarlet-fever, and the fevers known by any of the following names: typhus, typhoid, enteric, relapsing, continued, or puerperal.

Phthisis.—A male phthisis patient sleeps in a room by himself on the ground floor. The room has cross-ventilation. It could easily be provided with a verandah.

In the women's ward a phthisis case is accommodated along with the other patients and without any kind of separation. The master has rigged up out of odd materials a shelter in the yard, which can quite well be used for either of the two phthisis cases.

Bathing.—In the women's sick ward the patients are bathed fortnightly. Those who are confined to bed are bathed weekly. In the men's sick ward the porter attends to those who can go to the bathroom. The nurse bathes bedridden cases.

Linen Store.—The linen store was formerly in the wards but is now separate. There are three sheets per bed—the new sheets being full size. There are no draw sheets. For the sick wards, however, in addition to the three sheets per bed, there are twenty-four extra, and these do for draw sheets. There are six water beds but no pillows. The beds are kept properly spread out, but would be the better for being half filled with air.

In the *lying-in ward* the linen is all separately stamped, and a bed which was ready for a patient was properly made up.

Inventory Cards are to be found in every apartment of the institution. They include a note of furniture, bedding and other articles.

A *poison cupboard* is to be provided in the renovated sick wards.

The *infectious disease hospital* is well situated and was being used as a temporary infirmary owing to the alterations. Its windows were not open when I visited. In one male ward there were seven beds—one occupied by the wardman, one unoccupied, and five occupied. One of the cases was cancer of the liver, one gangrene of the toes, and another chronic eczema. Lint dressings were being used. There were no bed-sores and the beds were clean. In the other male ward there were two inmates, one with gangrene of the toes and the other with heart disease. The gangrenous toes were being dressed with boracic lint.

These infectious disease wards are insufficiently ventilated owing to the roof being open to the ridge and having only one small opening, and owing to the windows in the wall being low down from the ceiling. There is evidence that the walls are damp in winter in parts. The wards, however, were very clean.

IMBECILES.

At present there are only two classified imbeciles, one man and one woman, but other two are not classified. There is no room for maniacal cases.

CHILDREN'S DEPARTMENT.

There are twenty children, six being under three years old, eight between three and eight years, and six between eight and fourteen years.

Ten of the twenty children were at school. There is one female paid attendant, and help is given by one inmate—the mother of one of the children. The feeding bottles in use were of a good type. There were no "comforters." Instructions for feeding children up to eighteen months are written down on a printed form by the medical officer. From eighteen months to three years an entirely printed form is followed.

The children were clean, excepting the heads of one family who had been in only a week and who are constantly out and in. There are four of these children, all illegitimate, and they are brought in by the mother. She also has seven legitimate children—their father having been killed in the South African war. The Treasury allows the guardians 4s. per week for each and they are at an industrial school.

The children's day-room has a fire-guard. No tooth brushes are used in the children's department and there is no routine attention to the teeth, etc. The babies never sleep with their mothers but in a cradle beside the bed. The mother's ward is provided with night-lights.

The girls and babies' dormitory has good cross-ventilation. On one side there are modern windows reaching nearly to the ceiling. The boys' dormitory is not in use at present because there are only six boys, of whom three are over eight years old. The room intended for their dormitory, however, is badly ventilated owing to windows having been built up.

The mothers' room, which is intended for mothers with babies under one year old, is at present being used for boys. It also is badly ventilated owing to windows having been built up and there being no chimney.

The children's department is most improperly connected with that for able-bodied women, who use the same bath room and earth closet. The women have to pass through the children's department to reach the bath room and closet. These women include those of bad character, using foul language, and generally ill-behaved.

DORMITORIES.

Old Men.—The dimensions of one of the old men's dormitories are 51 feet by 20 feet by 10 feet = 10,200 cubic feet = 638 cubic feet per bed. There are three windows on one side, but only one on the other. Their total area is 65 square feet, of which 30 square feet open. The window areas are insufficient for proper cross ventilation, and the windows are about 2½ feet from the ceiling.

Adjoining this dormitory there is another of similar construction and containing about 3,600 square feet for six inmates—the cubic space per bed being 600 feet.

Able-bodied Men.—The young men's or able-bodied men's dormitory on the top floor has its dimensions 38 feet by 20 feet by 7 feet, but the pitch of the roof adds 1,200 feet to the cubic space so that the total is 6,520 feet. It is intended for twelve beds, and allows 543 cubic feet per bed. It was occupied by only five inmates at the time of my visit. There are only three windows in this room, two on one side and one on the other. A lateral half of each of these opens by a hinge. The total window area is 27 square feet. The tops of the windows are 2½ feet from the wall head, and the height to the ridge is 5 feet more, so that the ventilation is very defective. In this ward there are some double bedsteads, but they are occupied by only one sleeper each. An adjoining attic of the same sort is used for the men's Sunday clothing store. It has a cubic capacity of 3,120 feet and could be used as a dormitory similar to the other. The wood of the floors is old and the seams open, so that dirt readily collects in them.

Old Women.—The old women's dormitory has only a single window. Formerly there were three windows on the opposite side and an additional window on the same side as the present one, but those on the opposite side have all been built up with brick, and the one on the same side has been turned into a door for a fire escape. Only one fourth of the single window opens. There is no open fireplace, but only an iron stove which gives practically no aid to ventilation. There are nine beds in this room and the ventilation is exceedingly defective.

Young Women.—The young women's dormitory has two windows on one side only and none on the other, these having been built up as already explained. Only one-fourth of each of the two windows opens and that fourth is in the lower half. There is no roof ventilation. The young women and all the children, including boys up to fourteen years old, use the same bath room and lavatory.

CLASSIFICATION.

The able-bodied men are separate from the old and infirm. The children are constantly in contact with the able-bodied women. Sick children would go to the sick wards and be placed beside well-behaved patients.

In the institution there is no separation between deserving and undeserving. The imbeciles are in the old men's department, but at present the arrangement is not very objectionable.

If married quarters existed in the institution some married couples might come in. There is a large dining hall which is not in use and could be turned into quarters for married couples for whom at present there is no provision.

Dietary.—Dietary is based on the Board's Order, No. 741 of 1900, which is hardly altered. The two certified imbeciles get the same diet as other infirm inmates. One is in the sick wards and has No. 8 diet. The milk used in the institution is stored in flat open vessels.

Labour.—There are only four able-bodied men, and these are weak-minded. They help to keep the house and grounds in order. There is no firewood making and there would be no market for firewood. Not many able-bodied men come into the workhouse, because the place is not on a main road between large towns.

Visitors.—The institution is inconvenient of access owing to its not being situated at or near the market town nor in any village; visitors therefore are not numerous especially to paupers who come from a distance. Paupers belonging to the immediate locality have more visitors.

The master informs me that of seventy-seven inmates on September 7th, twenty-four had visitors, while fifty-three had none. The twenty-four inmates in question were visited as follows:—

Daily	-	-	-	-	-	-	-	-	-	0
Weekly	-	-	-	-	-	-	-	-	-	5
Monthly	-	-	-	-	-	-	-	-	-	7
Half-yearly	-	-	-	-	-	-	-	-	-	4
Yearly	-	-	-	-	-	-	-	-	-	8

With reference to liberty days, or permission to leave the workhouse precincts, men over sixty may go out every afternoon between two and four, if the weather permits. Twenty men over sixty on an average avail themselves of this daily facility. Men over sixty may also have a day's leave occasionally. Ten men over sixty on an average take advantage of this occasional leave. Able-bodied inmates are not allowed any leave, except under urgent conditions, or in prospect of employment.

The Mortuary is a dark room and there is no table for a post-mortem examination.

CUBIC SPACE.

The following table gives a general view of the cubic space provided in certain wards and dormitories of Smallburgh workhouse, as compared with the minimum requirements of the Local Government Board.

CUBIC SPACE PER BED.

	Smallburgh.	Local Government Board Minimum.
	Cubic Feet.	Cubic Feet.
Men's sick ward . . .	882	600
" " " . . .	731	600
Women's sick ward . . .	715	600
" " " . . .	1,045	600
Old men's dormitory . . .	638	360
" " " . . .	600	360
Able-bodied men's dormitory.	543	360

It will be observed that in all the wards and dormitories mentioned the cubic space is in excess of the Local Government Board's minimum requirements.

Vagrants.—The vagrants' department has accommodation for six men and four women. There are trestle beds with straw mattresses for the vagrants, on the associate principle. The bathing arrangements are satisfactory in that there is a supply of hot and cold water. The taps of the bath have no safety key, but it is stated that the room is always kept locked. Clothing is disinfected and dried by means of hot air. The average number of vagrants per annum for the past five years has been 226. During the past twelve months the number has been 98, a result of improved administration.

OUTDOOR MEDICAL RELIEF IN SMALLBURGH UNION.

The union contains the following sub-districts:—

	Area. Acres.	Population.
Smallburgh	17,203	3,962
North Walsham	15,857	6,383
	33,060	10,345

One relieving officer has charge of the Smallburgh and North Walsham sub-district.

	Area. Acres.	Population.
Ludham	16,469	3,003
Stalham	17,459	3,981
	33,928	6,984

Another relieving officer has charge of the Ludham and Stalham sub-district.

The workhouse test is very little applied in Smallburgh union but the outdoor pauperism seems nearly all genuine according to the Smallburgh standard, by which agricultural labourers are relieved as a matter of course in old age. The full allowance for a single individual is 3s. weekly. Married couples get 4s. 6d. and a stone

of flour. In winter, infirm householders get 6d. extra for coals. Boarding-out of children is the rule.

SMALLBURGH AND NORTH WALSHAM SUB-DISTRICT.

The farthest distance from the relieving officer's house to any part of his sub-district is to the village of Hoveton St. Peter, which is about 9 miles away, but it has only two paupers at present, and the number never exceeds three. Istead village is about 7 miles off on the same road, and has never more than five paupers.

The chief centre of population is North Walsham, with 3,981 inhabitants, and its farthest point is about 3 miles from the relieving officer. He perambulates his district weekly, and if necessary, messages are brought by foot messengers. There are two district medical officers in the area. One of these is about 5 miles from Hoveton St. Peter and about 3 miles from Istead. The other district medical officer is for the town of North Walsham, and lives in it. It is impracticable for the relieving officer to make inquiries at the house of a pauper before granting an order for the services of the district medical officer, but he is intimately acquainted with the district and can usually judge. There is no case-paper system in force. The relieving officer says that very few persons begin with an order for the district medical officer without getting other relief at the same time in money or in kind.

A labourer with 12s. a week who is unable to work requires money relief from the beginning. If he is well and his children are ill, then he gets the services of the district medical officer. I was present when an application was made to the relieving officer for the services of the district medical officer for a confinement which was about to take place. It was to be the woman's fifth confinement, but as two of the children were dead the relieving officer did not grant the order, but said that the request would have to come before the guardians who would probably refuse it. The husband earned 13s. weekly, and there was no midwife in the village where they lived.

There is no evidence that the district medical officer fosters pauperism by ordering extras. In Smallburgh and North Walsham sub-district at the time of my inspection the whole extras consisted of one case receiving 7 pints of milk weekly, two cases each receiving 2 lbs. of meat weekly and one case receiving $\frac{1}{2}$ pint of brandy weekly. This is the total for an area containing about 420 outdoor paupers including all ages and both sexes. Old and infirm people get an order for the district medical officer lasting for six months. Casual cases get attendance during illness, the medical officer ceasing when he regards the patients as sufficiently recovered.

The relieving officer has pay-stations in the villages or pays at the road-side, but endeavours to visit every pauper's house monthly.

Nursing of outside paupers is a very great difficulty. One woman aged ninety-four is suffering from cancer, but refuses to enter the workhouse. A married daughter from Norwich is nursing her at present and has to pay 6s. a week to a woman for attending to her own house in Norwich.

The guardians, as already stated, do not contribute to the district nurse.

Charities.—Last winter there was for the first time a soup kitchen in North Walsham. Some coal is distributed at Christmas in most of the villages. There are clothing clubs at North Walsham managed by the churches, and the drapers manage a different club. There was a boot club, but it was discontinued last winter. There is no midwifery club, and the relieving officer thinks there are no registered midwives.

LUDHAM AND STALHAM SUB-DISTRICT.

In Stalham the district medical officer is about six miles from the most distant pauper. Communication is possible by telegraph, which is occasionally used, a neighbour paying the fee, or by post, but foot messengers are commonest, and no great inconvenience is said to be experienced. The medical officer has cut down the extras. Hardly any alcohol is given now. In his predecessor's time, sometimes as much as fifteen half-pints of wine were given weekly.

It seems that the paupers themselves sometimes suspect that medical attendance for them is not up to the standard of that for private patients. They indicate this by

obtaining advice and medicine before showing to the doctor the order from the relieving officer.

The ordinary duration of a medical order is three months, but if the relieving officer suspects the genuineness of the case he gives the order for only one week and then visits.

In-Relief and Out-Relief.

In the Smallburgh Union I was greatly struck by the different attitude of the people towards in-relief and out-relief. The stigma of pauperism attaches strongly to in-relief, whether in the workhouse or in the sick wards, these both being within the one institution. Sick paupers would willingly go to a general hospital, but object to the workhouse infirmary. On the other hand, practically no disgrace appears attached to outdoor relief, either medical relief or money relief or relief in kind. Under these conditions there is no intentional delay among the labouring classes in obtaining the services of the district medical officer. For the aged, parish relief is looked on as a right. It is regarded practically as belonging to an old-age pension scheme. After sixty or sixty-five years of age a labourer who considers himself unfit for work applies to the union as a matter of routine. It is part of his scheme of life. He has had 12s. a week during his working period of life, has brought up his family, has had assistance from the guardians during illness, and has been able to save nothing. When his father, who was also an agricultural labourer, became an old man he got parish relief. The son marries knowing that he cannot possibly save money out of the pay he gets, but counting on getting maintenance out of the rates when the time comes to cease work. If he is pressed by the guardians to give much to help his parents he may leave the district and be lost sight of, and the farmers lose his services. But if possible 1s. a week is got from a pauper's son.

It is understood to be a principle of the Poor Law that assistance shall not be given in aid of wages, and in fact assistance is not given simultaneously with wages. But

a pension is generally regarded as deferred pay and the pension which the Poor Law provides to the Norfolk labourers is really deferred pay. In this sense, therefore, money from the rates is given in supplement to wages. The guardians in rural districts are farmers, or clergy, or landowners. There is little movement in the population and they have known the labourers all their lives. When application is made for assistance by the old and infirm, it is granted almost as a matter of course. The man has lived in the district all his life and has done all his work there. He has been able to save nothing; it was never expected that he would; and he applies for his pension in the shape of relief from the Poor Law when he becomes disabled through age or rheumatism or bronchitis.

I was impressed here and elsewhere by the attitude of the relieving officers and the paupers towards the application of the workhouse test. The workhouse test ought to be applied where a suitable case occurs. If, however, there is absolute refusal to enter the institution, the following position results. The pauper is refused help by the guardians. He refuses to go into the workhouse, but threatens to die of starvation or neglect. If he does die the relieving officer is held responsible for manslaughter. It is stated that this *impasse* is quite well understood by the paupers themselves. They feel that they can control the situation, and so for every ten paupers in the Smallburgh Union there are ninety paupers outside, whilst in Newhaven for every ten paupers in the workhouse there are barely six outside. Once into the workhouse the objections to it usually vanish. The paupers are comfortable and contented and do not want to be out again, but the difficulty is to get them in.

Details of Individual Cases.

Going round the districts with the relieving officers, and calling at the pay-stations and at the houses of many of the paupers, I made the following notes, which, however, do not include a number of cases transferred to the general report.

Number.	Age.	Sex.	Remarks.
No. 1	—	F.	Widow. Has three children—one sixteen months old has had attacks of bronchitis since birth. During its illness 2 pints of milk were allowed daily, but it is better now and the milk is reduced to 1 pint. The relief consists of 3s. for the widow and 6d. each for the three children, and $\frac{1}{2}$ stone of flour (8d. retail, but costing the guardians 6 $\frac{1}{2}$ d.). The widow wants more relief and will be offered the workhouse.
No. 2	72	M.	A married man who was in a club which at first paid him 8s. a week but now 4s. He gets 4s. 6d. from the guardians and a stone of flour. The guardians take no account of club money when it does not exceed 5s. weekly, but any balance over 5s. is deducted from the parish allowance by the guardians.
No. 3	94	F.	Widow. Cancer of breast. Dressed with linen rags and water. Begs the rags from neighbours. Lives with a daughter. Receives 3s. weekly, and the daughter gets 5s. weekly for nursing, because her home is in Norwich, where she pays 6s. weekly for having her own house attended to.
No. 4	75?	M.	Ulcerated legs. His wife dresses the ulcers with a lotion applied on wet linen rags. No lint or gutta serena tissue used. The ulcers are dressed thrice daily, but the lotion dries during the night, and the rags adhere to the ulcers and cause much pain. The old man and his wife refuse to go into the workhouse.
No. 5	75	M.	Chronic sciatica, severe pains at night. Was in Norwich Hospital about twelve years ago, but is incurable. His wife lives with him, but is in bad health. A daughter nurses both. They refuse to go to the workhouse, and there is no real need for their going under present circumstances.
No. 6	26	M.	Lost sight fourteen years ago owing to accident. Had injury to one eye, and the other began to be affected. Went to Norwich Hospital ten months afterwards, but was told he was too late. He makes brush braid for horses' collars, getting materials from the fens.
No. 7	43	M.	Chronic empyema. Has been ill for seventeen years. Was in Norwich Hospital for five months fifteen years ago. Lives at home with wife and five children, of whom three are working. The dressings for the empyema are supplied by the guardians, and his wife nurses him. He thinks he would go into the workhouse infirmary if there was any hope of a cure.

Number.	Age.	Sex.	Remarks.
No. 10	—	—	Four children with whooping cough—the youngest a baby eight weeks old. Only one of the four is of school age, and has been away from school for about a month. The baby has an attack about every half-hour. The doctor calls weekly, and oftener if sent for. The walls of the house are damp and there are no rain gutters at the back. The baby was being quieted by sucking a comforter or dummy teat. It is breast fed.
No. 11	2½ years	M.	Club foot. The household consists of father and mother and eight children, of whom six are at home and two working. The father is a farm labourer. They obtained, through a subscriber, an order for the Norwich Hospital, where the child has been repeatedly operated on. The guardians are now providing a suitable boot.
No. 13	60	F.	Widow. Ulcerated legs. Has been ill for over nine years. Has not been in hospital or infirmary. She is supplied with zinc ointment, which she spreads on linen rags. The rags are obtained from neighbours.
No. 16	?	F.	Heart disease, with dropsy of legs. Has been a widow for six years. Has eight children aged six to twenty-four, of whom six are at home. The eldest of the family is a bricklayer's labourer, and is married. The pauper has the attendance of the district medical officer, but is not visited by any nurse. She receives 5s. weekly and 2 stones of flour, and pays 1s. 1d. weekly for rent.
No. 19	72	M.	Was a corn miller earning 18s. weekly. He fractured his femur, but recovered, and was able to resume work again, trade being good, and the relief by the guardians was discontinued. Trade got bad, he said his leg had begun to feel stiff again, and relief by the guardians was resumed.
No. 20	62	M.	Was supposed to have had malignant disease of the liver, and has had medical relief for about three years, but there is no apparent change in his condition, and it seems doubtful whether he is not malingering.
No. 21	68	M.	Another doubtful case. His heart is somewhat enlarged. He got relief from a benefit club, but the club broke up, and he became transferred to the rates. He has a good house and garden, and seems well off. The workhouse test would be useful here.
No. 23	32	F.	Tubercular swelling of knee and wrist. Husband died of phthisis six years ago. Own illness began three years ago. Has one child aged six, who suffers from bronchitis. Went to St. Bartholomew's Hospital regarding knee disease, but was told the case was unsuitable for operation. Receives from the guardians 2s. 6d. weekly for herself and 1s. for the child. Gets further help from her parents and brother.
No. 24	35	M.	Ulcerated foot. Dressed with vaseline and cotton rags. Has been getting relief only for four months at present, but has had similar illness in winter for several years, the trouble having begun with a broken leg fifteen years ago. He is pale and seems a suitable case for treatment in a workhouse infirmary or in a general hospital. He is married and has four children.

APPENDIX III.

HEXHAM UNION, NORTHUMBERLAND.

The area of the union is 205,847 acres, and the census population was 34,711. The union contains sixty-three parishes and the board of guardians consists of seventy-two members. As estimated at three intercensus periods the population was as follows:—

1885	.	.	.	.	33,405
1895	.	.	.	.	33,652
1905	.	.	.	.	35,434

The principal centre is the Hexham Urban District, which had a population of 7,071 at the census of 1901, and was estimated by the medical officer of health to have a population of 8,250 at the middle of 1906.

Apart from Hexham, the parishes with the largest population are Prudhoe, 3,901; Allendale, 2,221; Haydon, 2,015; Corbridge, 1,938; and Mickley, 1,709.

Occupations.—The occupations in Hexham town are market-gardening, wool stapling and iron-founding, but it is chiefly a market town and a suburb of Newcastle. There are a few agricultural labourers and these are well paid. Tradesmen have trades union wages. Mining is the chief occupation in the Bywell District and Chollerton District. Coal miners earn about 30s. weekly and lead miners 22s. There are many more colliers than lead miners. Agricultural labourers get 20s. weekly and a free house with a garden and a patch of potatoes in a farm

field. They also get their coals carted. These favourable conditions are due to mining competition for labour.

Friendly Societies.—In Hexham there are several friendly societies—Foresters, Gardeners, Oddfellows and Rechabites, with a total membership of about 930, of which perhaps eighty will represent duplicate membership, so that the total number of members is about 850. There are not many members of friendly societies in Chollerton District. The Acomb Friendly Society, which has been in existence for sixty years, has recently failed owing to its funds being exhausted.

District Nurses.—There are district nurses in Hexham and they help to nurse paupers, but the guardians do not subscribe. They sometimes themselves pay for nursing paupers, as in the case of a respectable old woman with a clean house and of good character. Two district nurses live in the village of Prudhoe, in the Bywell District of the union.

Infectious Diseases Hospitals.—The Urban District Council have a hospital with twenty beds, and there is a separate smallpox hospital with eight beds. The Rural District Council have also an infectious disease hospital and a smallpox hospital. There is a convalescent home in Hexham connected with Newcastle. It has about twenty beds.

STATISTICS OF PAUPERISM.

The rate per 1,000 of paupers to the total population was as follows at different dates in the Hexham Union, in the Counties of Durham and Northumberland, and in a Group consisting of Lancashire, Westmorland, Cumberland, Yorkshire, Durham and Northumberland:—

-----	1875.	1885.	1895.	1905.
Hexham Union - - -	35	31	23	26
Counties of Durham and Northumberland.	31	29	23	22
Group as above - - -	28	26	23	22

The pauperism in Hexham and in the Northern Counties is therefore little more than one half of what it is in Smallburgh and the Eastern Counties. The actual number of paupers was 1,031 in 1885, 763 in 1895, and 918 in 1905. On September 1st, 1903, the total paupers were 828.

Age Classification.—On January 1st, 1905, the percentages were as follows in Hexham Union, in the County of Northumberland, and in a District composed of the Counties of Durham and Northumberland:—

-----	Age in Years.		
	Under 16.	16 to 60.	60 plus.
Hexham Union -	37	26	37
County of Northumberland.	43	21	36
District as above -	39	22	39

The persons aged sixty years and upwards per 1,000 of the total population were in Hexham eighty-five; in the County of Northumberland sixty-three; and in the District as above fifty-nine. Hexham thus had a greater than average proportion of persons over sixty, yet the percentage of its total paupers over that age differs little from that of the counties, so that in Hexham pauperism is somewhat less a matter of old age than in the counties of which it forms a part.

Indoor and Outdoor Paupers.—The following are the percentages of outdoor paupers to the total paupers

(exclusive of lunatics and vagrants) at decennial intervals since 1875:—

-----	Percentage of Outdoor Pauperism to Total Pauperism.			
	1875.	1885.	1895.	1905.
Hexham - - - - -	88	84	80	83
Durham and Northumberland - - - - -	88	84	80	83
Group as above - - - - -	86	82	82	80
Rural Total of England and Wales*	87	83	84	82
Urban Total of England and Wales - - - - -	74	68	64	64
England and Wales Total -	80	74	71	69

The Cost of Pauperism.—Each pauper in Hexham costs £12 6s. per annum as compared with £12 19s. in the Counties of Durham and Northumberland, and £13 12s. in the Group. The cost is a little more than in Smallburgh, where the figure was £10 19s. The cost of outdoor paupers in Hexham is £6 16s. per head, and of indoor £10 6s., lunatics, as usual, being much higher than either—£28 2s.

Salaries in Hexham cost a good deal less per pauper than in the counties or the group.

Turning to the cost of pauperism per head to the population, the Hexham rate was in 1904-5, 6s. 11d., and the rate in the Counties of Durham and Northumberland was 6s. 5d. As contrasted with Newhaven and Smallburgh the Hexham cost has been practically stationary since 1881. In 1881-2 it was 6s. 10d., in 1891-2 6s. 3d., in 1901-2 6s. 7d., and as just stated, in 1904-5 6s. 11d. The same observation about practically stationary cost applies to the Counties of Durham and Northumberland—the figures at the four periods being 6s. 3d., 5s. 10d., 6s. 2d., and 6s. 5d. respectively.

It will be convenient to recall here the fact that the reason for the great increase of cost in Newhaven was the building of a new workhouse infirmary and casual wards and kitchen. In Hexham the workhouse buildings require much alteration and renovation. Also the total expenditure for salaries of officials in the Hexham Union is only 1s. 8d. per pauper, whilst in Newhaven it was 7s. 1d. Looking, however, to the way in which outdoor pauperism is restricted in Newhaven, this comparison is somewhat misleading and has to be checked by noting the cost of salaries per head of the population, the figure for Hexham being 9d. and for Newhaven 2s. 4d. In the Northern Counties generally the salaries appear to be on a lower scale than in the South; the cost in Sussex County was 1s. 10d. per head, and in the Counties of Durham and Northumberland only 11d., or exactly one-half. Hexham, it will be noted, is below even the low standard of the two counties. In Hexham, therefore, salaries are low and pauperism is comparatively stationary.

The rateable value per head of the population is exceptionally high. In 1904-5 it was £8 9s., as contrasted with £5 16s. in England and Wales, £5 14s. in the county of Northumberland, and £4 16s. in a district consisting of the counties of Durham and Northumberland combined.

The guardians subscribe to the Newcastle Royal Infirmary and Newcastle Eye Infirmary, £1 1s.; the Northern Counties Institution for the Deaf and Dumb, £3; and the Prudhoe Memorial Convalescent Home, £10 10s.

THE WORKHOUSE.

The *Workhouse and Infirmary* are situated in the town of Hexham, and therefore close to the principal centre of population. The buildings are old and irregular, inconvenient for administration, and uncomfortable for the inmates. How far they could be improved by overhauling and renovation is a question which would require more detailed consideration than could be given to it at my inspection, but the impression I formed is that some part of them would be better taken down. The

* See footnote to page 14.

workhouse must be costly to manage and to heat owing to the buildings being so scattered.

At present there are in the institution 220 beds. Two female dormitories and two sick wards on the upper flat of the infirmary, one for males and one for females, are practically unoccupied.

On May 21st, the date when my inspection began, there were in the whole institution 108 persons of whom fifty-two were men, thirty-six were women, and twenty were children. Of the fifty-two men thirty-one were over sixty, and twenty-one were from sixteen to sixty. Of the thirty-one men over sixty, eleven were sick. Of the twenty-one men between sixteen and sixty, two were imbecile, five sick, nine weak-minded or incapacitated, and five able-bodied. Of the five able-bodied men, two had been admitted from the vagrant ward in order to do painting work. Of the thirty-six women, fourteen were over sixty and twenty-two were sixteen to sixty. Six of the fourteen women over sixty were sick. Of the thirty-six women from sixteen to sixty, four were sick, one was in the lying-in ward, four were imbeciles, one was able-bodied, and the remainder were weak-minded or incapacitated. Of the twenty children, six were aged eight to sixteen, five being boys and one a girl; seven were aged three to eight, three being boys and four girls; and seven also were aged less than three, three being boys and four girls. In all there were eleven boys and nine girls. It may be well to add that by the term incapacitated it is intended to include such as are partially paralysed, deaf and dumb, or wanting a limb.

THE INFIRMARY.

The infirmary is built of stone outside and brick inside. It is the best part of the institution. Looked at from the outside it appears quite modern, but inside it is not so satisfactory, though still quite passable. Including the lying-in wards and other rooms, it could accommodate sixty-eight patients. There are five wards, two for males, two for females, and one for maternity cases. In addition, there is an isolation hospital in a separate part of the grounds. In the body of the house there is a ward which is used for itch and venereal cases, male and female.

The Nursing Staff consists of one charge nurse, certificated, who has been here three or four years, and one assistant nurse, also certificated, who has been here two or three months. The charge nurse is a certificated midwife.

Medical Officer.—The medical officer's house is within three-quarters of a mile of the workhouse. There is no telephonic communication between.

Male Wards.—There is a male ward with twelve beds on the ground floor and another with fourteen beds on the first floor. Use of part of the ground floor space as a small day-room explains the difference in the size of the two wards. The wards are 18 feet wide. The walls are of brick painted over, but not lathed and strapped nor plastered. The dimensions of the twelve-bed ward are 42 feet by 18 feet by 10 feet 10 inches, so that when the ward is fully occupied each patient has 683 cubic feet. There are four windows on each side of this ward, sashed and double hung, but all were closed at the time of my inspection. There are also four Tobin's tubes, two on each side. Three of these were open. Close to the ceiling are some ventilating openings, and there are two open fire-places. Eight cases were in this ward when I inspected, one of them bedridden. The bed-cards have no temperature charts and no space for the name of the disease. They are simply diet cards. The iron frames of the beds are rather old-fashioned and low for convenience of some administrative purposes. The beds are laid on sail cloth, which in some cases was not clean. Some of the lockers contained articles of food, and so also the press in the day-room.

Female Wards.—The women's sick ward on the ground flat has dimensions about 42 feet by 18 feet by 10 feet 10 inches 8,190 ÷ 12 = 683 cubic feet. The walls are of brick, painted, and there is provision for cross ventilation, but only one window was open when I visited.

The women's sick ward upstairs is not required at present, and in the wards downstairs there are no bedridden patients.

In connection with the female side of the infirmary is a ward with three beds, which could be used for venereal cases. It has good ventilation by two windows on each of two opposite sides.

There are two baths for the women's wards of the infirmary. These baths are also intended for the matron and nurses and assistant matron. The hot water is controlled by a safety key.

Lying-in Ward.—This contains two beds, one of which is occupied. The other was ready for occupation, and properly made up.

Infectious Disease Wards.—The accommodation here is ample. There is a separate hospital containing four wards each about 21 feet by 16 feet by 12 feet, two rooms for nurses, and three large attics. It is a well-ventilated building, but is seldom used now. The walls are plastered on the solid and are damp in parts. The hot water for baths has to be carried from a furnace boiler like that used in a domestic washing house. The building is perhaps 200 yards away from the workhouse and about 100 yards from the children's department. The district council as stated above have an Infectious Diseases Hospital.

Ambulance.—Belonging to the workhouse is an ambulance waggon for infirmary cases, and the Urban District Council sometimes get it on loan.

Isolation Wards.—The male itch and venereal ward is dark and dingy and prison-like. It is on the ground floor.

The female ward for itch and venereal disease is a dismal apartment with a huge fire-clay bath lying on the floor, but not fitted up for use. It is up a stair. There are earth closets for these wards.

The itch and venereal wards have no water supply. They are used both for inmates and vagrants who happen to be suffering from itch or venereal diseases.

Linens Store.—There is no distinction between the linen used in the lying-in department and the rest of the infirmary. The infirmary linen supply seems sufficient. There are only three sheets per bed if all the sixty-eight beds were occupied, but seldom more than thirty cases are in the wards at one time. The stock of three sheets per bed includes draw sheets. A few of the sheets are 9 feet long and 6 feet wide, but most of them are smaller.

The store contains three water beds—two ribbed and one plain, the latter therefore uncomfortable. One of the others is out on loan. Those in store are properly kept. There are also two air pillows and a good stock of lint and cotton wool and bandages.

Sick Inmates.

Of the 105 inmates in the institution at present, fourteen were in the infirmary at the date of my inspection.

The Male wards were occupied as follows at night:—

Name.	Sex.	Age.	Remarks.
M. B.	M.	76	Rheumatism and mental weakness. Has been an inmate for ten years and may have to go to an asylum.
W. S.	M.	65	Paralysis. Inmate for past five years.
J. R.	M.	79	Heart disease. Inmate since 1899.
R. C.	M.	58	Amputation of leg. He was a workhouse inmate for about fifteen years, got a few hours' leave to go into the town last New Year, got drunk and fell on the ice and broke his leg.
J. B.	M.	76	Rheumatism, also extroversion of eyelid. In and out thrice since 1903.
W. B.	M.	86	Rheumatism. Came in for first time last November.
H. W.	M.	63	Phthisis. In and out since December, 1902.
R. G.	M.	37	Wardman. In and out frequently. Gets No. 8 diet and a pint of milk daily, and 2 ozs. tea and 1 lb. sugar weekly.

The Female wards were occupied as follows at night:—

Name.	Sex.	Age.	Remarks.
A. B.	F.	85	Chronic bronchitis.
E. L.	F.	49	Certified imbecile. She helps to keep the wards clean.
M. M.	F.	68	Heart disease.
A. Y.	F.	63	Hernia. This is an in and out case.
M.E.S.	F.	44	Melancholia. Certified. She has been an inmate since 1892.
M.J.S.	F.	13	Phthisis. She entered on May 13th. The temperature then is said to have been 104°, but there is no temperature chart, and the bed card contains no directions for treatment.

Lunatics.—A new padded room has recently been provided. It is intended for the detention of a violent insane person prior to removal to an asylum. It is inconveniently situated so far as supervision is concerned, and some of its other arrangements are not quite free from objection.

Medical Relief Book.

The medical relief book at the workhouse contains thirty-one names, of whom twenty-six are dieted; four get extras, and one, a child of two years, has no entry opposite its name. For the sick there are four diets:—No. 8, low diet; No. 9, milk diet; No. 10, full diet; and No. 11, blank—to be filled up by the medical officer for special cases.

Of the inmates who have entries opposite their names, four men and six women are on No. 8 diet, and eleven men and five women on No. 10. The remaining four are on No. 1 diet, which is the house diet for healthy inmates—not for the sick ward. These four have extras added to No. 1 diet—the extras being from one to two pints of milk. Three of them are cases of rheumatism and one of paralysis. In the medical relief book there are various names of inmates who do not occupy the infirmary wards but use the workhouse only.

These are as follows:—

Name.	Sex.	Age.	Remarks.
M. M.	F.	61	Melancholia. Is on No. 10 diet with tea and sugar. Was an inmate of the infirmary some years ago.
M. W.	F.	66	Dyspepsia. No. 10 diet.
J. G.	M.	71	Rheumatism. No. 1 diet.
D. M.	M.	52	Phthisis. This man sleeps in the ordinary dormitory and does some work chopping sticks.
M. T.	F.	52	Rheumatism. No. 1 diet.
T. C.	M.	66	Disease entered as rheumatism, but has lupus of face. No. 8 diet.
R. B.	M.	57	Bronchitis and deaf and dumb. No. 10 diet.
W. F.	M.	56	Paralysis. No. 1 diet.
H. W.	M.	74	Heart disease. No. 10 diet.
W. L.	M.	69	Phthisis. No. 10 diet.
G. A.	M.	69	Rheumatism. No. 1 diet.
E. H.	F.	56	Idiot, deaf and dumb. No. 10 diet.
T. D.	M.	65	Dyspepsia. No. 10 diet.
A. J.	F.	81	Rheumatism. No. 10 diet.
E. B.	M.	33	Dyspepsia. No. 10 diet.

Thus only one-half of the cases who are in the relief book are in the infirmary. The relief book is really a diet book. If all these cases were in the infirmary, the nursing staff would then seem insufficient, but, though they get special diet, many of them need no nursing. Those, however, who are in the workhouse can barter their diet if they please.

CHILDREN'S DEPARTMENT.

The Children's Department is satisfactory in being in a separate building—perhaps 100 yards or more from the workhouse, but belonging to and connected with it. The building is the old school, which was used before the children were sent to the board school. In connection with their school attendance their clothing is made in the house, and avoids any distinctive character indicating pauperism. The female caretaker of the children has the assistance of an inmate.

The ages of the children are from two to fifteen years. Babies are kept in the nursery till two years old. There are eight children between two and seven years, and seven boys at school. One boy is an epileptic and does not go to school.

Excepting the bread, which is given according to appetite, the younger children's food is weighed out separately.

Into the boys' department, J. H., aged eight, introduced ringworm of the scalp, and four took the disease. Infection may have originated in the board school where the children attend. Again, several of the children have a slight eruption at the corners of the mouth. The attendant applies a little ointment, but has not consulted the medical officer. The children's bodies are fairly clean, but their heads might be in better condition.

Girls.—The girls have two dormitories, each containing nine beds. One of the dormitories has a cubic capacity of 3,366 feet and the other 4,160 feet. The rooms are well ventilated and suitable, though cubic space in the smaller of them is not excessive. A sick room intended for the girls has a cubic capacity of 2,400 feet and contains two beds. At present it is not required. It is disconnected from the girl's department, and used as a bedroom for the epileptic boy.

Boys.—The boys' dormitories are two in number and identical in dimensions with the girl's dormitories above noted.

The dimensions of the boys' sick room are similar to those of the girls' sick rooms. It contains four beds, allowing 600 cubic feet per bed. There is cross ventilation by one window on each of two opposite sides. All the blankets for the children's department are stored in a press in this room.

These sick-rooms and dormitories are heated by open fireplaces and by hot-water pipes. The boys' day-room fire has a good guard.

The children's towels were dirty. There was only a single hair brush and comb for seven boys, and there were no tooth brushes. The wash basins, both for boys and girls, are good. The bathroom for the children is large. The hot water supply has no safety key, but the door of the room is kept locked.

Nursery.—The nursery is in the workhouse building—not in the schools which contain the "Children's Department." The assistant matron takes charge and receives some help from the mothers of the babies.

At present the only inmate is a baby twenty months old. The dietary scale is hung up in the kitchen. On the day of my visit the baby had pea soup and milk and bread.

There is a bedroom for mothers with babies. Its cubic capacity is 3,024 feet and it has four beds, allowing 756 cubic feet per bed. The babies sleep with the mothers up to the age of two years. There are no separate cribs for them. Each of the beds is provided with a small mackintosh sheet.

DORMITORIES, ETC.

Dormitories.—The young women's dormitory has ten beds. It has five windows each swung on a horizontal hinge. The young women's day-room opens into the courtyard. It has four windows, of which three are

fixed, but the door helps ventilation. Above this there are two dormitories, empty at present but needed in winter. The windows of the old women's dormitory open for ventilation. The receiving room for females is too small and in bad order.

Classification.—In the workhouse there is no classification as between deserving and undeserving or between able-bodied, infirm and imbeciles, and there is no accommodation for married couples. The imbeciles in the institution are roused and excited by mischievous inmates. The infectious disease hospital could be used for classification if staffed.

Objections to leave the Workhouse.—I was struck by examples of unwillingness to leave the workhouse and insistence to re-enter it:—

One is a stonemason, an in-and-out case, and not long out of prison. Another inmate, a bricklayer's labourer, aged fifty, and very lazy, objects to leave the workhouse. He is useful in bed-making and scrubbing, as it appears there are not enough female patients capable of doing the work. For the same reason some men are employed in the laundry, but these would be unfit for outside work. Another man, R. P., aged about sixty-two, was a farm labourer and collier. He is said to have some disease of the heart, but appears not unfit for work. He also will not leave the workhouse.

Employment.—The workhouse has abundant ground attached to it, including two corn fields and a large garden, so that there is more than enough outdoor work for all the inmates who are fit for it. There is no paid gardener. The garden work is done by vagrants and inmates, and a potato field is similarly attended to.

Closet Accommodation.—For ordinary inmates not in the infirmary there is a dry privy with five seats, and a bad urinal, adjoining.

Laundry.—The laundry is old and out of date. It is entirely wrought by pauper labour, and there is no separation in dealing with the clothing of inmates and officials.

Stores.—The meat is stored in a badly ventilated cellar.

VAGRANTS' ACCOMMODATION.

Males.—The male vagrants' accommodation is on the cell system. Of these cells there are twenty-five on the ground floor and eight on the first floor, thirty-three in all, heated by pipes and fitted with sail cloth hammocks. A water closet is provided. There is one bath of a somewhat unclean appearance but provided with a proper safety key for its hot water tap. This bath is not in a separate room; hence the person bathing must do so in the presence of persons waiting to be bathed. The cells are often occupied. Wood chopping and sawing have to be done in the open air as there are no covered premises for these purposes.

Females.—The female vagrant accommodation consists of a large platform on which straw mattresses are laid close together so that vermin and filth can freely spread from one inmate to another.

No person in authority is in charge of the vagrants. A pauper is employed for this work, receiving a little extra tobacco. It seems possible that a man of this type may receive small payments from tramps for giving them extra attention; and where admissions are so numerous it is not to be supposed that he can exercise any control. I am of opinion that under present conditions the proper bathing of vagrants cannot be enforced and that they cannot be properly tasked.

OUTDOOR MEDICAL RELIEF.

There are four relieving officers' districts as follows:—

District.	Acreage.	Population.
Hexham	52,596	11,386
Bywell	50,527	13,160
Chollerton	50,531	5,387
Allendale	51,833	4,778

The medical officers' districts are ten in number. Their acreage and population are as follows:—

District.	Acreage.	Population.
Hexham	12,199	8,450
Slaely	26,997	1,286
Shotley	15,243	1,140
Blanchland	11,185	326
Humshaugh	37,637	2,637
Haydon	21,994	3,386
Allendale	9,631	1,269
Wylam	4,805	6,240
Ovingham	11,197	4,853
Corbridge	22,213	3,630
Allenheads	4,748	952
Ninebanks	4,987	542

The guardians pay for expensive drugs.

Hexham District.—The relieving officer is about 9 miles from the limit of his district, about 8 miles from the furthest pauper, and 4 miles from the most distant village. He visits every part of his district weekly, and the guardians often write to him intimating cases.

The relieving officer makes inquiry before granting an order to the medical officer. If he thinks the people likely to suffer in health, owing, for example, to a large family and to inability to pay for private medical attendance, he grants an order. He thinks the services of the district medical officer are often wanted for the purpose of getting other relief—beef or milk, but he knows no case where this is improperly given. The relieving officer seldom refuses extras ordered by the district medical officers, but occasionally risks reducing the quantity of beef, though never of milk or beef tea. He would divide the infirm into two classes—the deserving old people who ought to get relief as an equivalent to an old-age pension, and the undeserving who should be offered the workhouse.

Whether the services of the district medical officer are granted for a case of confinement does not depend on the number of children but upon the whole facts.

Bywell District.—The relieving officer is about 16 miles from the extreme end of his district to the south-west, but only two paupers live there. The officer resides in the most populous part of his district. The furthest off village is Wylam 5 miles away. In addition to his regular visitation of the district, messages come to the relieving officer by letter or telephone, there being a private telephone available within about half a mile of his house. There are four district medical officers in the Bywell District. The furthest distance from them to the paupers of whom they have charge is only 2½ to 3 miles, and most of the patients are much nearer.

The relieving officer nearly always gives an order for the district medical officer without delay. He then visits and inquires and reports to the first meeting of the guardians, after which a list of persons who are to get relief is made out, and a copy sent to the district medical officer, who ceases to attend any whose names are not on the list. In this way, practically all poor people who apply receive medical attendance for a few days. This is a mining district and most of the workmen pay 9d. a fortnight to a colliery doctor, so that sometimes both the colliery doctor and the district medical officer may be in attendance.

Chollerton District.—There are eighty-one paupers in the district, of whom about ten are on the sick list. The relieving officer lives in Acomb, which is the most convenient centre. He is about 10 miles from the extreme end of his district, but there are no paupers further away

than 6 miles. Messages from the outside may be received by postcard or foot messenger, or by rail from Barrasford to Wall, which is $1\frac{1}{2}$ miles off.

There are three district medical officers, only one of whom is resident in the district.

One of the three resides in Hexham and is about 6 miles from the furthest house, at which, however, no pauper lives. He is about 4 miles from one of the chief villages and about 1 mile or more from the other. There is connection by railway and by telegraph.

Another district medical officer lives at Haydon Bridge and is 3 to 4 miles distant from his chief centres of population, which are connected by rail and road.

The third district medical officer lives at Humshaugh and is about 7 miles from the extreme end of his district, but no paupers live there. He is about $1\frac{1}{2}$ miles from

Barrasford and 3 miles from Gunnerton, which are the chief villages besides Humshaugh. He attends without waiting for an order. He often attends cases gratis, and provides medicine, without entering their names in the Poor Law Register. There is difficulty in getting medicine sent to the sick. He uses compressed tablets as far as practicable, and sometimes sends medicine by post, but occasionally it has to be carried by a foot messenger for 5 or 7 miles on a winter night.

Allendale District.—The conditions of out medical relief in Hexham Union were made sufficiently clear by my inspections of the Hexham, Bywell and Chollerston districts. I did not visit Allendale.

Out-Door Cases.—The following are notes on cases of out-relief in Hexham Union. Others have been transferred to the General Report.

Age.	Sex.	Remarks.
36	M.	Shoemaker. Appendicitis, operated on. This is a married man with a wife, and one child one and a half years old. His wage as a shoemaker is about 20s. weekly. Before marriage he was in lodgings, and paid 14s. a week for board and lodging. He had 10 parents to support. He has had several attacks of appendicitis during the last four years. He was off work for eight weeks in the latter part of 1905; three months in the spring of 1906; ten weeks in autumn of 1906, and has now been off again undergoing an operation in the Newcastle Royal Infirmary a month ago. He got an order for the infirmary through his society doctor. He receives 8s. weekly from the Oddfellows. His rent is 3s. 6d. weekly. He first obtained relief from the guardians owing to illness and destitution ten weeks ago—the amount being 5s. weekly.
74	F.	A blind woman who lives in a one-roomed house in a tenement building, and gets 4s. 6d. weekly from the guardians, besides help from the Roman Catholic church. She lives alone. The house is very dirty and infested with bugs. She should be in the workhouse, but refuses to go.
80	F.	Widow. Weak-minded. Lives with a niece aged sixteen, who attends to her. Receives 8s. weekly from the guardians. Should be in the workhouse, so that the niece would be able to get employment.
65	M.	Coal miner. Has had asthma for four or five years. Regularly at work until the disease began. Is married, and lives with his wife, without any family, in a one-roomed house. His earnings were 20s. to 30s. weekly. Is in a Gardeners' society, from which he gets 4s. weekly in addition to 5s. from the guardians. He is unfit for work, and apparently suffers from aphasia.
48	F.	Lupus of face. This is a widow with two children. She receives 4s. weekly from the guardians, and does needlework. She was attended by the district medical officer, who sent her to the Newcastle Royal Infirmary, an admission order having been obtained from the guardians. She also attended the Outdoor department of the Infirmary, and the guardians paid 25s. for a monthly season ticket to enable her to attend. This case has been promptly attended to.
48	F.	Widow. Heart and liver case. Husband died two and a half years ago. He was a labourer with 24s. weekly, and left a widow and five children, now aged nine to nineteen. The girl aged nineteen is a dyer and gets 9s. weekly. The guardians give 6s. 6d. weekly and the weekly rent is 5s. There are no lodgers. The patient was ailing in January, and was regularly attended by the district medical officer, who has again been in attendance. She is now getting better.
48	F.	Spinster. This woman had rheumatic fever at the age of sixteen years, and has had repeated attacks since then. Her joints are deformed, and she feels ill every spring. She has never been in any hospital or infirmary, but has always been attended by the district medical officer for thirty years. She lives with and is attended to by her mother. The guardians give 5s. weekly. This woman is in a comfortable cleanly home, and is not a case for the workhouse infirmary.
62	M.	Coke drawer. Heart disease and general debility. This man is a bachelor. He earned 22s. to 25s. weekly, and maintained his father and mother. He was in a coke oven club, which should have paid him 10s. weekly, but its funds would only allow 5s., and then 3s. Two years ago, after he had received this payment for one and a half years, the club broke up. He had been a contributor for forty years. He required no relief from the guardians until serious illness three years ago. He is now quite unfit for work, and gets 6s. weekly.
52	F.	Varicose ulcers. This woman's husband died four years ago. She lives with her daughter, aged sixteen, who is out of work. She gets 3s. and medical attendance from the guardians. Under treatment the ulcers are now healed.

Age.	Sex.	Remarks.
34	F.	A widow with three children, aged two to nine years. The husband died of appendicitis two years ago. The widow's father, aged seventy-one, lives with her, and gets 4s. from guardians. He had seven children, and has had aid from the guardians for the past two years. Was in the Ovingham Club, which paid 8s., then 4s., then 2s. weekly and after three years ceased payment. He might have saved money in the seventies when mining was good.
18	M.	Miner. Ophthalmia. This boy was reared in the workhouse from the age of three years until fourteen. His eyes were repeatedly bad there, and were treated by the medical officer. He went to work at fourteen as page boy at a hydropathic, but his eyes got bad again, and he now visits the Newcastle Eye Infirmary fortnightly. He gets medicine which causes salivation. His mother died when he was three years old, and his father is not known. He is a well-behaved lad, and lodges with people who know him. He receives 4s. weekly from the guardians. His eyes are improving again.
50	M.	Imbecile. Lives with mother and brother, and is kept clean and tidy. He has been much worse mentally since an attack of enteric fever fifteen years ago, and has stopped work entirely.
48	F.	Farm servant. Rheumatoid arthritis. Began fourteen years ago. Father had it before her. She became helpless about ten years ago. Does sewing and knitting at home. Lives with a sister. Gets 3s. from the guardians besides private charity. Is attended by district medical officer. House is a little damp and the kitchen window sealed, but the rooms upstairs have open windows back and front. This is a very clean house and the patient is well attended.

APPENDIX IV

NEWENT UNION, GLOUCESTERSHIRE.

The area of the union is 40,846 acres; it contains sixteen parishes, and the board of guardians has twenty-two members. The population at the census of 1901 was 8,249. As estimated for three inter-census periods it was:—

1885	-	-	-	-	10,620
1895	-	-	-	-	9,753
1905	-	-	-	-	8,064

The population is small and steadily getting smaller. The occupations are nearly wholly agricultural. The villages of Newent and Redmarley have the usual small shops and tradesmen. A saw mill and a tannery at Newent employ about forty people. The wages of agricultural labourers are 14s. to 15s. weekly. The extra earnings at harvest time are said to be only £1 or £2. Many labourers have a garden as part of their wage. In Newent the Foresters and Oddfellows Societies have a membership of about 250, and there are Conservative and Liberal Benefit Societies, which conduct a kind of savings bank and give sick benefit and provide annuities. There are some Church charities, giving coals and blankets, etc. There is no midwifery club, but midwives registered under the Midwives Act are available. The guardians subscribe to a fund for maintenance of three district nurses in different parts of the union and are being asked to contribute to getting a nurse for Newent village. They subscribe to the Gloucester Infirmary, which includes an eye institution. There are no dispensaries in the union.

The rateable value per head of the population was £6 15s. in 1904, as compared with £5 6s. in the county of Gloucester and also in a District consisting of the counties of Gloucester, Hereford, Worcester and Warwick.

STATISTICS OF PAUPERISM.

The rate per 1,000 of paupers to the total population was as follows in the Newent Union, the county of Gloucester, and a Group comprising the counties of Gloucester, Hereford, Worcester, Warwick, Shropshire, and Stafford:—

—	1875.	1885.	1895.	1905.
Newent Union -	78	47	39	43
Gloucester County -	53	39	39	36
Group as above -	41	33	33	32

Newent had a quite exceptionally high rate of pauperism thirty years ago—by far the highest of any of the thirty-one unions in its group—but the rate underwent a very great diminution between 1875 and 1895, since which time there has been a little increase again, and its pauperism is still considerably higher than that of its county and group.

Age Classification.—On January 1st, 1905, the percentages were as follow:—

—	Age in Years.		
	Under 16.	16 to 60.	60 plus.
Newent Union -	28	13	59
Gloucester County -	30	20	50
District (Gloucester, Hereford, Worcester and Warwick Counties).	30	20	50

Newent, therefore, has a considerably higher percentage of its pauperism in old age, and a considerably smaller percentage in the working periods of life, than the part of England in which it is situated. But this is much more than accounted for by the age distribution of its population. In Newent, among every 1,000 persons, no less than 133 were over sixty years old,

whereas the corresponding figure for the County was only 88, and for the District only 80. The emigration from Newent has seriously influenced the composition of its population, taking away the able-bodied and leaving the aged and infirm.

Indoor and Outdoor Pauperism.—The following are the percentages of outdoor pauperism to total pauperism at decennial intervals since 1875:—

	Percentage of Outdoor Pauperism to Total Pauperism.			
	1875.	1885.	1895.	1905.
Newent Union -	90	86	80	81
Gloucester County	89	83	84	83
Group as above -	85	80	81	79
Rural total of England and Wales.*	87	83	84	82
Urban total of England and Wales.	74	68	64	64
England and Wales total.	80	74	71	69

Newent has thus just about the average distribution for rural districts—four outdoor paupers for one indoor.

Cost of Pauperism.—Each pauper in Newent cost £11 2s. per annum, the county figure being £11 8s. and the group figure £12 4s. Its indoor paupers cost more—£11 15s., as against £10 10s. and £10 13s. respectively; and its outdoor paupers cost £5 17s., against £6 1s. in the County and £5 13s. in the Group. For salaries it paid a trifle less than the County and Group average—£2 2s. against £2 3s. and £2 5s.

Turning to the cost of pauperism per head of population, the Newent rate in 1904-5 was 10s. 1d., the County rate 9s. 5d., and the Group rate 8s. 6d. Newent, therefore, spent more on this basis than the County and group. The rural rate for England and Wales was 8s. 7d. for the same year.* The changes in the Newent rate are indicated as follows:—In 1881-2, 9s.; in 1891-2, 7s. 6d.; in 1901-2, 9s. 5d.; and in 1904-5, 10s. 1d. In the county the corresponding figures are 7s. 9d., 6s. 9d., 8s. 11d. and 9s. 5d., and in the Group 6s. 10d., 6s. 4d., 7s. 11d. and 8s. 6d.

THE WORKHOUSE.

The workhouse is situated in Newent, adjoining the railway station. It consists of a conglomeration of brick buildings on a limited site, with very little space between the different buildings. It is a very defective workhouse. The resident officials are as follows:—

Officer.	Salary.
	£ s. d.
Master - - - - -	54 11 3
Matron - - - - -	32 5 6
Children's caretaker - - - - -	22 5 6
Nurse - - - - -	22 5 6

The medical officer's salary is £20. There is no porter and no labour master. Two laundry women and a charwoman come in from the outside. A woman from the village is got for night nursing, or a trained nurse could be obtained from Gloucester if required.

The total number of inmates on the day of my inspection was sixty-seven, of whom fourteen slept in the sick wards.

* See footnote to page 14.

On January 1st, in each of the five years 1902-1906, the number of cases in the sick and lying-in wards was 18, 21, 20, 15 and 18. On the same dates of the same years the number of cases in the infectious wards was 7, 2, 0, 0, and 1. The number of births during the same five years was 3, 3, 2, 6 and 1.

The water supply of the institution is by two wells about 40 ft. deep situated in the women's and men's yards, and is pumped up by the inmates. Gloucester Corporation water is to be laid on for Newent and will be used for the workhouse. Except for the kitchen there is no hot water supply throughout the institution.

I saw new plans which are under consideration. The proposed accommodation is for 108 inmates, and it is intended that they shall not include any children, who are to live all together away from the workhouse. The new plans do not include any padded room for lunatics. The kitchen seems small, and its connection with the scullery is by a narrow door. The lying-in ward is shown on the ground flat, while the nurses' room is on a higher flat. No isolation ward is shown, but no doubt the accommodation provided is to be capable of some adaptation to changing conditions from time to time.

Classification.—There is no separation of able-bodied from infirm, nor of imbeciles from sane, nor of deserving from undeserving. There are no quarters for married couples, but none are required at present.

SICK WARDS.

These are in charge of a nurse who has been here for twenty years, and had previous experience in Cardiff and elsewhere, but is not certificated. As already stated, a woman comes in from the village for night nursing when required: she is not a trained nurse. When there is no night nurse the wardswoman helps the patients in and out of bed. The nurse does not keep a report book, but reports verbally to the medical officer. There is a supply of temperature charts in addition to the bed cards.

Cases requiring operation go to Gloucester Hospital. The workhouse has no ambulance waggon, a cab being used for removal of cases.

The sick ward accommodation is limited, so that some who would otherwise occupy it sleep in the workhouse.

The workhouse medical officer, whose house is a few hundred yards from the building, visits five times weekly. He makes up medicines. He hardly ever orders alcohol, either indoor or outdoor.

The *Men's Sick Ward* has dimensions:—19 feet by 14 feet by 10 feet = 2,660 feet ÷ 6 = 433 cubic feet per patient. The Local Government Board's minimum requirement is 600 cubic feet per patient.

There are two good windows sashed and double-hung at one end, an open fireplace on one side and a ceiling opening into a blind attic, which has a ventilator at the top. The walls are painted, and the floor is in fair order. There are four good bedsteads and two old ones. The ward has four inmates at night at present, of whom one is the wardswoman. There are no bedridden cases.

The inmates in question, exclusive of the wardswoman, are:—

Name.	Sex.	Remarks.
G.B.	M.	Old age and softening of brain. A wet and dirty case. The bed is covered by a large mackintosh sheet, but the sheet is so worn that it allows the bed underneath to get soiled.
R.B.	M.	Fistula. Was sent to Gloucester General Infirmary on May 27th, and returned on the 30th without operation. At present the cause of his return is not known.
W.J.	M.	Cripple from birth. He came into the house lately after having had out relief for fifty years.

The *Bathroom*, which is on a different floor, has only cold water, and a portable bath has to be used for men

who cannot climb stairs. The bathing intervals are somewhat irregular owing to this inconvenience. Bathing rules are hung up in the bathroom.

The *Women's Sick Ward* has dimensions:—18 feet 6 inches by 15 feet by 8 feet 9 inches = 2,428 ÷ 9 = 269 cubic feet per patient.

There are two large sashed windows on one side partly opening, with the door on the same side. Also there is a fireplace on one side of the ward and a door on the other, but there is no cross ventilation or ceiling ventilation, and the place is obviously overcrowded though clean.

This ward has nine beds. Six of the bedsteads are modern and three are old. At present it contains six patients, of whom only one (M. H.) is bed-ridden. This is a wet and dirty case, with bad bed sores on both sides of the pelvis. She is lying on a tubular air bed.

The other inmates are:—

Name.	Sex.	Age.	Remarks.
M.O.	F.	—	Debility.
C.P.	F.	74	Debility.
E.C.	F.	65	Blind and temporarily paralysed.
C.T.	F.	—	Ulcerated legs.
A.B.	F.	—	Wardswoman. She is a mental case but can work. She helps patients into and out of bed when required.

The *Bathroom* for this ward is on a lower floor and has no hot water supply, but has a good enamelled bath. The inmates of the ward at present are too feeble to use the bath. Instead a portable bath is brought into the ward, and hot and cold water are carried upstairs into it. The nurse herself uses the enamelled bath. The infirm old women are bathed only once a month, but the bedridden case is blanket bathed weekly.

The women's *Side Sick Ward* has dimensions: 12 feet by 11 feet by 9 feet = 1,188 ÷ 3 = 396 cubic feet.

There are two inmates at present:—

Name.	Sex.	Age.	Remarks.
E.G.	F.	80	Old age.
F.D.	F.	26	Ingrowing toe-nails which have been cut.

Lying-in Ward.—The lying-in ward has dimensions: 15 feet by 13½ feet by 9 feet = 1,822 ÷ 3 = 607 cubic feet per bed.

There is one double-sashed window. The iron frame of the labour and lying-in beds is only about 15 inches high, which is too low for convenience in attending such cases.

When a case is about to occur the nurse informs the master, who sends for the medical officer. There has been no confinement case since January, 1906, but one is expected shortly. An old woman, aged seventy-four, who is troubled with bronchitis, sleeps in the lying-in ward at present and will act as wardswoman when this case occurs.

Linen Store.—All sheets in the institution are 9 feet by 6 feet. There are four sheets per bed for the sick wards and three sheets per bed for the house, and about thirty draw sheets besides. The linen is partly kept in the matron's store and partly in the men's convalescent wards. The linen for the lying-in department is not separately marked. No inventory of the linen is kept apart from the general inventory of the institution.

Two tubular air beds are kept laid out flat in an attic, and mackintosh cloth is properly kept on a roller.

Medicines are stored in a press in the men's convalescent room, which is convenient to the sick wards and to the

nurse's room. There is no separate poison press, and some of the poisons are not so labelled or the label has become defaced.

Itch and Venereal Wards.

These wards are situated over the male tramps' quarters and are entered by an outside stair from a passage between the tramps' quarters and the labour yard.

There are two wards with brick walls limewashed.

Ward 1 has dimensions 16 feet by 16 feet by 12 feet = 3,072 ÷ 3 = 1,024 cubic feet. This ward has three windows, the tops of which are too far from the ceiling to allow perfect ventilation.

Ward 2 has dimensions 14 feet by 16 feet by 12 feet = 2,688 ÷ 2 = 1,344 cubic feet.

These wards are intended one for males and one for females. They would also be used as overflow accommodation for tramps when the tramp department is full, and they might temporarily be employed for scarlet fever or small-pox occurring in the house until the hospital belonging to the rural district council could be prepared.

There is one water closet for the two wards, with part of its wood-work rotten.

IMBECILES.

There are five imbeciles on the list at present.

There is situated on the women's side and opening into their yard a ward intended for the reception of a lunatic case. It has a stone floor and brick walls and is at present occupied at night, by a noisy old man. The room is unsuitable.

The institution has no padded room.

CHILDREN'S DEPARTMENT.

This is in charge of a paid female caretaker. There are no boarded-out children.

The workhouse children go out to school. They dine in the common dining hall with the adults. Their food is weighed out separately, but not their bread, which is cut into slices, and supplemented if required.

The playground for the children's department looks into the workhouse garden, which is cultivated by inmates. There is now a railing which permits the children to see the garden and the railway station. That is an improvement on a brick wall but the arrangement has the effect of bringing the children too much into relation with the inmates of the workhouse.

Boys' Division.

There are at present six boys who have no tooth brushes and whose teeth need attention. They are otherwise clean. They have a lavatory containing a large old bath of slate supplied with cold water only. They all bathe in it weekly. They use a hand-flushed trough water closet with three seats—not partitioned between. The apartment is dark.

Their *Dormitory* has dimensions:—30 feet by 13 feet by 9½ feet = 3,705 ÷ 11 = 336 cubic feet. It has two windows on one side and two in the gable extending up to near the ridge. There is no fireplace. The walls are of brick and colour-washed and are not very clean. It is occupied at present by only six boys.

Girls' Division.

The girls are clean, but their hair brushes are not tidy, and they have no tooth brushes. They use a trough closet similar to that of the boys. They wash in the day room, carrying water from an outside tank. They have no proper bath.

Their *Dormitory* has dimensions:—14 feet by 20 feet by 9 feet = 2,520 feet ÷ 8 = 315 cubic feet. It has only one side window and one small gable window, the ventilation being defective. The walls are not very clean.

Nursery.

The able-bodied women's day room serves for a nursery. The infirm nurse takes charge, there being no separate paid officer. An inmate attends to the day room. At present there is one baby, ten months old, who is nursed by the mother.

The children's apartments are well separated from the rest of the institution, and the fireplaces in them are protected by guards.

DORMITORIES.

Men.

Men's Chief Dormitory has dimensions:—35 feet 6 inches by 16 feet by 16 feet = 9,088 feet ÷ 17 = 534 cubic feet per head. There are two windows and a fireplace on one side, one window on the other side and a small opening in the ceiling. The ventilation is very bad. The walls are of brick, painted over.

Men's Side Dormitory, No. 1, has dimensions:—11 feet by 15 feet by 10 feet = 1,650 feet ÷ 4 = 412 cubic feet. It has two opposite windows, a fireplace in one corner, and an opening in the ceiling. The walls are of brick, and have an irregular surface painted over.

Men's Side Dormitory, No. 2, has dimensions:—11 feet by 14 feet by 10 feet = 1,540 feet ÷ 5 = 308 cubic feet.

It has two windows, a door, and an open fireplace.

The bedsteads in these wards are very old-fashioned.

The *Day Room* is a pleasant room with a good aspect. It had twelve occupants at the time of my visit. All the windows were closed excepting for a space of 3 inches at the top of one of them.

Women.

The Women's Dormitories are on upper floors. There is no water closet in the block of buildings; a night stool stands in one of the wards.

Women's East Dormitory has dimensions 16 feet by 14 feet by 9 feet = 2,016 ÷ 5 = 403 cubic feet. The windows open, but the window tops are 3 or 4 feet below the ceiling. The walls are of brick, colour-washed. The room contains four beds and a baby's cot.

Women's Mid Dormitory has dimensions:—16 feet by 14 feet by 9 feet = 2,016 ÷ 4 = 504 cubic feet. The room has one window with the top 3 feet from the ceiling.

Women's West Dormitory has dimensions 18 feet by 11 feet by 9 feet = 1,782 ÷ 3 = 594 cubic feet.

On the top floor there are the following sleeping apartments for women, which I shall refer to as *rooms*, for convenience in distinguishing them from the apartments just described.

Women's East Room.—This is used at present for a child with chicken-pox, who has a temporary nurse from the village. The room is open up to the ridge and the ventilation insufficient. A case of phthisis was treated here. The dimensions of this room are 18 feet by 16 feet by 9 feet 6 inches = 2,736 cubic feet ÷ 4 = 689 cubic feet per bed.

Women's Mid Room.—This contains only one bed and is sufficiently ventilated by the window. It has dimensions 12 feet 6 inches by 10 feet by 9 feet 6 inches = 1,187 cubic feet.

Women's West Room has dimensions:—17 feet by 15 feet by 8½ feet = 2,167 ÷ 3 = 722 cubic feet. This apartment has two windows, but the tops are too far from the ceiling.

The women's *Day Room* is fresh and clean, but the inmates always wish to keep the windows closed.

Receiving Wards.—The men's receiving room has a slate bath, and water for it is piped from an adjoining washing house boiler.

The women's receiving ward has two beds and a bath. The bath has no water supply, either hot or cold, water having to be carried to it. The bathroom walls are of brick, painted over. It opens into the women's yard, into which also open the day room, used as a nursery, together with a lunatic room and the kitchen.

Laundry.—The present laundry is an old building without drying horses, hydro-extractor or similar apparatus. Soiled clothing is carried to a tub beside the laundry.

The *Kitchen and Stores* are very old and unsuitable. Dripping is utilised for puddings and spread on bread for a Saturday lunch. The cooking for the nursing staff is done in the kitchen of the institution.

The *Mortuary* is a dark closet.

Sanitary Accommodation.—There are two trough closets in the labour yards and these are perhaps intended for the ordinary inmates of the house, but communication with the tramps is obviously undesirable. One of them can be made available for the inmates in the evening when the tramps are not employed in the labour yard. Apart from these there is only one water closet for the whole of the male inmates, excluding the infirmary.

Visitors.

Of sixty-seven inmates, forty-four have no visitors. The twenty-three who have visitors are as follows:—

- (1) The M. family of three persons have visitors about thrice yearly.
- (2) The H. family of five persons have a visitor fortnightly.
- (3) Mrs. C. (60). Has two visitors quarterly.
- (4) The H. family of two persons have two visitors about quarterly.
- (5) Mrs. G. (70). Two visitors quarterly.
- (6) A. B. (45). Two visitors quarterly.
- (7) F. D. (25). Entered workhouse within recent months and has had one visit from two friends.
- (8) E. S. (35). Two visitors half yearly, and occasionally another.
- (9) J. S. (65). About three visitors quarterly.
- (10) E. P. (80). One visitor quarterly.
- (11) E. J. (36). Two visitors about thrice yearly.
- (12) J. P. (13). One visitor about every two months.
- (13) E. and T. B. (11 and 13). Two or three visitors about twice yearly.
- (14) M. H. (65). Came in nine months ago, and has had two visitors twice since then.
- (15) J. H. (18). One visitor about yearly.

The visiting time is Wednesday afternoon, but visitors from a distance are admitted at any time. Of the twenty-three paupers who have visitors, thirteen had their former residence in Newent, where the workhouse is situated.

At Newent workhouse there are no fixed liberty days. Aged inmates go out with permission when they ask to do so. Several go out about once a month: some once in two months: others less frequently. A dozen in all at present avail themselves of the privilege offered. The rest of the inmates either have no friends in the neighbourhood, or, if they have, are too infirm to visit them.

Employment.

The institution has a garden of about ¼ acres in extent.

The male inmates are employed partly in gardening and partly in firewood making, and the able-bodied occasionally in stone brick making. One man can also mend shoes.

The female inmates do sewing, dusting, bedmaking, etc., but at present only two or three are fit to give any help in the laundry or washing house.

Firewood brings in about £12 yearly; there is no bunching machine for the firewood.

Five or six pigs are kept: the swill is insufficient, and is being supplemented from the outside.

VAGRANTS' DEPARTMENT.

There is no officer in charge of the vagrants.

Male Vagrants.—There are two cells for individuals and a platform which accommodates five, without partitions. The windows can open but are closed at present. There is a slate bath with cold water only, and an imperfect supply of that. Bathing rules are hung up. Verminous clothing is fumigated by sulphur.

Female Vagrants.—In the women's tramp ward the beds are old and close together, and the ventilation is bad. The bathing provision is similar to that of the men.

CUBIC SPACE.

The following table gives a general view of the cubic space provided in certain wards and dormitories at Newent Workhouse, as compared with the minimum requirements of the Local Government Board.

Cubic Space per Bed.

	Newent Workhouse Wards and Dormitories.	Local Govern- ment Board Minimum.
	Cubic Feet.	Cubic Feet.
Men's Sick Ward . . .	433	600
Women's Sick Ward . . .	269	600
Women's Side Sick Ward . . .	336	600
Lying-in Ward . . .	607	960
Itch and Venereal Ward (1) . . .	1,024	600
" " " (2) . . .	1,344	600
Boys' Dormitory . . .	336	360
Girls' " . . .	315	360
Men's Chief Dormitory . . .	534	360
Men's Side Dormitory (1) . . .	412	360
" " (2) . . .	308	360
Women's East Dormitory . . .	403	360
" Mid " . . .	504	360
" West " . . .	594	360
" East Room . . .	689	360
" Mid " . . .	1,187	360
" West " . . .	722	360

Summary of Defects.—The buildings are crowded on an insufficient site; the number of beds in the sick wards and in the children's dormitories is greater than these can accommodate on the minimum standard of cubic space; the hot water supply is very defective; the bathing arrangements are inconvenient; the baths are without safety keys; the ventilation of some of the apartments is bad, and the vagrant accommodation is inadequate. Either a new workhouse should be built, or extensive and very thorough renovation carried out.

OUTDOOR MEDICAL RELIEF.

Relieving Officers' Districts.

There are two relieving officers' districts, as follows:—

District.	Acreage.	Census Popula- tion.	Salary.
Newent . . .	16,038	4,026	£56
Redmarley . . .	20,970	4,223	£70

Cases.

In addition to cases entered in the General Report, notes were made of the following:—

Sex.	Age.	Remarks.
M.	87	Live in an almshouse in Newent. The man is blind and bedridden, and his wife has lumbago. The guardians pay a woman 2s. 6d. weekly for attending to them, and the attendant receives also 1s. 6d. as a pauper. She sleeps in the almshouse for convenience of nursing. She is aged about forty, and is weak minded. The guardians allow the old man and his wife 5s. weekly, and milk or bovril is ordered by the district medical officer. The almshouse authority provides only the accommodation, giving no money payment.
F.	84	
F.	89	Bedridden for many years owing to old age. The guardians pay a woman 6s. weekly for attending to the pauper, and she lives in the house with her. There is no bed sore and the old woman is sufficiently well cared for.
F.	62	Chronic rheumatism. Has been lame since the age of eight years. Loses a good deal of sleep. The district medical officer calls occasionally and gives her medicine. The limb is painted with iodine.
M.	84	Old age and heart disease. A daughter came home from service in October to nurse the mother, who died. She has remained to nurse the father, as the only alternative would be the offer of the workhouse, which he would greatly dislike. When he dies she will return to service. The house is clean and tidy.

Medical Officers' Districts.

There are four medical officers' districts, as follows:—

District.	Acreage.	Census Popula- tion.	Salary.
Newent . . .	11,098	3,333	£ s. d. 74 0 0
Dymock . . .	11,240	1,969	52 10 0
Redmarley . . .	10,519	2,366	60 0 0
Bromsburrow . . .	4,151	581	17 10 0

Newent Relieving Officer's District.

Owing to family bereavement the Redmarley relieving officer was unable to accompany me round his district, so my outdoor inspection was confined to Newent District, whose centre is Newent village.

The distance from the relieving officer's residence to the furthest village in his district is about seven miles, and the distance of the district medical officer from the same village is the same. There is a railway station within half a mile of the village. Messages would be conveyed by a farmer or by the rector, who would send someone on horseback. Most of the population is within three miles.

In doubtful cases the relieving officer would give an order for relief on loan, but he knows most of the people, though a stranger might have to be enquired about. He thinks that medical relief may be the immediate stepping stone to pauperism if the district medical officer gives extras such as milk or bovril. The routine system in the district is that all acute cases requiring institutional treatment such as operation go to the Gloucester Infirmary. A man with gangrene of the toe went a few days ago on the recommendation of the medical officer and the guardians paid his fare. The workhouse sick wards are not looked on as the natural resort even for a case of this sort.

I met the district nurse, who states that various cases would be better in the workhouse infirmary, but that they will not go. They have lived on in their own cottage for perhaps forty years; they have brought up their family there and they refuse to leave.

The guardians in this district pay a good deal of money for so-called nursing by neighbours, which is really not skilled nursing of the sick, but attention given to the infirm and bedridden and to keeping the house in order. For a skilled nurse there would be no suitable accommodation. Housekeeping rather than nursing is what the guardians provide.

Dymock Medical Officer's District.

I saw one of the district medical officers, his area being Dymock district. Orders for his services are not renewed, but he continues to attend till a case is better. He does not readily grant extras. He provides all but expensive medicines. His furthest distance from a patient is about six miles. At present he has only a single outdoor patient under sixty on his pauper list.

APPENDIX V.

CLUTTON UNION, SOMERSET.

The area of the union is 47,897 acres; it contains twenty-seven parishes, and the board of guardians has thirty-eight members. The population at the census of 1901 was 25,763. As estimated for three inter-census periods it was as follows:—

1885.	1895.	1905.
24,434	26,119	26,119

Census figures given in a half-yearly statement published by the guardians are as follow:—

1871.	1881.	1891.	1901.
23,718	23,646	24,904	25,763

Both sets of figures indicate a slight increase in the population. The union includes the urban districts of Midsomer Norton, 5,041, and Radstock, 3,438. The rural parishes with the largest population are Paulton, 2,301; Camerton, 1,877; Chew Magna, 1,481; Timsbury, 1,390; and Clutton, 1,095. In some of the smaller parishes there has been a decrease in population. The urban districts and the larger parishes excepting Chew Magna, show an increase.

The working class population is occupied, in about equal parts, in two main industries, agriculture and coal mining. There is also a little shoemaking and there is a flour mill; the railway gives the usual amount of employment. Coal miners earn 25s. to 30s. per week, and agricultural labourers get about 16s., besides the harvesting money, which pays the rent. Also, the agricultural labourer may get a potato patch worth about 2s. weekly if the farmer ploughs and manures it; or may get half a gallon of cyder daily, and sometimes a free house.

There are the usual friendly societies, Foresters, Odd-fellows, etc., and the relieving officers were to ascertain and let me know the membership, but the guardians on learning of my inspection instructed the officers to give me no information—the only experience of the sort in the whole course of my inquiries. Several slate clubs have been broken up in recent years. One village, East Hartree, has a clothing and coal club.

The guardians contribute to the maintenance of four district nurses, giving £2 2s. annually in each of three cases and £1 1s. in the fourth. They also contribute to various hospitals and institutions. The total sums paid by them on account of all such purposes are £49 7s. They are besides charged 10s. per week for any case they send to hospital in Bristol, for operation or otherwise. There are no medical dispensaries or other medical charities within the union.

The rateable value per head of the population was £5 15s. in 1904, as compared with £6 13s. in the county of Somerset and £5 13s. in a District composed of Devonshire, Cornwall and Somersetshire.

STATISTICS OF PAUPERISM.

The rate per 1,000 of paupers to the total population was as follows in the Clutton Union, the county of Somerset and in a Group consisting of Hampshire, Wiltshire, Dorsetshire, Somerset, Devon and Cornwall:—

	1875.	1885.	1895.	1905.
Clutton Union	59	50	48	38
Somerset County	54	40	37	28
Group as above	52	39	36	29

There has therefore been a considerable diminution of pauperism in the Clutton Union but not to the same extent nor in the same proportion as in the division of the country to which it belongs.

The actual number of paupers was 1,216 in 1885; 1,252 in 1895; 1,097 on September 1st, 1903; and 990 in 1905.

Age Classification.—On January 1st, 1905, the percentages were as follows:—

	Age in Years.		
	Under 16.	16 to 60.	60 plus.
Clutton Union	21	15	64
Somerset County	23	18	59
District (Devon, Cornwall, Somerset)	23	22	55

Clutton has therefore a higher percentage of its pauperism in old age than has the part of the country in which it is situated, and this is emphasised by noting the age distribution of the general population. In Clutton, the persons aged sixty and over per 1,000 of population are 94, in Somersetshire, 104, and in the District, 106. Clutton therefore has a smaller proportion of its population but a larger proportion of its pauperism in old age, than has the District to which it belongs.

Indoor and Outdoor Pauperism.—The following are the percentages of outdoor pauperism to total pauperism (exclusive of lunatics and vagrants) at decennial intervals since 1875:—

	1875.	1885.	1895.	1905.
Clutton	91	87	88	85
Somerset County	90	86	86	82
Group as above	88	85	85	81
Rural Total of England and Wales*	87	83	84	82
Urban Total of England and Wales	74	68	64	64
England and Wales total	80	74	71	69

The proportion of outdoor to indoor pauperism has slightly diminished in the past thirty years, but is still very high.

Cost of Pauperism.—Each pauper in Clutton costs only £9 14s. per annum as compared with £11 16s. in the county and £12 2s. in Group 2. The low figure per pauper is partly explained by the large proportion of outdoor pauperism which cost less per person than indoor, but even comparing outdoor with outdoor and indoor with indoor Clutton paupers costs less than the average of the County and group. The cost of salaries is £1 9s. per pauper, which is much lower than the average £2 of the County and of the Group. Turning to the cost of pauperism per head of the population, the Clutton rate in 1904-5 was 8s., the County rate 7s. 7d., and the Group rate 7s. 10d. On this basis, therefore, Clutton spent a little more than the County and Group. In the whole of rural England and Wales the rate was 8s. 7d.* A notable fact is that in Clutton the cost shows very little increase, the expenditure per head of population having been 10s. 2d. in 1881-2, 7s. 5d. in 1891-2, 7s. 9d. in 1901-2, and 8s. in 1904-5. In the county the corresponding figures are 8s., 6s. 5d., 7s. 5d., and 7s. 7d.; and in rural England and Wales as a whole, *ie.* 3d., 6s. 9d., 8s., and 8s. 7d.

Officials.

The following are the officials of the union, with their salaries:—

	Workhouse Officers.		Salary.
	£	s.	d.
Master	70	0	0
Matron	50	0	0
Matron's assistant	30	0	0
Porter	25	0	0
Superintendent of male labour	20	0	0
Nurse	45	10	0
"	25	0	0
"	18	0	0
Superintendent of female labour	66	0	0
Baker (non-resident)	60	0	0
Workhouse medical officer	60	0	0

* See footnote to p. 14.

District medical officers :—

	£	s.	d.
1	55	0	0
2	47	0	0
3	37	10	0
4	65	0	0
5	66	0	0
6	49	0	0
7	31	0	0

Relieving officers and districts :—

1. Camerton Paulton, Radstock, 3,814 acres; pop. 7,482	108	4	0
2. Chewstoke, etc., 17,759 acres; pop. 7,031	108	4	0
3. Midsomer Norton, 7,348 acres; pop. 7,357	108	4	0
4. East Harptree, 17,314 acres; pop. 3,893	108	4	0
Relieving officer for vagrants	10	0	0

WORKHOUSE.

Clutton workhouse was built in 1836, evidently for workhouse purposes and on a definite plan. It is situated on a hillside and has a fine view of a very pleasant open country. There are three parallel rows of buildings, one overlooking the other and all standing on terraced

ground, excavated and made up for the purpose. The ground rises from front to back of the workhouse.

In the front range of buildings are the clerks' office the guardians' meeting room, the porter's lodge, the stables, accommodation for women tramps; and on the upper floor the chapel.

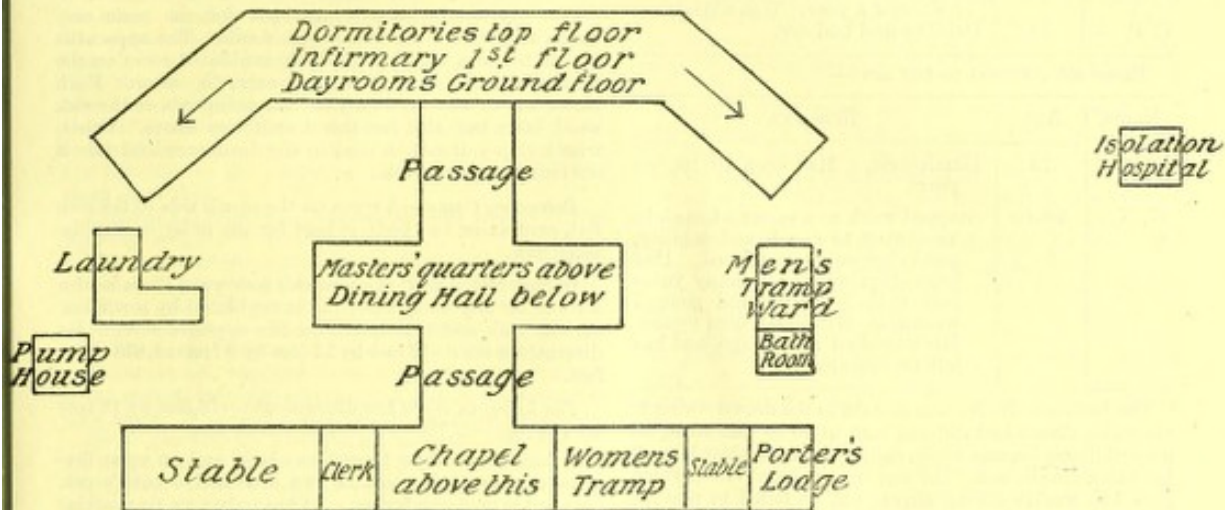
A passage leads back from the middle of this building towards the second range, which is smaller and has the dining hall on the ground floor with the master's quarters above. The passage continues backwards to the main range of buildings, which is a three-storied structure with day rooms on the ground floor, the sick wards on the first floor and the dormitories on the top floor. This main building is somewhat crescent-shaped with the concave side of the crescent towards the other buildings. Behind it there is a public road which is on a higher level.

To prevent damp an area several feet wide has been excavated between this road and the back wall of the building. The area is roofed over and constitutes a dark tunnel-like passage.

A separate building in an adjoining field belonging to the workhouse is intended to be used as an isolation hospital.

I submit a very rough sketch of the building, not drawn to scale and pretending to no exactitude.

Road against Institution



The top flat of the main building is above the road level at the back, but there are no windows on that side. It is, of course, objectionable to have institution windows looking directly into a public road, but windows with dim glass should be inserted in the wall here and protected by iron bars.

The water supply of the institution is from a well 90 feet deep. The water is pumped into a covered tank in high ground behind the workhouse and is thence led by gravitation into the building.

SICK WARDS.

Medical Officer.—The medical officer's salary includes drugs. Antitoxin is provided by the guardians for outside cases; they also provide cod liver oil. The medical officer lives near the workhouse—perhaps a third of a mile away, and visits two or three times weekly—oftener if necessary. He does not send a deputy unless he is on holiday. He does not attend the guardians' meetings. His half-yearly report due 25th March did not appear in the book designated for the purpose.

Nursing.—The day nurse has been here for two years; she has had two years' training in the hospital of the county asylum, Dorchester. She has no nursing certificate, but has a midwifery certificate.

The night nurse has been here for four months; she came from the Bodmin asylum, where she had been for three years.

The day nurse does not keep a report book, but reports verbally to the doctor when he visits. The night nurse reports verbally to the day nurse.

When a confinement is about to take place the medical officer is always sent for and always comes.

The bed cards are diet cards, and only four are in use. The other inmates are dieted according to the printed dietaries. The diet cards have no temperature charts, but these are brought by the medical officer for cases requiring them.

As just explained, the sick or infirmary wards are situated on the first or middle floor of the main building adjoining the road. The rise of the ground to the road behind prevents proper cross-ventilation, but to minimise this objection large modern windows, opening freely and in a thoroughly satisfactory manner, were inserted on the open side of the building about three years ago. The upper third of each window is hinged, and the ventilation is under control of the nurses by means of a detachable key. There are four Tobin's tubes in each of the two main wards—two tubes on each side of the ward. In addition there are some gratings on the ceiling on the opposite side from the windows, which are intended for ventilation. The gratings open into tubes which are carried up through the next flat. They are, no doubt, of some use, but their value is very limited.

The sick wards, though old, are very clean. They are furnished with iron bedsteads, most of them modern and of good quality. The mattresses, however, which are of flock, are not sufficiently filled, so that depressions in them made by the patients' bodies reach down to the wire mattress beneath.

The standard of cleanliness of the patients might be somewhat raised. They were not actually dirty, but their heads, etc., might have been cleaner.

The wardsmen and the wardswomen do no nursing; they scrub, carry food, and help in bathing.

Infirm old men who cannot well climb to the top flat sleep in a room on the mid floor.

MALE WARD

The dimensions of the male ward are:—48 feet by 17 feet by 9 feet 6 inches = 7,752 ÷ 13 = 596 cubic feet per bed.

The walls are not lathed but are plastered on the solid and painted over; they are clean.

The floors are old, with wide seams, and are not covered by linoleum.

The total inmates at present are nine, of whom seven are confined to bed. The seven are as follows:—

Name.	Age.	Remarks.
J. H. -	78	Rheumatic gout. Has been confined to bed for six years since he first came in.
W. F. -	72	Chronic rheumatism.
W. H. -	37	Hemiplegia due to suicidal gun shot wound five years ago, it having been found impracticable to remove the bullet. The man was taken to Paulton Cottage Hospital first, then came here. He was a footman.
G. B. -	82	Old age.
S. V. -	70	Debility.
T. M. -	67	Rheumatism. Has been an inmate for about a year. Was a labourer.
C. P. -	74	Debility and bad eye.

Those not confined to bed are:—

Name.	Age.	Remarks.
D. R. -	73	Hemiplegia. Has been in for six years.
W. N. -	30-40	Stopped work as a miner a fortnight ago owing to cough and debility, and is becoming emaciated. Has been often ailing for many years past with influenza and general weakness. His father died young. His wife died a year ago, and has left two children.

The last case, W. N., was in debt to the doctor owing to his wife's illness and did not care to go to him since his present illness became acute, endeavouring to treat himself by patent medicines. He was in a miners' club, which gave 14s. weekly during illness, but he failed to pay his contributions and so lost the benefit. The full wage of miners in the locality is about 4s. 3d. a day, but the man was able to earn only about 3s., owing to his weak condition.

FEMALE WARDS.

The dimensions of women's sick ward, No. 1, are 38 feet by 17 feet by 9½ feet = 6,137 ÷ 10 = 613·7 cubic feet per bed.

Its structure and ventilation are the same as the men's ward in every respect.

In this ward there are nine inmates, of whom five are bedridden. These five are as follows:—

Name.	Age.	Remarks.
R. N. -	87	Senile decay. A wet and dirty case.
L. W. -	79	" " "
E. H. -	84	Ulcerated leg. " "
C. G. -	90	Blindness.
C. S. -	90	Old age.

The following four are not confined to bed:—

Name.	Age.	Remarks.
A. P. -	38	Club foot and congenital paralysis. Lived with sister till a year ago and came into workhouse when sister left locality.
E. P. -	60	Hemiplegia. Been in for four years.
S. M. -	75	Ulcerated leg. Being properly treated with boracic powder and tow and gauze dressing.
S. G. -	84	Old age.

Adjoining this sick ward there is another, No. 2, containing eight beds occupied by old women, five of whom are too infirm to go downstairs, whilst the other three are able to go to the old women's day room on the ground flat.

Four of the occupants are:—

Name.	Age.	Remarks.
R. G. -	75	Rheumatic gout. Been twelve years in infirmary.
J. S. -	69	Senile decay—bodily and mental.
A. B. -	82	Old age and debility.
J. W. -	78	" "

At present two men, one of whom is not confined to bed, and four women, two of whom are not confined to bed, need regular nursing.

Sanitary arrangements.—These are most defective. The sick wards have no bathroom connected with them. A portable iron bath—not on wheels—has to be carried into the wards. There is one such bath for either sex.

Hot water is not provided on the sick ward flat, but has to be carried up from the flat below. Cold water is on tap on the landing where the bath stands adjoining the wards.

One dry earth-closet is provided for the male sick wards and one for the female sick wards. The apparatus is situated in a small, dark, badly ventilated room on the same landing; the room, however, is clean. Each closet has to serve not only for the occupants of the sick ward beds but also for the dormitories above. Otherwise a slop pail can be used in the dormitory, and this is obviously objectionable.

Refractory Cases.—A room on the men's side of the sick flat, containing two beds, is kept for any noisy or troublesome case.

In connection with the women's sick ward there is also a room for any noisy case. It is ventilated by a window on one side and a fireplace on the opposite side. Its dimensions are:—12 feet by 17 feet by 9 feet = 1,836 cubic feet.

The Lying-in Ward has dimensions:—12 feet by 18 feet by 12½ feet = 2,700 ÷ 2 = 1,350 cubic feet.

It has one window hinged as above and an open fireplace opposite. It contains two beds and a baby's cot. One bed is made up for use. It has only a single mackintosh instead of two or three with sheets between. The same bed is used all through the case both for labour and for lying-in. The iron bed frame is only about 15 inches high, which is too low for convenience in cases requiring the use of forceps. The confinements average about four yearly.

Linen, etc.—The bed sheets for the lying-in ward are about 7½ feet by 6 feet. The lying-in linen is not separately marked but is distinguished from the rest by the fact that the sheets for the rest of the institution are only 5 feet wide.

There are four sheets for each bed and in addition forty-eight draw sheets for the twenty-three beds in the infirmary. The draw sheets in use are washed daily. Foul linen is carried direct to the laundry.

Water beds are kept inflated and lying flat on empty bedsteads. The mackintoshes, however, are folded up in the linen press instead of being kept on a roller. There are three ribbed water beds and twelve full-size mackintosh sheets. There are no air pillows.

No inventory of the linen is hung up in the store-room. The inventories of all kinds are kept in the office.

Medicine Store.—There is no separate poison press. All medicines are kept in one press, though most of the poisons are on the top shelves. No medicines are kept in the wards. The medicine press was rather untidy, containing empty bottles, etc.

Operative Surgery.—There are no conveniences for operative surgery, nor for nursing after operation; cases requiring operation would be sent to Bristol.

Infectious Disease Hospital.—The infectious disease hospital is a cottage of three apartments in a garden

adjoining and belonging to the workhouse. Its water supply would be from a pump well in the garden, there being no water piped into the building. There is no water closet nor any other such accommodation. The hospital at present is not required. The kitchen is being used as a general store and the upper flat as a store for potatoes, French beans, etc.

Phthisis.—There is no special accommodation for phthisis, and there are no cases at present.

CHILDREN'S DEPARTMENT.

The total inmates of the children's department, not including four in the nursery, are eighteen boys and six girls.

The doctor makes a periodical examination of the children independently of actual illness. The children have no tooth brushes. Each child has a towel, and the towels are changed twice weekly. There is a caretaker for boys over seven years old, and another for girls over three years old till the time they leave the workhouse.

The dietary of the institution includes porridge three times a week for children as well as able-bodied inmates. It is served with sugar in the ordinary English fashion.

I examined the children. Generally speaking, they are clean skinned, but some of the feet are not clean. One girl, aged five, has had an eruption on the scalp, and the head is dirty. A boy, aged ten, squints, and on the recommendation of the medical officer the guardians sent him to the Bristol Eye Infirmary and got spectacles for him. Another boy, aged eleven, is a little deaf and the matron has sent him to the medical officer for attention; he has been in the institution for four years. A girl, aged thirteen, had enlarged neck glands, and the medical officer recommended the guardians to send her to Bristol General Hospital. This was done, and the glands were removed there two years ago. She had had epileptic fits previous to the operation, and has been free from them since then.

Children's Dormitory.—Dimensions:—23 feet by 17 feet by 9 feet = $3,519 \div 10 = 352$ cubic feet.

The ward contains eight cribs and two beds for women attendants. At present only two women and two children, aged two and three years respectively, sleep in it.

Boy's Dormitory.—The dimensions are:—36 feet by 16 feet 6 inches by 9 feet = $5,346 \div 13 = 411$ cubic feet.

There are two windows on each side, those on one side being sashed, the others having the middle third opening on a hinge. The ceiling gratings are as under mentioned.

Girls' Dormitory.—The dimensions are:—24 feet by 16 feet 6 inches by 9 feet = $3,564 \div 11 = 324$ cubic feet. Ventilation is rather defective, there being two windows on one side and only one on the other. A few ceiling gratings intended for ventilation are mostly clogged up with dust, but they would be of little use in any case.

The beds are neatly folded, the bedsteads being hinged in the middle and doubled up.

In the passage leading to the girls' dormitory and to the chapel some parts of the floor are worn into holes.

Nursery.—At present the nursery has four inmates aged respectively four months, six months, two years and three years.

The baby six months old is bottle-fed, and the best sort of modern feeding bottle is in use.

The child aged three is knock-kneed and was operated on in the Bristol Infirmary. This child was born in the workhouse, and the baby of four months belongs to the same mother. She went out after the first child was born and became pregnant again. She is a domestic servant—not weak-minded—but was herself the child of a bad mother and had an up-bringing of immorality.

Fireguards.—There are fireguards in the nursery, the children's dining-room and the boys' play-room, but not in the sick wards.

DORMITORIES.

Men's Dormitories.—No. 1: 37½ feet by 17½ feet by 9 feet = $5,906 \div 16 = 369$. No. 2:—44 feet by 18 feet by 8 feet 6 inches = $6,732 \div 16 = 420$. Both the dormitories are clean.

There is also a spare dormitory mainly used in winter, having dimensions 44 feet by 18 feet by 8 feet 6 inches = $6,732 \div 16 = 420$.

Women's Dormitories.—There is a women's dormitory on the top flat:—45 feet by 18 feet 6 inches by 8 feet 6 inches = $7,118 \div 14 = 508$.

Another women's dormitory has the following dimensions:—26 feet by 18 feet by 8 feet 6 inches = $3,978 \div 9 = 442$.

A third dormitory for women is at present unused; its dimensions are:—44 feet by 18 feet 6 inches by 8 feet 6 inches = $6,919 \div 12 = 576.5$.

These spare rooms both on the male and female side are occupied in winter.

All these dormitories have windows on only one side as above explained. The central third of each window is hinged laterally and opens from top to bottom.

In addition each of the rooms has an open fireplace on the side opposite the windows.

A dormitory for able-bodied women has dimensions 15 feet by 17 feet by 9 feet = $2,295 \div 5 = 459$.

It has two windows on one side and no fireplace, so that the ventilation is defective.

Classification.—There is no classification of deserving or undeserving, or of imbeciles. There are six female and two male imbeciles, all certified. They are not separated from the rest, but live with the old women and old men. They are not ill-treated, but are very undesirable companions.

There is no padded room. Cases of delirium tremens would be put into the small wards for noisy patients.

Food.—The workhouse includes a bakery and a paid baker is employed. The bakehouse was very clean at the time of my inspection.

The kitchen is inconvenient in being situated on a flat below the dining hall instead of on the same level. I saw the dinner served. It consisted of meat stew and the only point for criticism was that cold plates were being used for the hot food.

Dripping from roast meat is made into cakes and sometimes given for lunch to inmates doing extra work. All dinners, excepting on Tuesdays, consist of boiled food, so that there is little dripping. The Tuesday meat is roast pork. The cooking for the staff is done in the common kitchen.

Work.—Brabazon work is provided for the men; the women do not need it, having other employment.

The male inmates are also occupied outside in the garden; no tailoring or joiner work is done by them.

There are about four acres of garden ground. The boys' caretaker is a paid officer who attends to the garden work and has help from the inmates. In a good year there is a surplus; last year £15 worth of potatoes were sold.

Hardly any able-bodied paupers come to the workhouse, and there is never any need to subject them to test labour, as they can be usefully employed in the garden.

Included in the labour done at the workhouse is hard-sifting of ashes from the fires, the coarse material being re-used in the laundry, and the finer siftings being sold for the making of mortar.

Pigs are kept, but the workhouse waste is insufficient, and it has to be supplemented by meal bought for the purpose.

Bathing Accommodation, etc.—The men's bathroom is an outhouse at the foot of the garden. There is no covered passage to it. It contains a single enamelled bath, and the hot water tap has no safety key.

For the women there are two baths in a room with a stone floor. These baths have also to be used by the nurses. The hot water taps have no safety key, but the bath rooms are kept locked, and bathing regulations are hung up.

Imbeciles are bathed weekly; dirty cases weekly; adults fortnightly; boys three times weekly and girls twice weekly.

The source of hot water for the institution is a large iron boiler with a fire underneath.

All the water closets in the institution are on the automatic principle, but the boys' apparatus chanced not to be in working order at the time of my visit.

Mortuary.—The mortuary is an outside shed. It is a dark room with an earthen floor, and has a stone slab in one corner. The building of a new mortuary was part of a scheme which has been delayed, in expectation of the report of the Royal Commission.

Laundry.—This is in a building apart from the institution. It is now furnished with modern plant, including a new boiler, hydro-extractor, washing machines, drying horses, etc. The work is done entirely by the inmates.

Visitors.—Visitors are admitted on Mondays from 11 a.m. to 12 noon, on Saturdays from 4 to 6 p.m., and on

Sundays. The Saturday hour is convenient for the mining population; but there is no rigidity, and a farm labourer would be admitted at any time on Sunday. Only a minority have visitors, but these attach importance to the visits.

VAGRANTS' DEPARTMENT.

The receiving ward and the accommodation for male vagrants adjoin the porter's lodge at the gateway at one end of the institution. The sleeping accommodation consists of wooden platforms with wooden partitions, but the separation is insufficient. The rooms are not well ventilated. New wards were to have been built, but the guardians have delayed, their reason given for delay being that stated above.

The women's tramp ward is a room with dilapidated plaster work and a stone floor. It contains three beds for which the cubic space is insufficient.

The bath in the receiving ward which was formerly used for tramps is not now so used, because when it was common both to tramps and to all admissions the inmates of the house got infested with lice.

The tramps' water closet is outside and is hand-flushed, but is to have automatic flushing provided.

The *Receiving Ward* is an unsuitable old building with a stone floor. It has three beds, and is used both as a receiving ward where every case not acutely ill waits for the doctor before being admitted into the house, and also for cases of itch, but there have been only three or four such cases in fifteen years. During the same period there have been no venereal cases.

CUBIC SPACE.

The following Table gives a general view of the cubic space provided in the wards, rooms and dormitories at Clutton workhouse, as compared with the minimum requirements of the Local Government Board.

	Clutton Workhouse. Cubic Feet Per Bed.	Local Government Board's Maximum. Cubic Feet Per Bed.
Male ward infirmary	596	600
Women's ward	613	600
Lying-in	1,350	960
Children's dormitory	351	360
Boys' dormitory	411	360
Girls' dormitory	324	360
Men's dormitory (1)	369	360
Men's dormitory (2)	420	360
Spare room for men	420	360
Women's room :		
No. 1	308	360
No. 2	442	360
No. 3	576	360
No. 4	459	360

Defects.—The institution is most defective in respect of hot water supply, baths, sanitary conveniences, and vagrants' department. The nursing staff is insufficient, and the bedding material is poor.

OUTDOOR RELIEF.

The rural district council has no isolation hospital, but the urban districts of Radstock and Midsomer Norton have each a hospital for infectious diseases.

Distances.—The relieving officer of Radstock district is distant about six miles from the Midsomer Norton boundary of his district.

In Pensford district also the relieving officer is about six miles from the end of his district. Messages come by post or foot messengers, but most of them are received on his visits which are made weekly or even twice a week he being also school attendance officer. The district medical officer's furthest distance from a pauper is about 4 miles. Medicines are carried by a foot messenger sent by the pauper.

The relieving officer at Paulton lives 4 miles from the medical officer, so the medical officer does not wait for orders, but attends in any emergency. He always asks the people, however, to get an order from the relieving officer afterwards.

The relieving officer of Midsomer Norton district lives less than 5 miles from the furthest point of the district, and the furthest pauper is less than 4 miles away. The bulk of the paupers are in Midsomer Norton, where he lives, and in Welton. Paupers outside the town send messengers or write if they wish for attendance between weekly visits. There are no trains or telegraph offices for the more distant cases. The district medical officer lives in the same town, and the distances are the same. Medicines have to be sent for if in a hurry.

An area which was formerly covered by a single district medical officer, is now held by three medical officers. When it was sub-divided, two relieving officers were appointed.

Circumstances of Applicants for Out-Relief.—With the view of obtaining information on this detail, I had interviews with various officials of the union. One of these is of opinion that there is not much abuse of out-medical relief, though it is difficult to tell a collier's wage. Recently in a confinement case a man with 14s. a week and about seven children got relief on loan and repaid the guardians at the rate of 1s. a week. It seems doubtful whether such a man could afford the shilling; but in better-off cases the effect of giving an order for attendance on confinement occasionally is that the medical man only gets ten shillings instead of a guinea.

In the district in question friendly societies exist, and the guardians give relief without taking cognisance of the aid given by the societies. For example, a man with rheumatic fever had 14s. weekly from his society and the guardians gave him 7s. for milk as a medical extra, so that he made a good recovery and is now strong and well.

In Camerton parish nearly every pauper receives in addition to Poor Law relief 1s. weekly from a lady who is the ground owner and the house owner of the village. The people in it are mostly miners with a day wage of 3s. 10d., but with a larger wage if they do "ton" work or "yardage."

I was informed that coal-working raises the pay of the agricultural labourer, which is nominally 15s. to 16s. weekly, but with extras is made up to about 20s. weekly.

In another district the occupations are partly coal-mining, partly agriculture. The relieving officer knows the circumstances of the agricultural labourers better than the coal miners who are more migratory. It he does not know the circumstances of an applicant for a medical order he grants the order lest anything should go wrong, and makes inquiry at his next weekly visit to the place. He thinks that it is only through the granting of medical extras that medical relief leads the way to pauperism. Farm labourers in this area get about 15s. weekly with a very good house and garden, and perhaps £1 extra at harvest time.

The relieving officer of another district informed me that he can usually decide for or against granting an order by questioning an applicant, but that the responsibility of refusal is so great that orders are usually granted, and if abuse is discovered they are cancelled at the next fortnightly meeting of the guardians. In this district midwifery orders are always given on loan because the district medical officer is paid by fee and the guardians can recover the cost. Likewise in the case of fracture of an arm medical attendance was given on loan, the doctor here also getting a fixed fee. Orders for medical relief usually last three months, but patients continue to demand bottles of medicine.

In Midsomer Norton district the relieving officer knows all the people who live in the rural district around the town, but personal inquiry is often needed with regard to applications for medical orders in the town, and sometimes such applications are refused.

Medical Treatment.

Regarding *midwifery orders*, I gathered that in Pensford district the rule is as in Norfolk; if a labourer has already four children living the services of the district medical officer are available at the next confinement, but there are exceptions to this rule, and all such relief is given on loan. I understand that there is a certified midwife at Chew Magna, and that the district medical officer never

refuses to help the midwife. If he does not get paid the guardians usually pay him. If he refused to attend the summons by the midwife she would have to go to the relieving officer for an order for the attendance of the district medical officer, and this would waste time.

An official of Clutton Union furnished me with information regarding a district in another union which throws light on the effect of laxity in giving midwifery orders or loan. In the union referred to—where medical orders for attendance on confinements are given on loan with much freedom,—the result is that the guardians pay the doctor ten shillings which they recover from the applicant, who would otherwise have had to pay a guinea directly to the medical man. If a medical order is given for a case of venereal disease the district medical officer in the union referred to always orders milk as an extra, in the hope that the cost will induce the guardians to refuse outdoor relief, the proper course being to give the case the offer of the workhouse so as to prevent spread of infection.

I formed the opinion that midwifery nursing for paupers should be better provided for in Clutton Union. The district medical officer gets an order, but finds no proper nurse when he goes, and no proper provision made for the confinement.

The guardians pay for anti-toxin and surgical appliances; they have never been asked to pay for serums.

Phthisis is said to be rare in the Clutton area and very chronic when it does occur. There is more cancer than phthisis. When examination of sputum has been necessary it has been done at the cost of the medical officer.

They have sent three or four phthisis cases to sanatoria.

The effective treatment of paupers, here as elsewhere, is frequently hampered by the determination of the patients to remain at home.

A district medical officer mentioned to me several cases which would be better in the infirmary, including

a case of diabetes, one of paralysis, one of prolapsus uteri, and a girl with rheumatism who has been in Bath hospital. The district nurse does her work well, but such cases should be in the infirmary.

Another district medical officer informed me that people requiring institutional treatment during illness absolutely refuse to go to the workhouse sick wards because they are connected with the workhouse, whereas if a hospital were provided independent of the workhouse, people would go to it readily enough.

Another of the district medical officers holds similar views, maintaining that the weak spot in the Poor Law system is the workhouse with the workhouse infirmary; there should be in his opinion—as in large towns—hospitals apart from the workhouses, so that people requiring institutional treatment should be able to receive it under acceptable conditions.

One of the district medical officers often attends poor people gratuitously without sending them to the relieving officer for an order, so that the registered pauperism does not represent the actual pauperism in respect of medical relief, but if extras are required the pauper would be put on the list. The amount of such gratuitous attendance in this medical officer's district is about equal to the amount of attendance on recognised paupers.

The clerk of Clutton Union gave evidence before the Royal Commission, so I need not repeat his views.

Malingering is not unknown in Clutton Union: one of the district medical officers had a case—a man with a broken arm who wished to continue getting relief after recovery, as he was getting compensation for the accident in addition to the Poor Law relief.

The chief extras given are meat and milk, only one pauper receiving alcohol—a little brandy for an old person with bad bronchitis.

The district medical officer usually has to provide lint and dressings for cases requiring them, but in a case of hip disease which was in hospital and has come out again lately, the guardians have agreed to provide all dressings.

The following are notes of out door cases:—

Sex.	Age.	Occupation. or Condition.	Remarks.
M.	33	Colliery Labourer.	Dyspepsia. He married a pauper widow with seven children. He got relief first legitimately owing to influenza; then wanted relief for dyspepsia. Went to the Bath United Hospital, where they told him to go to work. He is a colliery labourer, earning 19s. weekly, and when off work has 10s. from the club, 6s. from the guardians and six loaves weekly. In addition to the seven children of his wife there are two children of his own. He got medicine at the Bath institution, but has not taken it. Having no work at present and being destitute, he will be given no out-relief, but will be offered the workhouse if he presents himself again. I called at the house with the relieving officer, and the man's wife said he was out looking for work.
M.	65	Farm labourer.	Ulcerated legs. The case is being well treated by the district medical officer, and the ulcers are healing. The guardians provide lint.
M.	36	Miner	Rheumatic gout. Has been off work for thirteen years, but had a little means, and mother and sister helped, so that he did not get relief from the guardians till about two and a half years ago. The mother is now aged seventy-three, and is also a pauper. The man was in the Bath hospital for four months and in Paulton Cottage Hospital thrice, but seems incurable. He has also a varicose ulcer which he dresses with ointment. The ulcer is clean and well bandaged.
M.	82	—	Paralysis. Deformed. Lives with son, who is a widower. The son is a colliery labourer, earning about 18s. weekly. A neighbour attends to the old man. He has refused to go to the workhouse. He receives 3s. weekly from the guardians and 2 lbs. of meat weekly as a medical extra.
M.	37	Miner	Has had an attack of pneumonia from March to near the end of May, and has had relief for six weeks, owing to his attack. The relief consisted of 5s. weekly, three loaves, and the attendance of the district medical officer. He had also 12s. weekly from the Druids' Society. He has a wife and seven children aged two to thirteen. His wage when at work is from 20s. to 23s. weekly, and his rent is 14s. monthly. He is said to be a steady man, though not a teetotaler.

Sex.	Age.	Occupation or Condition.	Remarks.
F.	10	—	This is a child who has recently been ill, and is still thin and pale. The father is a farm labourer; he was a miner, came out on strike, and was off work for two years and eight months before beginning farm labouring. He had a bad leg. He received strike pay for a while. There are nine children, the eldest being a boy of nineteen. Eight of the children are at home. The girl who has been ill requires extra attention to re-establish her health.
M.	66	Colliery labourer.	Rheumatic gout. Has been ailing off and on for twenty years. First got relief from guardians five or six years ago. A club into which he pays 2s. 5d. monthly gives him 4s. monthly, and is said to be nearly bankrupt. The man has never been treated in a hospital, but has always had the club doctor, until he became a pauper, and obtained the services of the district medical officer. The house is said to be damp in wet weather.
F.	56	—	Had two attacks of rheumatism bordering on rheumatic fever in November and January last. Is going to hospital in Bath on recommendation of the district medical officer. There is no one to nurse her at home.
M.	59	Cowman at farm.	Has gastric ulcer and enlarged spleen, bronchitis, and has had anasarca, but is improving. District medical officer has attended since end of September. Has a wife and one child and receives 5s. 6d. weekly and one loaf from the guardians. Is in no club excepting a medical club for which the district medical officer is the surgeon.
M.	50	Miner	Epilepsy. Began eight years ago. Has been twice in an institution at Bath. The household consists of himself, his wife, four sons aged twenty-six, twenty, eighteen and fifteen; three girls and two little boys. None are married and the four eldest sons are at work. The guardians do not give him money relief personally, though they allow him 2s. and two loaves weekly in respect of the two youngest children. His sons are understood to maintain him, but the guardians give him medical attendance.
M.	13	—	The boy has fractured his forearm and has the services of the district medical officer, but no other relief is given by the guardians. The father is a miner with five dependent children. His wage is small, his working ability being reduced by sciatica. The daughter is at home from service owing to anaemia. She may improve at home, but would probably be better off on a higher scale of diet than is practicable under the circumstances. Treatment in a general hospital with subsequent residence in a convalescent home might be helpful.
F.	22	Domestic servant.	Rheumatoid arthritis. Lives with father and mother, who have money relief owing to old age. The girl was in the Mineral Water Hospital in Bath for two months and is now attending another hospital as an out-patient. She would not look on the workhouse infirmary as a proper place for her case, regarding it only as an institution for receiving the old and disabled.
M.	—	Miner	Rheumatism—sub-acute. Has had rheumatic fever three times, first fourteen years ago. Was in Bath Mineral Water Hospital thirteen years ago: remained well after that for about ten years except for an attack of sciatica. He went on with his work until two years ago and was again in the Mineral Water Hospital in the summer for seven weeks. He lives at home with his wife and eight children and has a married son and a daughter who is in service. He is in a club which gave him 12s. weekly at first and medical attendance, but the money is now reduced to 4s. weekly. The guardians give him no relief in respect of his own illness, but allow him 4s. and four loaves for the children. The house has a stone floor and is damp in winter. The kitchen window opens in the lower part only. The bedroom windows are open.

Sex.	Age.	Occupation or Condition.	Remarks.
M.	36	Farm Labourer.	<p>Phthisis. Very chronic. Has been ill off and on for twenty years. Stopped work about eleven years ago, but does a little garden work. Is becoming emaciated. Sleeps in a room of which the cubic capacity is about 730 feet. There is another bed in the room occupied by his brother. Two sisters sleep in a similar room next door and other two in an attic above. The man sleeps badly owing to his cough. He spits into rags and burns them, but says he does this only to save trouble, and he uses no other precautions.</p> <p>The district medical officer, whom I saw, has never been called on to attend this man. He has been district medical officer only for a year and his predecessor may have had the man under his charge.</p>
M.	64	Farm Labourer.	<p>Heart disease, asthma, dropsy. Heart defective for past seven years. Was a farm labourer, and member of a public-house club which broke up about ten years ago. Gets 3s. 6d. weekly from the guardians and three loaves, and attendance of district medical officer. Has twelve children, all living—six male and six female. Two of them—young men—live at home and pay the rent. A younger brother, aged fifteen, is a parish apprentice to a carpenter, the apprenticeship fee being paid by an endowed charity which can spend about £25 on a premium, the carpenter probably getting £10 at the beginning of the apprenticeship, £10 at half time, and the remaining £5 for providing tools.</p> <p>Some of this man's children are married and have families and so contribute nothing; others are at service and, it is said, can only maintain themselves. The district medical officer has attended for the past seven years. The man is very ill at present. The children say that he has been so good a father to them that he ought not to be sent to the workhouse, but their charity is purely vicarious, the man receiving relief out of the rates when apparently the children should be able to keep him.</p>
M.	72	General labourer.	<p>Lupus of face; began twelve years ago. He repeatedly attended the Bristol Hospital and was treated there, but before the days of Finsen light treatment, otherwise the result might have been better. He was a general labourer and has had the attendance of the district medical officer for five or six years, money relief, 4s. 6d. weekly, and a loaf, for the past three years. The district nurse, who was appointed in January last, has been attending him.</p> <p>He has a wife and has had ten children, of whom eight are living. One son, a painter, lives with them and gives help: he appears to be the only one of the family who gives any assistance.</p>
M.	52	Farm labourer.	<p>Just recovered from an acute attack of pneumonia which lasted four weeks. Has been attended by the district medical officer. This man has a wife and four children, the eldest being a girl of fifteen who has had very little work yet. The man is not in a club. One of the children, aged eight years, was ill with pneumonia at the same time. He is in a juvenile Shepherds' Society, and gets 2s. weekly. The man's pay is 15s. weekly, and he makes about 25s. to 30s. extra at the hay harvest. He has a small garden and sufficient ground to provide all the potatoes required during the year.</p> <p>The district medical officer says the man is thoroughly respectable and deserving. His wife keeps a clean house, but their income cannot stand the burden of illness. The workhouse would be looked on as degrading, but outdoor medical relief is not. The district medical officer obtained private charity to help this case.</p>
F.	17	Domestic servant.	<p>Phthisis? An orphan. This girl was reared by the guardians from the age of five years. Her father died of inflammation of the bowels and the mother from the same disease. The girl was afterwards boarded out with an aunt for six years. Her youngest sister is still boarded-out.</p> <p>The girl went to service when fourteen and was threatened with phthisis, and went back to her aunt and received meat and milk as extras by order of the district medical officer. She is now again in service in an easy place, her mistress taking an interest in her health. She is thin and anemic, but has no definite illness.</p>

Sex.	Age.	Occupation. or Condition.	Remarks.
M.	43	Labourer	Disease of bowel causing obstruction. Fell ill eighteen weeks ago. Sent for district medical officer after a month's illness. Was immediately sent to Bristol General Hospital, where he was operated on and remained for a month. Could have then gone to a convalescent home, but came back to his own home instead. He is not regaining strength and the wound is troublesome. He will not lie in bed, though requested to do so by the medical officer. He has a wife and five children. He receives 7s. a week and four loaves from the guardians, and his wife earns a little by charing.
M.	59	Mason	Paraplegia. Had rheumatic fever twelve years ago and paralysis of legs began some time afterwards. Has done no work since then. Has full use of his arms and repairs sacks for a miller. His mind is now somewhat affected, but he was a comparatively young man when he lost the power of his legs and might perhaps have been taught basket-making or other hand labour to keep him from worrying and to occupy his mind.
M.	67	Farm labourer.	Died last week from cancer of liver and Bright's disease. Had complained of indigestion since youth and had definite illness for five years. Was in a club and had the club doctor until it broke up. Has had the services of the district medical officer since January, 1906. Has eleven children—seven girls and four boys—all living. The eldest daughter came home to nurse and now attends to her mother. This man would probably have needed no help from the guardians had the club of which he was a member been financially sound.
F.	71	—	Cancer of breast. Felt nothing wrong till some time in January, then sent for district medical officer, who sent her off immediately to a hospital in Bristol where she was at once operated on. She was in the hospital only a fortnight. She gets 3s. 6d. weekly and a loaf. Her daughter, who was in domestic service, has come home to nurse her.
F.	78	Widow.	Heart disease and dropsy. Has been ill for about four years and is getting worse. Her husband died four years ago; his wife nursed him and broke down after his death. She lives in her daughter's house. Her legs, which are dropsical, require regular dressing. The district medical officer attends and the district nurse also visits. The case is being well cared for. She is unable to lie in bed, but has a feather cushion on the chair in which she sits night and day. She would be better with an air or water cushion. The house is dry and clean. She receives from the guardians 2s. weekly and a loaf.
M.	39	Miner	Hemiplegia and incontinence of urine. Has been bedridden for a year. He is attended by the club doctor who has given him a mackintosh. So far there is no bed sore. He is nursed by his wife.
M.	17	—	Deformed in all four limbs and cannot walk. Reads constantly and seems very intelligent, but any occupation, even indoors, is out of the question.
F.	64	Widow.	Heart disease and orthopnoea. District medical officer says she has also diabetes. She gets 3s. 6d. weekly from the guardians and a loaf, but has no special diet for diabetes. She is well attended to by an adopted daughter. She has no family of her own. Her husband died seven or eight years ago.
M.	64	Coal miner	Fibroid Phthisis. Has been ill for about four years. Coughs much at night, but is not confined to the house and is not emaciated. He lives alone and needs no nursing. Gets 2s. 6d. weekly from the guardians and 3 cwt. of coal from his former colliery, and 1s. from a club.
F.	26	Miner's wife	Had miscarriage three days ago. Got order for attendance from district medical officer because her husband had an accident three weeks ago. He has returned to work this week. There are five children, and the husband, who is a colliery labourer, earns only about 15s. weekly and is in no club. They have obtained medical relief only—no money relief.
Three children.		—	Three children—one with whooping cough, one with pneumonia and one with an injured thumb—all recovering. The father is a plumber, sixty-five years old, and has been much out of work. The whooping cough case is not separated from the others and the mother has been washing clothes in the kitchen where the pneumonia case is in bed. Medical relief only here. Milk through church charity.

Sex.	Age.	Occupation or Condition.	Remarks.
M.	46	Farm labourer.	Heart disease. Has had medical relief occasionally for the past four years. Stopped work five months ago. Has had hernia for past three years. Has a wife and six children, aged five to twelve, and a boy aged fifteen who is at work and earns 14s. weekly. His own pay was 16s. weekly, out of which a rent of 3s. 2d. weekly was payable. Has been in no club. Is attended to by wife, but is not confined to bed. The guardians give 8s. and six loaves weekly. Hospital treatment might be tried in this case.
F.	48	Widow.	Heart disease. Husband died many years ago. No children. Symptoms of heart disease first observed at a time of fright caused by suicide of father and mother twenty years ago. Her brother-in-law, who is a widower and often ill, lives with her and also gets relief from guardians when ill. She receives 2s. 6d. weekly and has attendance by the district medical officer.
M.	77	Miner	Chronic asthma. Worked till about eight years ago. Has two married sons who are miners earning 20s. to 30s. weekly and have families. They contribute 1s. a week each. The guardians give 6s. weekly and a loaf. The pauper continues to pay 4s. yearly for attendance by a club doctor.
F.	57	Widow.	Brain tumour. Been ill for four years and confined to bed for one year. Is a widow. Has three sons working, of whom two are married and have families and contribute nothing. The unmarried one gives 1s. weekly. She receives 3s. weekly and two loaves from the guardians. She is nursed by a woman with whom she lodges and who sleeps in the same room. A boy aged thirteen lives with her and earns about 7s. weekly.
M.	60	Coal miner	Broke his leg eight years ago. Also brain disease. Married, but no family. Gets 5s. from guardians, 2s. from club and medical attendance.
F.	43	Miner's Wife.	Married. Bronchitis and influenza. Her husband is a miner earning about 16s. weekly. They have six dependent children. The man was in a club which broke up. They always get the services of the district medical officer when there is illness in the house. The woman is able to pay into a funeral society.
F.	45	Widow.	Cancer of womb. Fell ill about two and a half years ago. Sent for district medical officer. Had been in receipt of money relief previously, being a widow with five children. Has been to Bristol Infirmary, nearly two years ago. A slight operation was then done. She is bedridden and has three dependent children. Receives 9s. 6d. weekly and two loaves and medical extras consisting of 2 lbs. of meat weekly. Is nursed by her daughter, aged seventeen, and the house is clean.
M.	52	Miner	Asthma. Ceased work three years ago. Was in club, but expelled for drinking. The guardians give 2s. 6d. weekly and a loaf. The rent is 2s. 6d. The district medical officer attends. The man's wife does charring and laundry work. There is no family.
M.	48	Miner	Heart disease. Had dropsy, from which he has recovered for the time. Had rheumatic fever nine years ago. Has been off work nineteen months. Can do a little weeding in garden. Has wife and five children, one of whom earns 10s. weekly. His wife nurses him. He gets from the guardians 8s. and four loaves and gets 3s. from a club. The people are collecting money to buy him a horse and cart, so that he may haul coals, etc.
F.	37	Shoemaker's Wife.	Sciatica. Had sciatica for about twelve weeks before her baby was born. Husband is a shoemaker earning only 15s. a week owing to bad trade. There are nine children, aged six weeks to eleven years. The man is in a friendly society, but his contributions are 9s. in arrears, and he cannot pay owing to slack trade. The guardians have allowed a woman 4s. a week to attend to the house during the wife's incapacity. She was attended in her confinement by a certificated nurse. It is stated that the guardians cannot contribute the 9s. required to prevent the man from losing his club benefit.

Sex.	Age.	Occupation or Condition.	Remarks.
M.	58	—	Cripple with bedridden and hysterical wife, and one boy, who is dwarfed and a cripple. A household of degenerates.
M.	43	Miner	Asthma. Has been ill for four years. Has bad spit at night. Has wife and three children, all sleeping in one room, another room being left empty. The bedroom is dirty and the window closed. He gets 5s. weekly and four loaves. The children's health is being prejudiced by the conditions under which they are being reared.
M.	19	—	Hip disease. Disease began in childhood—got better. The boy went to school. Then did a little farm labour, then went into a shoe factory, and had to give up work three years ago. He was in Paulton Hospital three years ago for a period of six months, and last year was in the Bristol General Hospital for seven months, where some diseased bone was removed. There is still much suppurative discharge. He is to return to Bristol Hospital if he does not further improve. There is plenty of fresh air round his home. The mother dresses the wound, and he is attended by the district medical officer. His father is dead. He sleeps in a bedroom, of which the window is kept open night and day. He is the only child, and the guardians pay 4s. a week and provide dressings. A question in this case is whether, if the boy had been under regular medical supervision from childhood, the disease might have been prevented from developing to its present extent.

APPENDIX No. VI.

OKEHAMPTON WORKHOUSE, DEVONSHIRE.

This is an old building which was renovated a few years ago. The work was guided and superintended by a guardian, a retired builder, who made no charge and submitted no plans, but was practically left by the guardians to do what he thought suitable. The work was done piecemeal, largely by tramp and pauper labour, but partly by employment of skilled workmen. There could be no contract for such work. He instructed the workmen to take down a wall here—to take out a door in one place—to remove a partition in a third—to provide windows in a fourth—and so on until the job was completed. The result is remarkably good. The place is now fairly suitable, both for management and for health.

The workhouse has a good garden and the attached ground has recently been extended so as to include a stone quarry for tramp and pauper labour. The total area of land is about 2½ acres.

The water supply is that of the town of Okehampton.

The average number of inmates is about ninety-six. At the date of my inspection (June 6th) there were eighty-six. The eighty-six included twenty-three in the sick wards, twenty-four children over three years old, seven under three years old, and eight imbeciles.

Able-bodied, infirm and imbeciles are not separated, nor is there any separation between deserving and undeserving.

The total resident staff consists of master, matron, porter who assists the master, cook, nurse, children's caretaker, and laundress.

GENERAL PLAN.

The buildings are mostly two-storied.

A front line of buildings contains on the ground floor, a board-room and clerk's office on the one side and an old tramp ward and boys' day-room on the other side. Part of this range of buildings is one-story. Of the two-storied part, the upper floor is occupied by the girls' and boys' day-rooms and by the staircase between.

Behind this first line of buildings there is, on the one side, the boys' yard and on the other the children's yard.

Behind these yards is a second line of buildings parallel with the first. It contains on the ground flat, on the one side the able-bodied men's dormitories, opening on the men's courtyard, and on the other side the able-bodied women's day-room, the nursery and the women's bathroom, opening on the drying yard. It contains, on the upper flat, in the centre the master's apartments; on the one side the men's sick-ward and day-room situated above the able-bodied men's dormitories; and on the other side the able-bodied women's dormitories situated above the nursery, able-bodied women's day-room and bathroom.

The men's courtyard and the women's drying yard are separated by a building running at right angles to the first and second lines and containing, on the ground floor, the dining-hall and the men's day-room. On the floor above the dining-hall and men's day-room are the women's sick ward and its day-room and the nurse's rooms.

SICK WARDS.

There is only one charge nurse and no night nurse. The nurse had three years' experience in a medical and surgical nursing home and ten months in a workhouse, and is a certified midwife. She came here last November and has done any night nursing that was called for. She has been up attending to patients about ten nights during the six months. Her salary is £30 per annum with uniform. The nurse does not keep a report book, but reports verbally to the medical officer.

The medical officer would provide temperature charts if necessary. He has an assistant who has been approved by the guardians as deputy.

The ward woman is an inmate.

The workhouse sick wards are not used for acute cases, nor for the purposes of a general hospital. Cases requiring hospital treatment go to Exeter. The guardians subscribe to the Royal Devon and Exeter Hospital, to a cottage hospital for convalescents in the country, and to the Exeter Eye Infirmary. There is no ambulance wagon.

The two main sick wards contain twenty-four beds. Besides these there are three beds in the lying-in ward and two in a side ward. In tabular form these data are as follows:—

	Beds.
Men's ward	12
Women's ward	12
Lying-in ward	3
Side ward	2

Men.

The male sick ward has dimensions:—45 feet by 18 feet by 9½ feet—7,695 cubic feet ÷ 12=641·25 cubic feet. At present it has seven patients and a wardman. Four of the patients are bedridden. The bedridden cases are as follows:—

Name.	Age.	Remarks.
J. C.	81	Disease not entered on bed card. Admitted November 6th, 1906. A wet and dirty case. A bed sore has formed; it is small at present, has been treated with methylated spirit and starch powder, and is now being treated with boracic ointment. This man should be lying on a water bed.
R. J.	—	Age and year of admission not entered on bed card. Disease, injury to hip.
A. C.	—	"Anasarca and softening of brain" on bed card. Has hemiplegia of the right side. Age and year of admission not entered.
J. P.	—	Age not entered. Admitted February, 1904, with bronchitis. No bronchitis at present. Is obviously an imbecile.

The following are the cases which are not bedridden:—

Name.	Age.	Remarks.
H. W.	66	Disease and year not entered on bed card. Paralysed on one side.
J. L.	—	Says he is forty-nine. Nurse says he has rheumatism. Admitted March, 1907.
S. E.	77	Admitted 1904. Nurse says he suffers from debility.

The *linen* for this ward is kept in the ward—sheets, pillow slips and towels. The body linen is kept in the general store.

A *bathroom* common to the men's sick ward and to the side ward is situated between the two. The hot water tap has no safety key. The patients who can rise are bathed once a fortnight. The bedridden cases are blanket bathed fortnightly.

Day Room.—The men's sick ward has a good day room and the fire is protected by a screen.

Women.

The female ward is of the same dimensions as the male, and is intended for the same number of beds.

There is cross ventilation by windows, the tops of which are only about 6 inches from the ceiling. In the ceiling there are two small openings for ventilation, each occupied by a sheet of perforated zinc which very largely interferes with their use. The openings are only 9 inches square. The shaft goes up through the roof and has a movable cowl at the top. There is also a ventilating grating in one side of the wall near the ceiling. The fire is protected by a good fireguard. The floors have a good surface stained and varnished.

At present there are nine inmates, of whom five are bedridden. Four of them are aged as follows—eighty-five, eighty-six, eighty-seven, and ninety-three. They are in the infirmary on account of old age and debility.

The following patients are not bedridden: Two old women aged eighty-four and eighty-six, and a woman aged forty-seven who has prolapsus uteri. The other inmate is a wardswoman who has varicose veins.

The other inmates are on No. 8 diet, and diet cards are affixed above the beds.

The *bath-room* for the ward has no safety key for the hot water tap and the door of the room is not kept locked because it contains also the scullery basin. Bathing rules are not hung up in the room.

The *day-room* for single women adjoins this sick ward.

All the sick wards are fresh and clean with the lockers tidy. They are provided with good iron bedsteads with wire mattresses, and flock beds above. There is no sheet between the bed and the wire mattresses, but the bedticks show no rust.

Relief Book.—The following are the diseases of sick ward cases as entered in the workhouse medical relief book:—

	<i>Men.</i>	Age.
(1.) Bronchitis	-	80
(2.) Injury to knee	-	82
(3.) Softening of brain	-	64
(4.) Bronchitis	-	60
(5.) Debility	-	65
(6.) Rheumatism	-	52
(7.) Debility	-	66

	<i>Women.</i>	Age.
(1.) Senile decay	-	84
(2.) " "	-	85
(3.) Debility	-	84
(4.) Heart disease	-	84
(5.) Debility	-	73
(6.) Senile decay	-	82
(7.) Bronchitis	-	81
(8.) Should be in day-room, but women's accommodation other than infirmary is filled up, so she sleeps in infirmary.		

In the relief book are the names of three other persons: these, however, are in the workhouse and not in the sick wards, and the appearance of their names in the relief book is merely due to the fact that their diet includes beer, for which a medical order is necessary.

LYING-IN DEPARTMENT.

This room has three large windows and a roof grating about a foot square, obstructed as already described.

There are three beds—one of them is ready for a confinement case and is thoroughly well made, having three mackintosh sheets with linen sheets for withdrawal, one after the other as required, without needlessly disturbing the patient. There is no sheet between bed and wire mattress and to prevent rust the nurse has placed sheets of brown paper. The ward contains a linen press with the linen separately marked.

The nurse is a certified midwife and the medical officer is not summoned unless required. A note is sent him when a case is over and he calls the next day.

There being only one nurse in the institution it is obvious that there might be much difficulty if she had to do maternity work while nursing venereal disease, etc.

ISOLATION.

The *Isolation Block* is a wood and iron building with concrete foundation at the far end of the workhouse garden. It contains two wards for one bed each. It has no water supply nor bath. There is an earth closet.

Though this building is intended for infectious disease occurring in the workhouse, as a matter of fact scarlet fever has been isolated in the upstairs part of the women's receiving ward where there are a bath and closet. If the receiving ward were in use for such a purpose the workhouse medical officer would be sent for at once to see any new inmate in order to prevent detention in the neighbourhood of the case of infectious disease.

REFRACTORY WARD.

The women's receiving ward just referred to has also been in use as a refractory ward. In his last half-yearly Report the medical officer notes that a noisy woman cannot be kept apart except in the women's receiving ward, which is inconvenient and interferes with the temporary accommodation for new inmates.

For the men, however, there is better provision. A male case requiring separation for any reason could be accommodated in a side ward with two beds, which has only been used for cancer since the present nurse came. The side ward in question is tidy and has cross ventilation. There is no padded room in Okehampton Workhouse.

LINEN STORE.

No inventory is kept in the linen press. The store of linen was renewed in December after the nurse came, but an inventory has not been made yet and the nurse does not know the number of sheets. The new sheets are only 6 feet 4 inches by 5 feet 6 inches which is much too small. There is no separate stock of draw sheets.

A single water bed is kept folded up and quite empty, so that it is very likely to become damaged. Seven mackintosh sheets are all folded up instead of being on a roller. Two air cushions are kept empty.

POISONS.

The medicine press has a separate locked poisons press enclosed in it, but other articles besides poisons are at present in it.

CHILDREN'S DEPARTMENT.

The children's department is well separated from the rest of the house.

There are eleven boys and twelve girls in the department, for which the matron is responsible. There is also a paid caretaker and the inmates give help. The children's caretaker, however, is a girl aged twenty-two, who is not old enough for the situation and cannot have sufficient control over the twenty-three children.

The children's feet are not very clean, but inspection was made on Friday, and Saturday is the weekly washing day. The children have no tooth-brushes. A single comb and a single hair brush serve for the whole twenty-three boys and girls. The brush is short, hard and stubby, and is of no use whatever for the girls.

The hair of some of the girls is not very clean. Each of the twelve girls has one towel, but only three towels are on use at a time, because otherwise it is said that all the twelve would be soiled at once.

The bath for the children is not protected by a hot-water key. The same bath is used for boys and girls and the two dormitories open on the same stair.

All the clothing is of velveteen. The children are dieted according to the printed scale, and they attend the council's schools.

The *boy's* dormitory is : 19 feet by 16 feet 4 inches by 9 feet = 2,793 cubic feet \div 11 = 254 cubic feet per boy. It has only eight beds but three are occupied by two boys each. Its ventilation is similar to that of the girl's dormitory, as undernoted.

One boy, aged six, has been in bed for two days with a suppurating ear. He is out of bed again and has waddling

in his ear—wet with pus. The doctor has not been asked to see him, and the boy is to return to school again in a day or two.

Another boy had a fracture of the forearm twenty-five days ago. The bandages are quite slack.

The *girl's* dormitory is : 30 feet by 16 feet by 9 feet = 4,320 cubic feet \div 12 = 360 cubic feet. Though there are twelve girls in this dormitory it contains only eight beds, so that two sleep together in each of four beds. The room is well ventilated excepting the splay roofing, and two gratings in the ceiling are very small.

NURSERY.

There are two babies on the bottle and one at the breast, and three other children under three years old. The bottles for the two babies are tube bottles, and are therefore of the wrong sort. The nursery is clean and the fire is protected by a screen.

DORMITORIES.

Men.

Dormitory No. 1—Dimensions : 39 feet 6 inches by 16 feet 3 inches by 8 feet 8 inches = 5,563 cubic feet \div 14 = 397 cubic feet per bed. There is good cross ventilation here by windows opening to the ceiling.

Dormitory No. 2—Dimensions : 22 feet by 6 feet by 9 feet = 3,168 cubic feet \div 7 = 454 cubic feet. This ward also has good cross ventilation. The walls here are a little damp. They are plastered on the solid and not strapped nor lathed.

The bathroom for the able-bodied men has no safety key for the hot-water tap.

These men have a good day room and two good water closets.

The men's receiving ward has two beds. The bathroom and closets are used for its inmates.

Women.

Dormitory No. 1—Dimensions : 45 feet by 18 feet by 9 feet = 6,930 cubic feet \div 17 = 407 cubic feet.

There is cross-ventilation but the splay roofing is not sufficiently ventilated above.

Dormitory No. 2—Dimensions : 24 feet by 18 feet by 9 feet = 3,888 cubic feet \div 7 = 555 cubic feet. In this ward also cross ventilation is impeded by splay roofing.

The bath for the able-bodied women has its hot-water tap protected by a safety key.

These women have two towels each, but the hair brushes and combs are in common.

Women do laundry work, scrubbing, sewing, etc. The soiled linen is put into a basket and sent to the laundry daily. There is no steep for the linen of wet and dirty cases.

Bread.—The bread used in the institution is contracted for and must be baked twenty-four hours before being delivered.

Mortuary.—The mortuary is well lit, but has no table for post-mortem examination, nor any washhand-basin, etc.

VISITING.

There are no fixed visiting days or hours.

The number of inmates on September 10th, 1907, was 83, composed as follows :—

Males	-	-	-	-	-	-	-	-	-	25
F. males	-	-	-	-	-	-	-	-	-	31
Boys	-	-	-	-	-	-	-	-	-	12
Girls	-	-	-	-	-	-	-	-	-	15
										—
Total	-	-	-	-	-	-	-	-	-	83

Of this number thirty-two have no visitors. The rest are visited as under :—

	Inmates	
Weekly	-	3
Monthly	-	7
Quarterly	-	21
Half-yearly	-	7
Yearly	-	12
One inmate who has been in only three weeks has had one visit	-	1
		—
Total	-	51

Among these fifty-one are :—

- (1.) A female inmate with three illegitimate children. The mother of this woman visits this family quarterly, and the children are therefore included in the visited.
- (2.) An illegitimate girl, visited by illegitimate brother half-yearly.
- (3.) A female and four illegitimate children, visited quarterly by the woman's illegitimate son, who is working.
- (4.) A female with five illegitimate children visited by her sister, yearly.
- (5.) A female with an illegitimate child and a daughter with illegitimate child, visited quarterly by brothers. The daughter was fifteen when she had the illegitimate child.

At Okehampton Workhouse there are no periodical liberty days. Male inmates, however, have leave to go out once a fortnight and female inmates once a month. On an average eight men take advantage of the privilege offered, but, as I am informed, women do not apply for permission. Applications for special leave are also granted. Such applications are made some five or six times during the year.

VAGRANT DEPARTMENT.

The men vagrants are accommodated in good separate cells.

The women tramps' accommodation is much older but is adequate. There is accommodation for only two women.

An old tramp ward is used if the cells are all occupied. It has separate iron beds.

The bath for the men has no hot-water key, and the women have no bath.

The clothes drying and sulphur fumigation are done in one room.

Able-bodied inmates of the workhouse are sometimes employed here. Firewood making is carried on by tramps and by old inmates. They work in the same shed, which is objectionable.

As stated already, there is a small quarry on the workhouse grounds, and the tramps are employed there under a paid quarryman.

CUBIC SPACE.

The following table gives a general view of the cubic space provided in certain wards and dormitories at Okehampton Workhouse, as compared with the minimum requirements of the Local Government Board.

	Okehampton Workhouse. Cubic feet per bed.	Local Government Board's Minimum. Cubic feet per bed.
Men's ward	641	600
Women's ward	641	600
Boys' dormitory	254	360
Girls' "	360	360
Men's dormitory (1)	397	360
" " (2)	454	360
Women's dormitory (1)	407	360
" " (2)	555	360

APPENDIX VII.

WEST WARD UNION, WESTMORLAND.

The area of the union is 121,951 acres. It contains twenty-two parishes, and the board of guardians has thirty-eight members. The population at the Census of 1901 was 7,711. As estimated for three inter-census periods it was as follows :—

1885.	1895.	1905.
8,019	7,710	7,712

The population is thus practically stationary. The largest centre is the Shap Urban District, which had at the Census 1,126 inhabitants. Patterdale, at the foot of Ullswater, had 778 inhabitants, Crosby Ravensworth Parish 744, Askham 513, and Bampton 452. The rest are smaller.

Occupations.—The principal occupations are quarrying and granite working at Shap, lead-mining at Patterdale, and farm labouring. The quarries and granite works are under one firm and trade is very bad at present, the number of employees being much reduced. The quarrymen's wages are said to range from 17s. per week in winter to 32s. in summer, the average being about 24s. The farm labourers are mostly young men living at the farms and getting £24 to £36 per year with board. The married men get about 12s. weekly, and their food at the farmhouse, with one to two quarts of milk to take home daily.

Friendly Societies.—An Oddfellows Lodge has about fifty members. There was a sick club at the granite works, dividing its funds yearly, but it is suspended at present, owing to the reduction in the number of employees, only about 100 men working there now instead of 400. There is also an Oddfellows Lodge at Bampton, with about fifty members; at Hackthorpe a lodge with 150 to 200 members; at Morland a Provident Society with 100 members;

and at Patterdale an Oddfellows Lodge with 109 members, and a Mechanics Lodge with about 100 members. So far as I could learn, the total membership of friendly societies is about 600, equivalent to perhaps two-fifths of the householders in the union.

Care of the Sick.—There is no district nurse in Shap, nor in Patterdale, and the only nurse I heard of is in the parish of Lowther.

The guardians contribute £60 per annum to the Meathop Sanatorium near Grange-over-Sands, and have sent several cases to it. They have, on the medical officer's recommendation, given an order to suitable non-pauper cases, who have been admitted.

Several eye cases have gone to the Manchester Eye Infirmary, to which the guardians have recently given a donation of £3 3s., but they do not subscribe regularly.

The Shap Granite Works subscribe to the Carlisle Infirmary.

There is a cottage hospital at Penrith, which receives a local legacy from Shap of about £20 a year, and admits an occasional case.

Rateable Value.—The rateable value per head of the population was £10 18s. in 1904, as compared with £8 18s. in the county of Westmorland, and £5 5s. in a District composed of Lancashire, Cumberland and Westmorland.

Statistics of Pauperism.

The rate per 1,000 of paupers to the total population was as follows in the West Ward Union, the county of Westmorland, and a Group composed of the counties of Lancashire, Westmorland, Cumberland, York, Northumberland and Durham.

Area	1875.	1885.	1895.	1905.
West Ward	25	20	18	20
Westmorland	23	23	21	18
Group as above	28	26	23	22

The proportion of paupers is thus small in the whole of the areas in the table, but in West Ward there has been no diminution for twenty years.

The actual number of paupers was 157 in 1885, 138 in 1895, and 155 in 1905. In September, 1903, the number was 124.

Age Classification.—On January 1st, 1905, the age distribution of paupers was as follows:—

Area	Under 16.	16 to 60.	Over 60.
West Ward	34	15	51
Westmorland	31	21	48
District — (Lancashire, Cumberland and Westmorland).	32	27	41

In the West Ward, in every 1,000 of population the number of persons over sixty years old was 105, in Westmorland 16, and in the District only 60. The excess of old-age pauperism in West Ward is therefore accounted for by the age constitution of the population.

Indoor and Outdoor Pauperism.—The following are the percentages of outdoor pauperism to the total pauperism at decennial intervals since 1875:—

Area	1875.	1885.	1895.	1905.
West Ward	100	83	83	82
Lancashire, Westmorland and Cumberland.	85	78	73	77
Group as above	86	82	82	80
Rural England and Wales*	87	83	84	82
Urban England and Wales	74	68	64	64
England and Wales (total)	80	74	71	69

The most remarkable fact here is that in 1875 the whole pauperism of West Ward was outdoor. The proportion now is the same as that of rural England and Wales as a whole.

Cost of Pauperism.—Each pauper in the West Ward costs £15 13s. per annum, the figures for the counties of Lancashire, Westmorland and Cumberland being £13 7s., for the Group £13 12s. Salaries in the West Ward cost rateably a very little more than in the Group, but the smallness of the population readily accounts for this. The expenditure per head of population in 1904-5 was 7s. 3d., as against 5s. 10d. in Lancashire, Westmorland and Cumberland, and 6s. 9d. in the Group. The cost has increased since 1891-2.

The salaries of the principal officers of the union are: clerk, £70; relieving officer, £65; district medical officers, two at £25 each, and two at £10 each; workhouse medical officer, £25; master and matron of workhouse, £30 and £25, with rations and apartments.

THE WORKHOUSE.

The Union Workhouse is situated at the village of Shap, which is between 800 and 900 feet above the sea-level. The whole country is open moorland, and the locality seems an excellent one for health purposes in general. The soil is sandy and limestone rock prevails.

Shap Workhouse is a small institution, and at the time of my inspection the total permanent resident staff

consisted of the master and matron, and a general servant. The institution is constructed to receive sixty inmates. The whole of the accommodation is not required, and there are beds for only forty-four. These beds are distributed as follows:—ten in the men's dormitory; ten in the women's dormitory; three in the lying-in-ward; seven in the infirmary; five in the isolation block; five in the boys' dormitory; four in the girls' dormitory.

The total number of persons who received indoor relief in the year ending Lady Day, 1907, was forty-four, of whom twenty-one were in the institution at the end of the year. At the date of my inspection there were twenty-six inmates; of whom seven were sleeping in the sick wards, two in the isolation ward, and seventeen in the ordinary dormitories.

The workhouse, though small, has been built on a definite plan, reasonably well carried out. A front or main building adjoins a country road, and contains the premises for the master, and the male and female dormitories and day rooms. From the middle of the front building there projects the block containing the dining hall, kitchens, stores and scullery, and these offices separate the male airing ground on one side from the female airing ground on the other.

A bakehouse is situated in the male yard, and wash-house and laundry in the female yard. Behind the main building and parallel with it there is a small infirmary, and behind that again, also parallel, is a larger infectious disease block.

The vagrant wards are in a separate block, beyond the men's side of the main building.

Classification.—This is sufficiently indicated by the statement of the allocation of the forty-four beds already given. There is no separation of the able-bodied, infirm children and imbeciles, and there is no provision for married couples.

INFIRMARY.

This is very small, containing a lying-in ward and two sick wards, one of these with three beds for women, and the other with four beds for men.

Men.—The dimensions of the men's sick ward are, 20 feet by 12 feet by 10 feet 6 inches, allowing for each of the four beds 630 cubic feet.

The ward has good cross-ventilation. All four beds are used at night.

There is one bedridden case—a tramp aged fifty-three—who was found on the roadside fully three weeks ago, and who is suffering from gastritis and diarrhoea. The other occupants are a man of eighty, old and infirm, a man of sixty-eight with paralysis, and a wardman aged thirty-six, who is weak-minded and has been here since boyhood except for an interval when he went out to work at the quarries, but was found to be indolent.

A portable bath is used for patients who are unable to get about. The others go to the bath in the workhouse.

The water closet for the men is not sufficiently ventilated.

Women.—The dimensions of the women's sick ward are, 20 feet by 11 feet 6 inches by 10 feet 6 inches, giving a cubic capacity of 2,415 feet, and allowing fully 800 feet per bed. There is good cross-ventilation by double hung sashed windows. The woodwork was not very clean.

The ward contained only one patient, who is a woman of eighty-two with a bad toe. Another bed was occupied by a mother and child.

The women's bath is of iron, and is situated in a lobby insufficiently separated from the rest of the building. There is no hot water tap, and hot water has to be carried from a back kitchen.

The women's water closet is not modern, but it may be looked on as sufficient.

The *Lying-in Ward* is in an apartment off the female sick ward and contains three beds. The bed frames are of iron and only about 16 inches high, which is too low for convenience.

The matron always sends for the medical officer to attend cases. She is not registered by the Central Midwives Board. It is credible that owing to the small staff it might sometimes be troublesome to arrange for attendance on a case of confinement requiring the presence of the medical officer, for the master could hardly leave the workhouse if the matron were engaged with the patient.

* See footnote to page 14.

There is a clothes press in the lying-in ward, at present containing clothes for mending.

The *Isolation Block* consists of two wards containing two beds on the female side and three beds on the male side.

Males' Isolation.—The male ward is 16 feet by 12 feet

by 11 feet. It has three beds, so that the cubic space is a little over 700 feet per bed.

Females.—The dimensions on the female side are—16 feet by 12 feet by 11 feet, giving a cubic space of fully 1,000 feet per bed.

The Male Isolation ward is occupied at present by the following case:—

Sex.	Age.	Occupation.	Remarks.
M.	27	Labourer	Syphilis. He is a married man who lived in Workington, but had a settlement in the West Ward of Westmorland. He says he was infected in February, 1906, by his wife. There are no children, but his wife had a miscarriage in January, 1906, at the period of five months. When he became ill he obtained private medical attendance, but after three weeks went to the Carlisle Union Hospital, and was there for six weeks. He went out to hay-making in June, and to harvesting subsequently, and coming back to Workington, where his house was, on October 1st, he went to work at a shipyard. After consulting and getting medicine from the shipyard doctor, he went back to the Carlisle Union Hospital in March this year, for three weeks. Then he lived at Penrith for a fortnight with a brother, and came to Shap Workhouse afterwards. He has a syphilitic skin eruption and condylomata. He declares he has avoided the possibility of infecting anyone since he became aware of the nature of his illness, although he has been under no kind of control, has been in various parts of the country, and must have had opportunity for spreading the disease.

Nursing.—There is no regular nurse, the matron attending as a rule, but a nurse can be obtained when it is thought necessary—as it is at present for a case of bed sores. The sick wards being mainly for infirm old people, the only patient with a diet card and temperature chart is a young girl admitted a few days ago with very bad bed sores. There is no ambulance wagon. Cases would be removed to Carlisle by rail if possible, otherwise by cab.

Stores.—*Medicines* are kept in a press in the bread room, but any poisons are kept by the master in a cupboard in his own bedroom. There is, however, a bottle of carbolic acid in the press in the store.

The *bed sheets* are small, being only about 5 feet by 6 feet, and there are only three sheets per bed, and no extra supply of draw sheets. Daily washing of sheets therefore must often be required.

The *lying-in linen* is not stamped but is kept separately packed, and is said never to be interchanged with other house linen. It is stored along with the inmates' clothing, quite away from the rest of the bed linen.

The *mackintosh sheets* are kept folded on a bed, instead of being spread out flat, or kept on a roller.

In the milk store the *milk* was standing in a flat dish to let the cream rise, to be used for the patient with bed sores. This, of course, lessens the value of the milk for the other inmates.

Medical Officer.—The medical books are well kept. The relief book contains the dates of admission and the diseases duly entered. In his half-yearly report the medical officer notes that the accommodation for the sick is insufficient and in reply to the question: "Are medical appliances sufficient and in good order?" the answer is "No." The workhouse is situated at one end of Shap village and the medical officer lives at the other, perhaps about a mile away.

CHILDREN.

There were four children in the institution. One, a girl aged nine, attends the village school. She has no tooth brush nor hair brush, but has a comb. She has no handkerchief at present.

Two children aged respectively four and two have been deserted by their father, and their mother is an in-and-out case, who brings in the children now and then in a very dirty condition. The girl aged four has a squint, and her teeth are bad. Both children seem rather dull and stupid. Both of them use foul language and swear freely in imitation of the adults with whom they have to associate when

out. If they are to have any chance in life they will have to be put under control, in the interests both of themselves and of the public. The boy aged two is dieted by card.

IMBECILES.

Among the inmates is an imbecile boy aged eighteen. He is getting worse. He eats small stones: he has practically lost his speech, and he will probably have to go to the asylum.

There is no padded room. The asylum for the district is at Carlisle.

DORMITORIES.

Ventilation.—The ventilation of all the dormitories is structurally defective, in respect that on one side they open into a corridor instead of directly into the open air. On the other side there is direct access to the open air.

Men's Dormitory.—The dimensions are 25 feet by 18 feet by 9 feet 6 inches=4,275 cubic feet. It contains ten beds, so that the cubic space is 427 feet per bed. It is furnished with iron bedsteads of an oldish pattern with iron lath bottoms. They are quite good enough for the purpose.

In the men's dormitories the top sashes of the side wall windows were fixed, but there are small windows at the gable which are intended to open, though some of the cords were broken.

For these dormitories there is a water closet on the stair landing.

Boys' Dormitory.—In the boys' dormitory the ventilation conditions are somewhat similar. Two windows directly communicate with the open air on one side, though these have the top sashes fixed: one window is intended to communicate with the corridor on the other side. This dormitory has only been used for a night or two during the last two and a half years.

Women's Dormitory.—The women's dormitory is similarly arranged and has similar defects of ventilation. An iron railed gate across the corridor separates their quarters from those of the men. The dimensions of the women's dormitory are similar to those of the men, so that the cubic space per bed is about 427 feet. Children sleep here also.

The apartment is clean, but the means for ventilation are not sufficiently used, some swing windows on the lobby side being fixed by paint. The same remarks about fixing by paint apply to some of the windows in the corridor.

Day Rooms.—The men's day rooms have brick walls, limewashed.

The women and children occupy the same day room. It has brick walls, colour washed, and is wood lined to a height of about 4 feet. It has a good fire guard.

Water Supply and Baths.—The water supply is by a branch from the village, and is always sufficient, but there is no proper hot water system through the house. Excluding the laundry, the only hot water supply in the institution is from the kitchen range by a tap in the back kitchen or scullery, whence it is carried to the baths. There is also a portable bath for both sexes.

All inmates are bathed fortnightly, no distinction being made between the classes of inmates.

Only one copy of bathing regulations is hung up in the bath rooms, namely, in the room belonging to the female side of the infirmary.

Laundry.—Laundry work is all conducted by inmates, ironing being done in the kitchen. If the weather is bad the clothes have to be dried in the kitchen, which is obviously unsuitable.

The hot water supply for the clothes washing is inconvenient, hot water being ladled out from the washing house boiler which is not provided with a tap. There are no fixed washing tubs, but portable tubs only.

Dietary.—The institution bread is baked in the workhouse. Female inmates prepare the dough. I saw dinner

served. It consisted of boiled beef and potatoes. Each portion of meat was weighed. The bread is also weighed.

The full quantity of each article of diet is given, and those who cannot use all their portion share it with the others, so that it is said there is not much waste. There is no roast meat on the diet list and, therefore, no dripping. The hot dinner was served in cold plates.

Mortuary.—This is a stone shed with a lime-washed wooden table and a stretcher. Narrow slits in the walls are protected by gratings against rats. The only proper light for a post-mortem would be obtained by opening the door.

Visitors.—As bearing on the question of possible classification of indoor paupers by grouping workhouses in the county, and using them for separate purposes, I made inquiry as to the visitors who come to see individual inmates.

The following are the particulars:—

Of the twenty-six inmates fourteen have no visitors. Three of the fourteen occasionally go out to see relatives. (One of the three is a mother whose two children are also inmates, and she takes them with her.) Five of the fourteen are imbecile or weak-minded.

The twelve who have visitors are as follows:—

No.	Name.	Sex.	Age.	Remarks.
1	A. B.	F.	—	From Penrith. A certified imbecile. Mother calls monthly when charing in Shap.
2	A. C.	F.	73	From Cliburn, eight miles away. Certified imbecile. A pauper comes to see her about quarterly.
3	M. R.	F.	42	Two sisters, one with a child. One sister is from a village six miles off and the other from Shap. Both are imbecile, but only one certified. A step-brother in Shap calls about half-yearly, and the two inmates go into the village about twice during the summer.
4	A. R.	F.	38	
5	{ Child of A. R. }	—	4	
6	J. R.	M.	18	From Askham, nine miles away. Certified imbecile. Parents have called about twice during the last three years.
7	T. B.	M.	37	From Bampton. A brother and sister who live in Shap call about weekly. (This is the case of syphilis in the male infectious disease ward.)
8	H. S.	M.	68	Has been in the workhouse for six months. Comes from Clifton, seven miles away. He has had a visitor on one occasion.
9	T. H.	M.	80	Has been in the workhouse for twelve years. He comes from Crosby Ravensworth, six miles away. A cousin visits him about quarterly.
10	R. H.	M.	58	From Lowther, six miles off. He is an imbecile, but not certified. Has been in for nine months, and has had one visitor.
11	J. T.	M.	61	Comes from Shap, and has been in for five months. His brother calls about every three weeks.
12	M. K.	F.	13	This is the child with bed sores above referred to who came in three days before the date of my inspection of the workhouse. She had two visitors on the day before my inspection.

With reference to liberty days I am informed that as a result of the large proportion of harmless imbeciles at Shap Workhouse, the friends of inmates have little desire to have them as visitors or to be otherwise in their company outside the institution. Any reasonable request for liberty, however, is readily granted, either by the guardians or by the master.

CUBIC SPACE.

The following table gives a general view of the cubic space provided in wards and dormitories at Shap Workhouse, as compared with the minimum requirements of the Local Government Board.

CUBIC SPACE PER BED.

	Shap Workhouse.	Local Government Board Minimum.
	Cubic Feet.	Cubic Feet.
Men's sick ward	630	600
Women's sick ward	800	600
Male infectious disease ward	700	960
Female infectious disease ward	1,000	960
Men's dormitory	427	360
Women's dormitory	427	360

Vagrant Department.—The total number of vagrants relieved during the year ending Lady Day, 1907, was 3,621. The workhouse is situated 10 miles from Penrith on one side and 16 miles from Kendal on the other and forms a convenient resting place for vagrants.

Males.—On the male side there are four apartments each with a platform, three of the platforms being 9 feet broad, and the fourth 10½ feet broad. The 9-foot platform is regarded as suitable for six inmates, and the 10½-foot platform for seven inmates, thus allowing a width of 18 inches per sleeper. There are no partitions on the platforms and, excepting for the compulsory bath, every opportunity exists for spread of filth and disease. A working man searching for employment would be exposed to the risks and objectionable features attached to such an arrangement.

Two good enamelled baths have been provided for the male tramps, with both hot and cold water, the hot water being obtained from a stove in the cellar. All the taps, both hot and cold, have safety keys, which are kept by the master.

Females.—On the female side there are two dormitories, each with a sleeping platform, one for eight inmates and the other for four. There is no separation to prevent spread of verminous or infectious disease from inmate to inmate. The bath is supplied with cold water only. In one of the two rooms there is a stove, and in the other an open fireplace with a fire guard. There are two dry privies for the women.

Porter.—The vagrant department has a porter's room but the porter has just left, having obtained another appointment. A substitute will probably be got before winter comes.

Clothes.—Clothes are fumigated by sulphur in a suitable apartment. There is a good arrangement for drying wet clothing, which is hung on an iron framework surrounding a stove. In the same apartment is an old bath used as a disinfectant steep for the clothing of dirty tramps, or of any suspected to be suffering from infectious disease. The same bath is used for any tramp who is himself suspected to be so suffering.

Work.—Tramps' work consists of stone-breaking; they also do garden work, scrubbing, etc. They are kept in the workhouse only a single night.

The garden is large enough to occupy fully all inmates and vagrants in summer, but in winter a larger garden or farm fields would be desirable, since there are from 90 to 100 tramps weekly in winter, and only about 60 in summer.

This seasonal diversity is due to the circumstance that although there are more tramps on the road in summer, fewer enter the workhouse. They sleep out in the good weather.

It is stated that some years ago there were about 280 tramps weekly but that the tasks were not severe enough and that as soon as more work was demanded the numbers were reduced.

No firewood is made for sale, there being no demand for it. The county council buys a good deal of road metal made in the tramp department. There is no Brabazon work in the workhouse.

The only able-bodied inmates are mentally defective. Those who are partly able-bodied do garden work and help in keeping the premises clean.

OUTDOOR MEDICAL RELIEF.

One relieving officer acts for the whole of the widely scattered union, so that the distances are great. Also, access to some parts is very difficult, especially to Patterdale, at the south end of Ullswater. There are four district medical officers. The principal districts of medical officers are Shap and Patterdale.

The number of persons who received outdoor relief during the year ending Lady Day 1907, was seventy-four. All orders for medical relief are granted up to March 25th, so that the duration of the order depends on when it begins. No relief is given on loan. Orders for out medical relief

do not seem to be given readily, but sometimes paupers on the permanent list send needlessly.

The guardians have provided antitoxin in two or three cases, or at least refunded the cost to the district medical officer.

Shap.—The furthest distance of the Shap district medical officer from his paupers is about 12 miles, and there are several places over 8 miles away. For some houses 2 or 3 miles of walking are needed after leaving the public road, so that a visit to some paupers takes three or four hours' time. There is a similar difficulty with medicines. The postmen often carry them but some places are not visited by postmen.

The Shap medical officer has a surgery at Bampton, which is 4 miles nearer than Shap to the furthest point of his district, but messages have to be sent to Shap, occasionally by telegram, but most commonly by post. Sometimes a foot passenger or a butcher's cart brings a message.

The Shap medical officer attends many poor people without their coming on the roll of paupers, unless they require extras. The number of patients attended gratuitously is sometimes nearly equal to the number of paupers, but on the whole the paupers are the more numerous. One case which was put on the pauper list last week in order to get extras had had three weeks' gratuitous attendance previously. Even midwifery cases are sometimes attended gratuitously, but in future it is likely that an order from the relieving officer will be asked for.

The village of Shap is an urban district. Its fever hospital is at Ormside, about 17 miles distant by road, and any case of scarlet fever, enteric fever, or diphtheria would be removed thither if there were accommodation. The fever hospital is only a small one, and does not admit enteric fever and diphtheria at the same time.

Surgical operations are seldom performed on patients at Shap. A case might be sent to Carlisle, which is 18 miles off on the main line of the London and North-Western Railway, or the operation might be done locally, a neighbouring medical man being got to assist. The present district and workhouse medical officer who has been in Shap for seven years, has only had two minor operations, requiring no medical help. A pauper who has been undergoing an operation in a London hospital was to come home on the day after my visit under charge of the relieving officer, who was to go to London for the purpose.

Exclusive of a case recorded in the General Report, Shap presented hardly any cases of interest. The two following may be noted:—

Sex.	Age.	Occupation.	Remarks.
F.	55	Schoolmistress	Is bedridden with paralysis. Has been nursed by two daughters in succession, each of whom came home from service to attend to her. On one occasion she was found lying on the floor of her room, and apparently had bruised herself by falling out of bed when no one was at hand. She lives in a very clean house, and is being well looked after by the daughter who has charge of her at present, but the need for nursing her prevents the daughter doing any other work.
F.	17	—	Phthisis. This girl, though belonging to Shap, lives in Penrith. Has always been delicate. Gets help from guardians, but has private medical attendance. Has light employment in a drug store. Has never been to a sanatorium. I called at the house where she lives in Penrith. She has a bedroom to herself and proper spit bottle, and has been told about isolation and prevention of infection. The bedroom window is kept open top and bottom, night and day. Is allowed a pennyworth of milk daily. This girl is not being medically supervised on behalf of the guardians, but has proper medical advice.

Patterdale.—Here, as already noted, the chief industry is lead mining.

The district medical officer informs me that some of his visits to paupers include 18 miles of walking and 3,000 feet of hill climbing. A visit to Martindale, which is within his district, would involve climbing two ranges of mountains. A post card received in the morning from Martindale and immediately followed by a visit would enable the doctor to be back at his house by about four o'clock in the afternoon, too late for the postman to carry any

medicine that day. Sometimes a stock of compressed drugs enables the doctor to give a supply of medicine at the time of his visit to distant cases.

In a district like this it is impracticable to procure a medical order from the relieving officer. To get from Martindale to Shap, where the relieving officer lives, would mean a walk of 14 miles by road to Penrith, followed by a railway journey from Penrith to Shap. The train service is scanty, but if everything went well and the relieving officer were at home, the order for the district medical

officer would take about two days to reach him, counting from the time when the people in Martindale conclude that they want the doctor. Fortunately the total population of Martindale is only 128 and last year it did not contain a single pauper.

The medical officer's Poor Law practice differs in one respect from that of most of the officers with whom I have had interviews. He invariably enters in his books pauper cases relieved without an order, and they get an order from the relieving officer afterwards. He holds that under this system the paupers are really better attended than private patients of the working class. There is no avoidable delay in getting his services in either case, but he is able to give without limitation all attendance required by a pauper, whereas in a private case the cost of a visit is so great that he often hesitates to impose the burden upon the patient and the patient often hesitates to call in his aid. A great deal is done gratuitously, but where it is understood that a fee is to be charged, he dislikes on ethical grounds to lower his fee much below ordinary standards. Paupers come to him at once. They know they will get more visiting as paupers than as private patients. That, of course, depends on the individual medical officer and might be different under a different incumbent, but little or no deterrence seems to attach to the asking or obtaining of out medical relief.

The Patterdale medical officer has to do most of his surgery single handed, both for private and pauper cases. At night he is absolutely isolated. His wife is a certified midwife and occasionally acts gratuitously, but never for payment. Frequently there is no payment for midwifery cases, and it might be better for his income if many more medical orders for midwifery were given, so as to secure even the ten shilling fee.

There is no district nurse in the three parishes of Patterdale, Martindale and Matterdale. Neighbours, who are mostly relatives because there is much inter-marrying in so isolated a locality, do the nursing.

Patterdale miners are apt to die at an early age, with consequent pauperism of widows and children. Naturally the influence of occupation on health comes into question. Most of the men, it seems, do not die with ordinary symptoms of lead poisoning, but rather from fibroid phthisis, or failure of the cardiac muscle. Appendicitis and gastric ulcer are very common. Bad dieting is general, especially constant tea drinking. This tea drinking, however, is common to both sexes and to children, and, hurtful though it undoubtedly is, it does not furnish a reason for early death of the men as compared with the women.

It is said that gastric ulcers are as common among the women as among the men, but even this hardly proves that mining has nothing to do with the matter, as affecting the men. Independently of any special agency, ulceration of the stomach is usually regarded as commoner among women than among men, so that if the disease is equally prevalent in the two sexes, there is room for some special agency in the case of the men. This, however, is little more than speculation. I trust that the medical officer will take an opportunity of going into the matter thoroughly, and of reporting on it fully. Dusty metalliferous mining is probably an important factor in setting up fibroid phthisis and chronic bronchitis and in causing a general lowering of health.

Along with the medical officer, I saw various lead workers. One healthy looking man aged about forty had suffered from ulceration of the stomach. His morning meal was taken at 5.30, and consisted of strong tea, bread and butter and an egg. He had tea again at the works at 9 o'clock, and once more at 12.30—three

times every day. Dinner was taken on his return home at 6.30, and consisted of meat and potatoes and occasionally soup. Another man gave a practically identical statement.

In the past, many of the minees have lived in a building known as "The Shops," a large two-storied house of which the lower floor is a cooking-room, dining-room, and living-room, while the upper floor is used as a dormitory. There were formerly sixty or seventy occupants, but the number is now reduced to about a dozen, as more of the men live in family than before. The distant crofts from which they used to come, and to which they returned at the week-ends, are now being deserted, and they live in houses near the mines. The bothy life accounts for part of the tea drinking among the men. Everything in the bothy both upstairs and down is very dirty. The place is not cleaned or cared for by any charywoman. The men cook their own food and leave everything dirty. They seem never to make their beds or do any ordinary household work.

Several workers whom we met casually looked prematurely old. For example, one man aged fifty-eight looked like seventy. He had been a tin miner in Cornwall for thirty-three years, and has been twelve years at lead mining in Patterdale. He has had relief from the guardians for the past two years and has had attendance from the district medical officer owing to bronchitis. He is becoming emaciated and admits that he has been something short of a teetotaler.

I interviewed a widow aged forty-nine whose husband died as the result of an accident, at the age of forty-five. Her diet is as follows: breakfast, tea and bread and butter; dinner, milk or tea and bread and butter. She gets milk daily from the squire and uses it oftener than tea for this meal. Her third meal is at 5 p.m. and consists of two cups of tea and bread and butter. Supper consists of boiled bread and milk. She has eggs occasionally, but seldom any butcher meat. The guardians give her 3s. weekly and she gets coals and charity at Christmas. She has one son who is married and has four children, so he can give her little help. This woman is affected with goitre. She is pale and thin, and has not benefited by thyroid extract, but the enlargement shows improvement by the use of tincture of iodine. It is not to be assumed that her poor health is due to the goitre. She has been delicate since childhood.

Goitre is very common in this part of the country, but it is not regarded by those who are afflicted with it as requiring any medical attention. The doctor usually discovers it only when called in for some other disease.

At a group of houses locally known as "Seldom Seen," situated on a remote hill side, a man of seventy-two lives with his wife. He was an iron moulder, and suffers from delusions, his illness having begun with an attack of apoplexy. The quiet situation seems to suit his case very well. The Iron Moulders Club give him 5s. weekly, the guardians give medical attendance and give his wife 2s. weekly. Two sons contribute to his support.

My visit to Patterdale interested me greatly. The place is very much out of the world, and its lead miners and their health and habits suggest various problems. If there were a State Department devoted to the prevention of disease I believe that, by dealing with these people as to their personal habits and diet, and the conditions of their home life, and of their employment, there would be fewer premature deaths among the workmen, and much less sickness, and fewer widows and orphans requiring aid from the rates. Already, under the various statutes relating to industrial occupations, much has been done to improve conditions of employment. Co-ordination of this work with hygienic guidance of family life and general sanitation, should give far better results than have yet been achieved.

APPENDIX VIII.

EAST WARD UNION, WESTMORLAND.

The area of the union is 185,030 acres; it contains thirty-three parishes, and forty-seven elected guardians form the Board. The population at the census of 1901 was only 13,218; as estimated for three inter-census periods it was as follows:—

1885.	1895.	1905.
14,200	13,524	13,022

The rateable value per head of the population was £8 10s. in 1904, as compared with £8 18s. in the county of Westmorland, and £5 5s. in a District composed of Lancashire, Cumberland and Westmorland.

The rate per 1,000 of paupers to the total population was as follows in the East Ward Union, in the counties of Lancashire, Westmorland and Cumberland, counted as one district, and in a Group comprising Durham, Northumberland, Yorkshire, Lancashire, Westmorland, Cumberland—

—	1875.	1885.	1895.	1905.
East Ward Union - - -	16	20	19	20
Lancashire, Cumberland and Westmorland - - -	24	20	20	19
Group as above - - -	28	26	23	22

The actual number of paupers in 1885 was 284; in 1895 it was 256; and in 1905 it was 265.

Age Classification, January, 1st, 1905. Percentages as under:—

—	Under 16.	16 to 60.	Over 60.
East Ward Union - - -	27	21	52
Westmorland - - -	31	21	48
District consisting of:—			
Lancashire, Cumberland and Westmorland - - -	32	27	41

Persons aged sixty and over per 1,000 of the population in the East Ward Union were 112; in Westmorland 96 and in the District, 60. The percentage of pauperism over sixty years old corresponds generally to the age distribution.

Percentage of Outdoor Paupers to Total Paupers (exclusive of lunatics and vagrants) at decennial intervals since 1875 was as follows:—

—	1875.	1885.	1895.	1905.
East Ward - - - - -	80	81	80	80
Lancashire, Westmorland and Cumberland - - -	85	78	79	77
Group as above - - -	86	82	82	80
Rural total of England and Wales* - - - - -	87	83	84	82
Urban total of England and Wales - - - - -	74	68	64	64
England and Wales total -	80	74	71	69

The proportion of outdoor to indoor paupers in the East Ward therefore corresponds generally with the rest of Rural England.

Cost of Pauperism.—Each pauper in East Ward Union costs £13 8s. per annum, the figure for the counties of Lancashire, Westmorland and Cumberland being £13 7s., and for the Group £13 12s. 0d.

The cost of each indoor pauper is £8 15s. in East Ward Union, £10 2s. in the three counties and £11 7s. in the Group. The corresponding figures for outdoor paupers are £7 18s., £6 6s., and £7.

The cost of pauperism per head of population is in East Ward Union 6s. 5d.; in the three counties 5s. 10d.; and in the Group 6s. 9d.

The principal centres of population are Appleby and Bongate, 1,764; Kirkby Stephen, 1,656; and Tebay, 1,093.

The population of Appleby is rather diminishing, owing to decay in lead mining. Appleby itself is a market town, but the markets are lessening in importance and the town has no trade.

The chief occupations are sheep farming and agriculture. Unmarried farm labourers get about £30 to £40 per year with board and lodging. Married farm labourers get 14s. to 15s. per week, with a cottage and garden, and perhaps potatoes and milk from the farm and the use of a horse to cart coals. Some labourers keep hens or a pig. Some men are employed in quarrying and on the roads.

Friendly societies exist at Appleby, Kirkby Stephen, Temple Sowerby, and Brough. The Oddfellows Lodge at Appleby has 170 members, and at Kirkby Stephen about 200. Rechabites at Kirkby Stephen are about 10. At Brough village the Oddfellows have 7; members and the Sons of Temperance 35.

The guardians subscribe £1 5s. per annum to the Cumberland and Westmorland Infirmary at Carlisle, but their subscription to the Meathop Sanatorium was stopped last year. They do not subscribe to the local nursing institutions, which are said to have sufficient funds.

They usually have several girls maintained and trained for domestic service at Howard Orphan Home, Kendal, the charge being 3s. per week each. At present they have a feeble-minded boy in the Royal Albert Asylum for Idiots, Lancaster, the charge being £35 per annum.

It has been resolved by the guardians to pay for all expensive medicines.

WORKHOUSE.

The workhouse is an old building, or rather a group of old buildings, within the town of Kirkby Stephen. It was originally a cotton manufactory. The sick wards were added about thirty years ago. The buildings are of stone, two and three stories high. Excepting the sick wards all the apartments on the ground flat have stone floors.

The water supply is that of the town of Kirkby Stephen. The buildings have a hot and cold water supply. Heating of apartments is by open fireplaces, and in one case by a stove.

The accommodation stated in the Local Government Directory is 172.

The largest number of inmates last winter was fifty-three. The total inmates at present are thirty-nine, of whom eleven are certified imbeciles.

The following are the principal statistics of the institution for the past five years as kindly furnished to me by the master:—

Year.	On the books 1st January.	Admitted during year.	Discharged during year.	Births.	Deaths.	On Sick List.
1902	33	69	6	-	4	31
1903	37	57	49	3	4	30
1904	44	75	72	1	1	21
1905	47	76	68	2	6	22
1906	51	60	60	3	8	24

*See footnote to p. 14.

The master has also given me a note of the sick lists in the winter and summer half-years respectively. They are as follow :—

Winter.	Sick List.	Summer.	Sick List.
November 1st, 1902, to May 1st, 1903	- 25	May 1st to November 1st, 1902	- - 23
" " 1903 " " 1904	- 16	" " " " 1903	- - 18
" " 1904 " " 1905	- 15	" " " " 1904	- - 11
" " 1905 " " 1906	- 17	" " " " 1905	- - 15
		" " " " 1906	- - 15

Very little difference is shown as between the two half-years.

Medical Officer.—The present medical officer was appointed only in February, 1906, and has followed his predecessor's custom of answering in the affirmative all the questions in the half-yearly report book. His house is only a few minutes' walk from the workhouse.

Sick Wards.

Nursing.—There are no sick in the institution at present, and only one child.

The assistant matron acts as nurse. She had a year or two's experience in an asylum before coming here, but no other training. There is no night nurse.

There is good cross ventilation in the sick wards by sashed and double hung windows, three on each side, also three Sheringham valves, and two chimneys.

Male Sick Ward.—on ground floor.—Dimensions : 33 feet by 21 feet by 10 feet = $6,936 \div 9 = 770$ cubic feet per bed.

The ward is provided with single iron bedsteads, with fibre beds, and cocoanut matting underneath. Six of the beds are occupied at night, but there are no bedridden cases.

The ward at present is being used as an infirm dormitory, there being no sick cases as just stated. All the occupants, with one exception, say that they never had out-relief, either medical or money, before coming into the workhouse. The youngest is an able-bodied farm labourer aged fifty-five, who has come in because he cannot find work. He is employed in the workhouse garden. Another is a man blinded by an accident nine years ago.

The water closet opens directly off the ward and the apparatus is boxed in. The apartment is unventilated, having a single window much too small, and sealed up by paint.

Female Sick Ward.—This is a hall 32 feet 6 inches by 24 feet by 18 feet = $14,040$ cubic feet $\div 4 = 3,510$ cubic feet per bed. Cross ventilation is provided for by three narrow double-sashed very high windows on either side, the upper sashes opening by cords, and the lower sashes fixed. There are no inmates at present. The ward contains four single bedsteads. This ward was formed two years ago by throwing two flats into one, hence its exceptional height.

A bathroom opens directly from the ward. The hot water tap is not protected by a safety key.

The water closet is similar to that in the men's sick ward, and the small window is sealed up with paint. The seat of the water closet apparatus is broken.

Lying-in Ward.—The lying-in ward is a very dark room. It has one window, and the top sash is fixed. The linen for the ward is not kept apart nor separately marked. Opening into the lying-in ward is a large room containing lumber of various descriptions. The propinquity is objectionable.

The medical officer is sent for in every confinement case. The nurse is not certificated for midwifery. The iron bedstead intended for labour cases is only 15 inches high, and would be too low for convenience in difficult cases. No water supply is attached to the lying-in ward. Water has to be carried from a courtyard below into the ward upstairs.

Several rooms in the top storey above the lying-in ward are dilapidated and not in use.

The Itch Ward. apparently intended for males, is occupied by a woman vagrant at present, who has a bad attack of scabies, and whose foot has been abraded in walking.

The dimensions of the room are $27\frac{1}{2}$ feet by 14 feet by 9 feet = $3,465 \div 6 = 592$ cubic feet per bed.

It has three double bedsteads, but only one is made up for use, the others not being needed at present. The windows here too are sealed with paint, and the same remark applies to the water closet.

There is no padded room, but the master has been here for nine years, during which no case of acute mania has occurred.

Bathrooms.—Two bathrooms, one for males and the other for females, are separated from the sick wards by an open courtyard. They open off a vestibule which also gives entrance to the general store room on one side, and to the washhouse on the other. A meat safe stands in this vestibule. Both baths have hot water supply under control by safety keys. A card with bathing regulations is exhibited.

The bathrooms are ill-ventilated and close-smelling, a small hinged window in each being sealed by paint. There is an accumulation of soiled linen in one of them, placed there to be taken into the washhouse.

Linen, Drugs, etc.—The general store room is a very dark apartment on the ground flat, with a stone floor and damp walls and small windows, in one of which a single small pane opens. There is another swing window, but it is sealed by paint. The workhouse and infirmary linen, patients' clothing, hot water bottles, paint, boots, garden implements, etc., are stored in this room.

The bed sheets are $7\frac{1}{2}$ feet by $5\frac{1}{2}$ feet. There are no additional draw sheets.

An inventory is kept in the master's office, but there is no inventory hung up in the store.

All drugs are stored in a locked press in the master's office, poisonous and non-poisonous together.

Children's Department.—An apartment known as the "Nursery" is at present used as a day room for able-bodied men, old men, and imbeciles.

A child aged two is in the workhouse. The child is clean. It is dieted by table, not by written instructions. Older children are boarded out.

The imbeciles use the same dormitory and the same day room as the able-bodied men.

DORMITORIES.

Men's Dormitories: Room No. 1.—21 feet by 13 feet by 10 feet = $2,730 \div 5 = 546$ cubic feet per bed.

Cross ventilation is intended by two sashed and double-hung windows, but three of the four sashes are sealed by paint. There is an open chimney and the room is very clean.

Room No. 2.—This is on the ground flat and is identical with Room No. 1 as regards structural arrangements for ventilation and the fact that the windows are sealed by the last painting of the institution.

Room No. 3. for able-bodied men—39 feet by 21 feet by 10 feet = $8,190 \div 8 = 1,023$ cubic feet per head.

The same remarks apply to ventilation structurally and administratively, excepting that one window which is fastened by paint stands immovably open for about the space of three inches at the top. There are two open chimneys with a good fireplace. This room is not in use at present. It is very clean.

Women's Dormitories: Room No. 1.—is above the women's day room. Its dimensions are:—20 feet by

17 feet by 8 feet = 2,720 ÷ 7 = 388 cubic feet per bed. It contains three double and one single bed, and is used partly by imbecile and partly by other women. There are three double-sashed windows here on one side, and an open chimney. The windows are sealed by paint, and there is no provision for cross ventilation.

Room No. 2 opens off No. 1. Its dimensions are:—26 feet by 17 feet by 8 feet = 3,536 ÷ 10 = 353 cubic feet per bed. It contains five double beds. Two inmates occupy one bed.

The ventilation is as in Room No. 1, but a space of about 4 inches at the top of each window is open. The floor in this room is decayed and partly rotten.

There are outdoor privies for the women. The floors are clean but the contents of the privies are not properly emptied.

Receiving Ward.—This is an upstairs room, but it is not used owing to cases being sent directly into the house.

Artificial Lighting.—Most of the rooms are lighted by gas, but the men's day room and sleeping room, also the women's day room and sleeping room are lighted by candles.

Classification.—The want of separation of imbeciles from other inmates is an obvious defect in this workhouse. One, or perhaps two imbeciles are in a condition which appears to me to unsuit them for mingling with ordinary paupers, both in their own interests and in that of the paupers.

Looking to the spare accommodation in the workhouse it is obvious that the imbeciles could easily be kept apart. This separation would involve more attendance and would of course add to the cost, but it is needed if they are to remain in the workhouse.

Fire Guards.—There are no fire guards in the men's day room which is used also by imbeciles, nor in the men's sick ward.

Food.—Bread is baked outside and there is no rule against its being sent into the house newly after baking. The full quantity of bread is weighed out and is used after or between meals if not during them. Cooking for the master and staff is done in the master's kitchen, not in the workhouse kitchen. No inmates are on extra diet at present. The dietary does not include roasts, so there is no dripping. There is no milk store, but none is required as the milk is brought in before breakfast and supper and is used at once.

The dining hall is a dark room with a ceiling only about 7 feet high. The kitchen also is a very dark room.

The washhouse has portable tubs and two brick-built boilers. There is no paid laundress. The laundry is not in the same part of the workhouse as the washhouse.

The mortuary contains a bench. There is a little light and no water supply or convenience for post-mortem examinations.

Interviews in Day-Room.—I interviewed eight occupants of the men's day-room. Only one would admit having had the district medical officer before coming in, and he had obtained money relief at the same time. On further inquiry by the master it was learned that no inmates of the workhouse had received out-medical relief previously, and that only two had ever received out-relief of any kind.

Visitors.—Of the thirty-nine inmates about one-half have no visitors. The others are visited as follows:—

Name.	Sex.	Former Residence.	Remarks.
D. R.	M.	Appleby	A brother visits him once in five years.
T. B.	M.	Appleby	One visitor twice yearly.
J. W.	M.	Brough	One visitor twice yearly.
M. E.	F.	(Aged 2) Brough	Three visitors quarterly.
E. B.	F.	(Imbecile) Sowerby	Four visitors twice yearly.
W. W.	M.	Crackenthorpe	One visitor twice yearly.
T. S.	F.	(Imbecile) Dufton	One visitor yearly.

Name.	Sex.	Former Residence.	Remarks.
H. B.	F.	(Imbecile) Kirkby Stephen	Two visitors yearly.
J. Y.	F.	Kirkby Stephen	Three visitors yearly.
R. H.	M.	Kirkby Stephen	Two visitors yearly.
W. R.	M.	Marton	Three visitors yearly.
F. S.	M.	Marton	One visitor thrice yearly.
J. B.	M.	Newbigging	Two visitors weekly.
J. L.	M.	(Imbecile) Newbigging	One visitor yearly.
S. R.	F.	(Imbecile) Orton	One visitor yearly.
D. B.	M.	Ravenstonedale	One visitor yearly.
H. B.	F.	Ravenstonedale	Eight visitors, including five children, quarterly.
M. E.	F.	Warcop.	Four visitors twice yearly.
M. H.	M.	Winton	Newly admitted—three visitors last month.

With reference to visits paid by inmates to their friends outside the workhouse, I understand that each inmate at Kirkby Stephen is allowed a day's leave in a week for this purpose, but only five or six inmates had taken advantage of the permission, over a period of three months. Every Sunday morning fourteen inmates go out to a place of worship and return at dinner-time.

Cubic Space.

The following table gives a general view of the cubic space provided in wards and dormitories of Kirkby Stephen workhouse, as compared with the minimum requirements of the Local Government Board.

Cubic Feet per Bed.

	In Work-house.	Local Government Board Minimum.
<i>Wards.</i>		
Male sick ward	770	600
Female sick ward	3,510	600
Itch ward	592	600
<i>Dormitories.</i>		
Men's Room No. 1	546	360
.. .. No. 2	546	360
.. .. No. 3	1,023	360
Women's Room No. 1	388	360
.. .. No. 2	353	360

CASUAL WARDS.

The East Ward Union has accommodation for vagrants not only at Kirkby Stephen workhouse but also in the town of Appleby where there are casual wards for males and females apart from any workhouse.

Casual Wards at Kirkby Stephen.

The male tramp ward has a wooden platform with eleven sleeping places, each 2 feet wide and separated by wooden partitions 10 inches high. The room is badly ventilated, having only one small window of which the upper half swings open, and four ventilating gratings close to the ceiling. There is another tramp ward with divisions 7 inches high, and the windows sealed by paint.

The female tramp ward has two double iron bedsteads, so that if there are more than two women the beds must be doubly occupied. The apartment has two double-sashed windows, both sealed by paint.

The men's tramp wards are heated by hot water pipes and the women's by open fires. Verminous clothing is disinfected by chlorine gas. Dry privies are attached to the vagrant department.

The labour task is stone breaking, and now and then osakum picking or garden work. Female tramps do scrubbing, washing bed rugs, etc. No firewood is made.

Able-bodied inmates also do stone-breaking and attend to the two gardens of which the area is about 1½ acres. One or two inmates make hearth-rugs from cloth clippings. The stone yard for the inmates is separated from that for the casuals.

CASUAL WARDS AT APPLEBY.

These wards which, as stated above, are not in connection with any workhouse are in charge of a resident caretaker and his wife.

The sleeping accommodation for male vagrants consists of a wooden platform, partitioned off by boards about a foot high into spaces about 2 feet wide. There are ten spaces in the male ward. This room is on the ground floor.

Upstairs is a similar sleeping room with a platform, and spaces for nine sleepers. Complaint seems to have been made about vagrants requiring to sleep on the plank beds of this platform, and two spring mattresses have been obtained, but were not in use. This room is said to be intended for men, but is customarily occupied by women vagrants, of whom there are seldom more than two.

The clothes drying arrangements are very defective—only a rack hanging from the ceiling in front of a small open fireplace in the day room. Although the evening of my visit was rather inclement, and two or three inmates were in the day room, there was no fire to dry their clothes or to make the place comfortable.

The men's bath, which is of glazed earthenware, has no safety key for the hot water tap.

The sleeping apartment intended for female vagrants is on the ground flat, behind the men's, and a bath-room is placed conveniently, but for some unexplained reason the women are lodged upstairs, and when their bath is to be used, the men occupying the women's ward adjoining it have to be temporarily turned out.

There is another apartment which could be used for a sick case, but any such case would ordinarily be sent to the workhouse at Kirkby Stephen. This room is light and is intended to be ventilated by sashed windows, but only one of the windows was capable of opening, the others never having been opened since the place was painted last.

Water closets are provided for both sexes. The task work is stone breaking.

The number of occupants has been as follows in the past six years, each year ending in March:—

1901-2	1,370	1904-5	2,626
1902-3	1,639	1905-6	3,035
1903-4	2,077	1906-7	2,741

I was unfavourably impressed with the arrangements of this place.

OUTDOOR MEDICAL RELIEF.

There are two relieving officers' districts, the northern, with its head-quarters at Appleby, and the southern at Kirkby Stephen.

The acreage of the Northern District is 70,952, and the population 5,821. The largest centre is at Appleby and Bongate, which are practically one, and have 1,764 inhabitants.

The Southern District has an area of 103,917 acres and a population of 7,397. It includes Kirkby Stephen, 1,656; Tebay, 1,093; Ravenstonedale, 838; and Orton, 832. These are parishes, not merely villages.

The number of district medical officers is six. Their areas, population and salary are as follows:—

	Acres.	Population.	Salary.
Kirkby Stephen, No. 1	19,163	2,399	£20
Brough, No. 2	37,533	2,164	£20
Appleby, No. 3	46,567	4,063	£37
Kirkby Thore, No. 4	12,896	1,116	£18
Orton, No. 5	24,513	1,925	£20
Ravenstonedale, No. 6	34,197	1,551	£17

Northern or Appleby Relieving Officer's District.

There are ninety-five paupers on the list, including children. The relieving officer is about 6 miles from the furthest point of his district, where there are two paupers. The great majority are in the town of Appleby, and many of the rest at Long Marton, 2½ miles off. Messages are brought by post or foot messenger. Medical orders continue until the patient's recovery.

The relieving officer knows all the people in the district, and needs little inquiry before granting orders. In the past two years (during the present relieving officer's time) medical relief without money relief has been accorded only once. That was for a confinement, and the grant was on loan, which it is expected will be repaid. Some of the district medical officers do work without medical orders.

There is an almshouse charity in Appleby, and the receipt of money relief from the guardians prevents admission, but medical relief is no bar. The desire to get the benefit of this charity sometimes prevents resort to money relief from the guardians.

Medical extras are not often given, and are seldom needed, owing to private charity. The guardians do not provide lint and dressings. Antitoxin is given by the district council. A district nurse lives in Appleby, but she does not go outside the town. Cases requiring operation are sent to Carlisle Infirmary.

The district medical officers have the great majority of their patients near at hand, and most of the rest within 4 or 5 miles, but inconvenient exceptions exist, and it is said that rearrangement of certain parts of the area served by the officers would be a convenience both to the patients and the doctors.

As shown by a map, on which the clerk to the guardians kindly indicated the boundaries, the area served by one medical officer is about 16 miles long as the crow flies. The officer lives at Appleby, nearly in the centre of the area, but there is considerable difficulty in getting medicines sent to the hamlet of Knock in the north and Little Asby in the extreme south. Little Asby is a good deal nearer to Orton and to Kirkby Stephen, which are the head quarters of other medical officers, but the mountainous character of much of the area of the Union may partly account for the present arrangement. One boarded-out child has to be visited at Little Asby four times a year.

One district medical officer is also medical officer to a fever hospital situated 3 miles away. If there are many cases, a nurse is requisitioned. There are sixteen beds and four cots. This was built for smallpox originally.

Southern or Kirkby Stephen Relieving Officer's District.

There are ninety-seven paupers on the list. The district extends about 20 miles from north to south. Railway lines run through it.

The furthest distance from the administrative centre by road to any part of the district is to Orton village, 16 miles away, with about half-a-dozen paupers. There is a train service to Tebay, about 4 miles from Orton, so that messages can be conveyed to Orton by cycle or by train via Tebay. Tebay is about 12 miles by rail from Kirkby Stephen and has about twenty paupers. Stainmore, which is about 8 miles away with four paupers, has no train service; Felland is 9 miles away with one pauper; Crosby-Garret is 5 miles distant with two paupers; Brough with twelve paupers is 4 miles distant. These villages are reached by cycle. The other paupers are in the town of Kirkby Stephen and its immediate neighbourhood.

Four of the southern district medical officers were interviewed. The medical officers live one each at Orton and Brough, and two at Kirkby Stephen. They have lists of permanent paupers for whom they do not require orders. One of the Kirkby Stephen medical officers attends about six persons in a month who cannot pay and who do not get an order from the relieving officer. The names of these people are not sent by the doctor to the relieving officer. Nor does the medical officer at Orton, who also attends paupers at Tebay wait for orders from the relieving officer. At Brough too the district medical officer visits without orders, sometimes to a place 4 miles distant. Felland and Crosby-Garret are attended by the medical officer at Kirkby Stephen.

Kirkby Stephen is a market town, and garden labourers constitute most of the population. The relieving officer states that farm labourers get 2s. 6d. daily with food or 3s. 6d. without food, say 21s. weekly, and that stone masons get about 30s. weekly. Out-medical relief is never given without money relief at the same time. The relieving officer being in the same town, an order from him is always obtained without inconvenience, though the attempt to obtain an order, as stated above, is not always made.

In Kirkby Stephen medical extras are rarely given. There are several well-endowed charities in the town—for bread and for apprenticeships and for education. The district medical officer is in the centre of his district, which has a radius of only about 2 miles.

Kirkby Stephen is a postal centre and medicines can be delivered by the postmen. In the southern area generally medicines are conveyed either by post or by foot-messenger. For example, one district medical officer who lives in Kirkby Stephen, but whose district is outside of it, has sometimes to visit paupers 9 miles off, and may send medicines by rural postmen who deliver twice daily.

Cases in the southern part of the district requiring treatment in a general hospital, like similar cases in the northern part, go to Carlisle.

Interviews with Medical Officers.

It may be of interest to give the substance of my conversations with two medical officers of the East Ward. The information which I obtained from these two gentlemen furnishes a fairly adequate idea of the conditions prevailing in their respective districts.

In the former of the two districts in question the principal occupations are mining, building, and labouring.

Miners and building tradesmen earn about 30s. weekly. The wage of farm labourers is as already stated in the account of the east ward union as a whole.

Goitre is common in the district. There are only twenty-three paupers.

The medical officer has had only two orders for medical attendance in eighteen months, but the permanent list is sent to him periodically by the relieving officer. No order for medical attendance has been given in any case where there is no money relief. In addition to his house in one village he has a surgery in another, where medicines are obtainable. All the paupers in the one area are, with one exception, within a quarter of a mile of his house, and all in the other area are within 1 mile of the surgery there. There is no district nurse.

He considers that the dieting of the district is not good, there is too much tea and too little oatmeal. Milk is seldom obtainable, the local custom being to feed calves with it.

The guardians do not require the medical officer to send fortnightly reports.

In the latter of the two districts in question the staple employments are farm labouring and railway work, the latter at one of the two main villages. In the other village most of the work is farm labouring. The labourers are mostly single men boarded out with farmers, and they get about £30 per year. Married labourers get about 16s. per week, with a cottage and extras. No friendly society has a branch in the district, but there are twenty or more members of outside friendly societies.

The district medical officer has his house in one village, and a surgery at the other, on the main line of railway, 4 miles from his house. Thus messages from paupers can be received at the surgery and brought under his notice. He lives about 4 miles from the most distant pauper.

He visits all poor persons without an order from the relieving officer, and regards these as private patients who cannot pay. He has about one gratuitously attended patient for every two recorded pauper cases. Even when extras are required he does not need to put the cases on the pauper list, because there is sufficient private charity in the village, and every case that he desires can have such assistance.

There is no nurse in his district, and this he finds to be a very bad feature. He himself has in certain cases required to make beds and cook food and do other such services. Many of his cases would, under these circumstances, be better in the workhouse, but even if they were willing to go, some would be unfit.

There are no registered midwives. The medical men do all the midwifery. No order for midwifery has been received from the relieving officer.

He has never had an order for medical attendance without the patient also receiving money relief.

He has no experience of the repressive side of Poor Law Relief, because the people know that they can get medical attendance free if they are unable to pay.

Bread and coals and other comforts are distributed by Church charities.

Like the medical officer of the former district, he sends no fortnightly reports to the guardians.

In addition to certain cases transferred to the General Report, the following outdoor cases were noted in East Ward Union:—

Sex.	Age.	Occupation or Condition.	Remarks.
M.	99	—	Old age. Attended to and kept clean by daughter. Receives 7s. weekly and lives rent free. Very deaf, but intelligent, and well looked after.
M.	62	Labourer	This is a case of independence of character, amounting to eccentricity. Owing to declining powers he got only irregular work, and was nearly starving. The neighbours called the relieving officer's attention to the case. He visited, but the man absolutely refused all relief, either indoor or outdoor, and could not be got to accept any help until it was explained to him that relief on loan was possible, and that he could repay it when he was able to do so. He then accepted 3s. per week in kind. He is unmarried and lives alone.
M.	60	Miner	Partially disabled with lumbago, etc. He received money relief before getting the services of the district medical officer. He gets 9s. per week for himself and his wife. Two shillings are repaid by his family.
M.	73	Tailor	Debility. Unmarried. Gets 4s. weekly and his rent is £2 per year. Has had relief for eight years. Is much enraged at any suggestion of the workhouse. Says he would starve rather than go. Is hysterical.
F.	46	Spinster	Ovarian cyst. Lives with her father, who is aged eighty-two. Tumour was first observed about twenty-four years ago. Consulted specialists in Edinburgh fifteen or twenty years ago who advised against operation. Advances in abdominal surgery suggest that different advice might be given now if she went to be examined again. She receives 3s. per week from the guardians, and the father receives help from his club. The rent is £5 per year. The house is clean and well furnished.

Sex.	Age.	Occupation or Condition.	Remarks.
M.	64	—	Chronic bronchitis. This man receives 4s. from the Oddfellows and 4s. from the guardians. His rent is £3 10s. per year. He lives with his wife, who nurses him. They have no dependent children. He has had bronchitis for twenty years, but was able to do some work until four years ago. He has never had the services of the district medical officer, but is attended by a club doctor.
F.	—	Widow	This woman has eight children, of whom three boys and girls, aged three to seven, are at home. She receives 9s. weekly and does day work. All three have recently had measles and were attended by the district medical officer. The diet includes porridge and milk in fair quantities, but, the mother being away during the day, the meals are irregular. Two other children of this family are boarded out and two older children are in a home at Kendal.
F.	49	Widow	Has one dependent child. Husband died four years ago, aged forty-five, from cancer of the stomach. Had been ill four years. The question of sending him to an institution was raised about six weeks before his death. Application was made for relief only about six months before his death. The district medical officer had previously attended gratuitously. The child is healthy and clean, but its teeth need attention. Its diet includes meat and potatoes daily, tea thrice daily, porridge twice a week, rice puddings, etc. Two pints of milk are got daily. The bedroom window is kept open.
F.	44	Widow	Has three children dependent and one independent. Her husband died from pneumonia about seven years ago. He was a railway labourer. The guardians give her 5s. weekly, and she goes out to work. The children have a dinner of meat and potatoes daily, tea twice daily, porridge twice weekly. Milk for house, 1½ pints daily. When the mother is out her sister looks after the house. This sister is a slattern. The house is in great disorder and dirty. The bedroom windows are closed. I saw one child who is well nourished, but her head is not clean and her teeth are in bad condition.
F.	54	Widow	Has eleven children, of whom only two are dependent. The throats are normal, but the teeth require attention. Dietary includes porridge for breakfast and a dinner of meat and potatoes twice weekly. Two pennyworth of milk comes to the house twice daily. The guardians give 6s. weekly, and the rent is 3s. weekly. The woman is not strong, but does a little charing. The non-dependent children give a little assistance.
F.	58	Widow	Ulcerated legs. Linen rags used for dressing ulcers. District nurse attends, also district medical officer.
F.	54	Widow	Has three dependent children. Husband was a general labourer and died a year ago, aged sixty-one, from paralysis. The widow receives 4s. weekly from the guardians and does charing. The children's meals are irregular. They have porridge about once a week, meat about once a week, also two pennyworth of milk daily besides some skimmed milk. Tea frequently. The tonsils of one of the children are rather enlarged, and the teeth of all three are in bad order.
M.	50	Tailor	Deaf and dumb. Lives with a deaf and dumb brother who is also a tailor. J. S. has bronchitis and cannot do much work. Gets 3s. weekly.
F.	40	—	Boarded-out imbecile. Is attended to by her sister, who is deaf, and gets 4s. weekly for looking after the imbecile. She is kept clean and tidy.
M.	57	—	Consumption or bronchitis. Fell ill four years ago when he was in Canada. Has been home for two and a half years. His sister keeps house for him, and his daughter, aged twenty, lives with him. He was in Meathop Sanatorium for a fortnight about two years ago, and was told that his disease is bronchitis, not consumption. He uses a spittoon and carbolic acid. Has a good bedroom and keeps his window closed at night owing to bronchitis. Gets 5s. weekly and medical attendance.
M.	12	—	Dietary: Breakfast, egg, bread and milk; dinner, meat and potatoes; tea twice daily; milk sufficient. House clean, good bedroom, but upper sash of window is sealed.

Sex.	Age.	Occupation or Condition.	Remarks.
F.	—	Widow.	This woman has five children. Her husband was an engine-driver and died from asthma and bronchitis at the age of forty-eight. She receives 8s. weekly from the guardians, and pays 3s. for rent. The eldest child is aged ten and the youngest six. The teeth of both these children are in bad order and require attention. The food includes porridge and milk two or three times weekly—a quart of milk coming into the house daily; a dinner of meat and potatoes three times a week; tea daily and sometimes cocoa. The children are somewhat hydrocephalic. The bedroom windows are open at present, but the woman states that she keeps them closed at night.
M.	50	Railway labourer.	An epileptic who lives with his wife. He does some work and receives 2s. 6d. weekly from the guardians. He is violent and destructive after fits, and it is rather unsafe to keep him at home.

APPENDIX IX.

KENDAL UNION, WESTMORLAND.

The area of the Union is 198,349 acres, it contains sixty-one parishes, and the Board of Guardians has seventy-four members. The population at the Census of 1901 was 43,480. As estimated for three inter-census periods it was:—

1885.	1895.	1905.
42,856	44,260	42,976.

The population is practically stationary.

The rateable value per head of the population was £8 10s. in 1904, as compared with £8 18s. in the county of Westmorland, and £5 5s. in a District composed of Lancashire, Cumberland, and Westmorland. The Kendal valuation is high in relation to the population.

STATISTICS OF PAUPERISM.

The rate per 1,000 of paupers to the total population was as follows in the Kendal Union, the County of Westmorland, and a Group composed of the Counties of Lancashire, Westmorland, Cumberland, Yorkshire, Northumberland and Durham:—

—	1875.	1885.	1895.	1905.
Kendal Union - - -	25	24	22	16
Westmorland - - -	23	23	21	18
Group as above - - -	23	22	20	18

The proportion of pauperism in the whole Group is thus very small, and in Kendal it is below even the Group average. Alike in the Union, the County, and the Group the downward tendency has been apparent for thirty years, and is much more decided as between 1895 and 1905 than previously. In various parts of the country where diminution had gone on up till 1895 there has subsequently been increase, but in Kendal the downward progress has been accentuated. The actual number of paupers was 1,040 in 1885, 977 in 1895, 691 in September, 1903, and 701 in 1905.

Age Classification.—On 1st January, 1905, the percentages were as follows:—

—	Under 16.	16 to 60.	60 plus.
Kendal Union - - -	31	23	46
Westmorland - - -	31	21	48
District — (Lancashire, Cumberland and Westmorland) -	32	27	41

In Kendal in every 1,000 of population, the number of persons over sixty years old was eighty-nine, in Westmorland ninety-six, and in the District only sixty.

Indoor and Outdoor Pauperism.—The following are the percentages of outdoor pauperism to total pauperism at decennial intervals since 1875:—

—	1875.	1885.	1895.	1905.
Kendal Union - - -	78	73	74	57
Lancashire, Westmorland and Cumberland - - -	82	78	78	72
Group as above - - -	83	81	80	76
Rural England and Wales*	87	83	84	82
Urban England and Wales	74	68	64	64
England and Wales total -	80	74	71	69

In Kendal, therefore, the percentage of outdoor pauperism to total pauperism has very notably diminished and is much lower than the average. The diminution is coincident with the very considerable decline in the total pauperism of the union.

Cost of Pauperism.—Each pauper in Kendal costs £14 15s. per annum, the figure for the counties of Lancashire, Westmorland and Cumberland being £12 7s., and for the Group £12 18s. The high proportion of indoor pauperism helps to account for this, the cost of each indoor pauper being £10 in Kendal, £9 19s. in the

* See footnote to page 14.

three counties, and £11 in the Group, whereas the corresponding figures for outdoor paupers are £6 17s., £5 10s., and £6 4s. respectively. While, therefore, Kendal has fewer outdoor paupers, it spends on them more per head than the other areas with which it is here compared. Salaries in Kendal, when calculated per pauper, are higher than in the three counties and in the Group, the figures being £2 16s., £1 18s., and £1 19s. respectively. I am bound to say that I think this money in Kendal is very well spent.

As regards the cost of pauperism per head of population, the Kendal rate in 1904-5 was 5s. 10d., the three counties rate 5s., and the Group rate 5s. 5d. All these rates are low, the rural rate* for England and Wales having been 8s. 7d. for the same year. The Kendal rate has altered as follows:—In 1881-2 it was 5s. 3d., in 1891-2 4s. 1d., in 1901-2 5s. 4d., and in 1904-5, as already stated, 5s. 10d. In the three counties the corresponding figures are 4s. 3d., 4s. 1d., 4s. 6d., and 5s., and in the Group, 4s. 5d., 4s. 4d., 4s. 11d., and 5s. 5d.

Industries.—The chief industries in Kendal are boot, tobacco and paper manufacturing, and the wages are 25s. to 30s. weekly. As stated later on, there is a special industry of cocoa-mat making in the Milnthorpe district. Labourers' wages in this part of the country are said to range from 18s. to 21s. weekly when men are in good health and full employment.

Rents.—The rent of three-roomed cottages in Kendal is about 3s. 6d. weekly, and for two-roomed cottages about 2s. 6d. or 2s. weekly.

Friendly Societies.—The following is the membership of friendly societies in Kendal, as given in a local directory:—

Oddfellows (2 lodges)	635
Mechanics (2 lodges)	203
Druids	104
Gardeners	124
Foresters (2 courts)	114
Loyal Orange Lodge	31
Rechabites	278
	1,489

In addition, a juvenile society of Rechabites has a membership of 120.

A medical provident institution in Kendal contains many members, who pay 6d. for a visit and medicine, this being made up to 1s. by endowment.

KENDAL WORKHOUSE.

The workhouse is situated in the town of Kendal. It is an old, irregular, and straggling collection of buildings, obviously not designed for any such purpose, but apparently added to from time to time as occasion might suggest. Its arrangements make it inconvenient of administration. The accompanying plans sufficiently indicate want of compactness in the buildings. According to Knight's Local Government Directory the workhouse has accommodation for 335 inmates.

The Staff and their salaries are as follows:—

	£	s.	d.
Master	50	0	0
Matron	40	0	0
Medical officer	40	0	0
Porter	33	10	0
Sick nurse	32	0	0
Imbecile nurse (male)	32	10	0
Cook	24	0	0
Needlewoman	18	0	0
Labour master	54	10	0

Water Supply, Lighting, and Heating.—The workhouse water supply is that of the town of Kendal. The buildings are lit by gas and heated by open fires.

Inmates.—The inmates when I visited were eighty-four, of whom thirteen were in the sick wards. The eighty-four included forty-one old men (over sixty), seven able-bodied men, seven able-bodied men temporarily disabled, two old women (over sixty), four able-bodied

Charity.—A Charity Organisation Society in Kendal now meets the case of some widows who would formerly have gone to the guardians. It is said that, notwithstanding the organisation, a good deal of indiscriminate charity is given.

Institutions.—The guardians subscribe to the following institutions for medical relief:—

(1) £60 per annum to the Westmorland Consumption Sanatorium, situated at Meathop, near Grange-over-Sands. This subscription is given to secure the reservation of a bed in the Sanatorium for pauper cases—indoor or outdoor. The guardians have the right to send additional cases to the Sanatorium, when their own bed is occupied, on payment of a charge of 25s. per case per week.

(2) £25 per annum to the funds of the Kendal Memorial Hospital. This subscription entitles the guardians to send to the hospital any sick cases, indoor or outdoor, which are considered suitable for treatment.

(3) 10s. 6d. to the Silloth Convalescent Home. This subscription entitles the guardians to send two cases to the Home during the year for a period of three weeks each. An additional payment of 3s. 6d. per week is required to cover the cost of maintenance whilst the patients remain in the Home.

The rural district council send any cases of infectious disease to the isolation hospital of the urban district council if there is room for them, and they pay £1 1s. per week per case, but there is no retaining fee. The building contains blocks for three diseases—scarlet fever, enteric fever and diphtheria—each block having twelve beds.

INDOOR MEDICAL RELIEF.

No less than four institutions are owned by the guardians—two Workhouses, at Kendal and Milnthorpe respectively, a Children's Home at Staveley, and Casual Wards at Kirkby Lonsdale.

The Kendal workhouse is said to have been intended primarily for men under sixty, and for male imbeciles. In practice there appears now no restriction as to age of ordinary male adult inmates, many being over sixty. There are no children, and very few women; only enough to do some necessary house duties—laundry work, scrubbing, etc.

Milnthorpe workhouse receives nearly all the women and all the children. The lying-in ward is at Milnthorpe.

Male imbeciles are sent to Kendal, female imbeciles to Milnthorpe.

women temporarily disabled, eighteen imbeciles and one lunatic. As stated above there are no children and only women enough for the house-work.

Medical Officer.—The medical officer visits the workhouse once a week, independently of his visits when specially summoned. His house is half a mile from the workhouse, and is connected with it by telephone.

SICK WARDS.

Male sick wards are two in number. They are situated on the first floor.

The dimensions of No. 1 ward are:—29 feet 3 inches by 21 feet 6 inches by 8 feet 6 inches, giving a total of 5,346 cubic feet. The ward is intended for nine beds, so that the space per bed is 594 cubic feet.

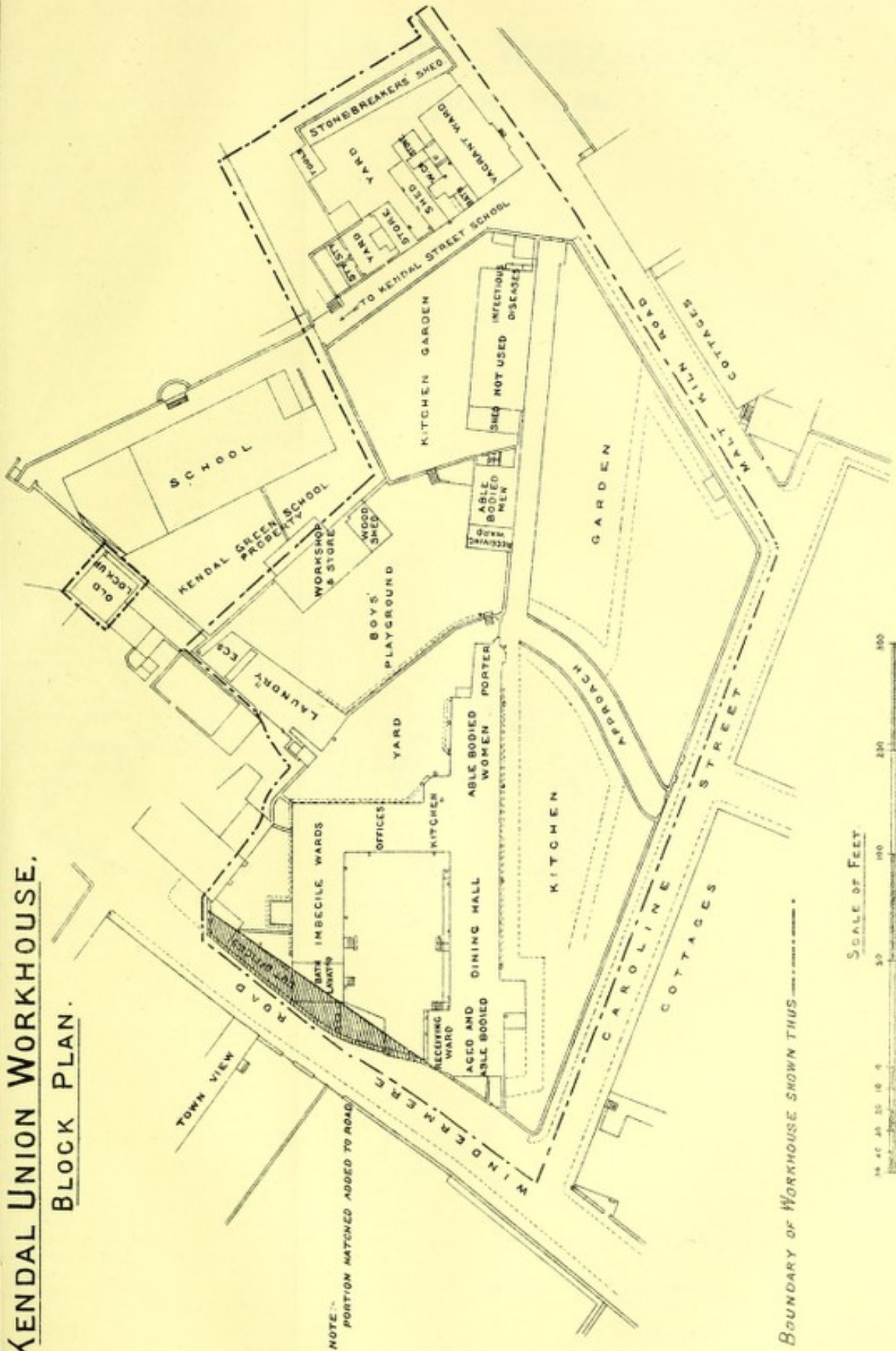
There is a height of about 2½ feet of splay roofing in this ward, and the top of the windows is about 4 feet from the ceiling. Two small roof ventilators have been stuffed with paper. There are two windows on one side of the ward double-hung and open at the top, and three windows on the opposite side, each having only one top pane opening. One or two wall openings of the nature of Sheringham valves supplement the ventilation, which could easily be improved. The floor is old and irregular, but it is covered with linoleum, which gives a cleansable surface. The walls are painted and are clean.

Of the nine beds only four are occupied at present, but all are used in winter.

The dimensions of No. 2 ward are:—19½ feet by 21½ feet by 8½ feet, and it is intended for seven inmates, so

* See footnote to page 14.

KENDAL UNION WORKHOUSE. BLOCK PLAN.



NOTE: PORTION HATCHED ADDED TO ROAD

SCALE OF FEET
0 50 100 150

BOUNDARY OF WORKHOUSE SHOWN THUS

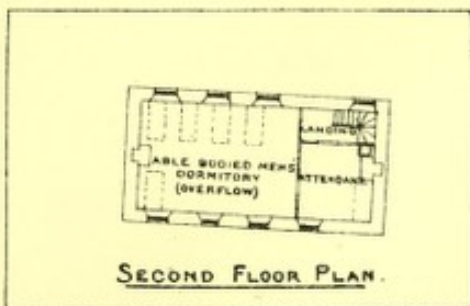
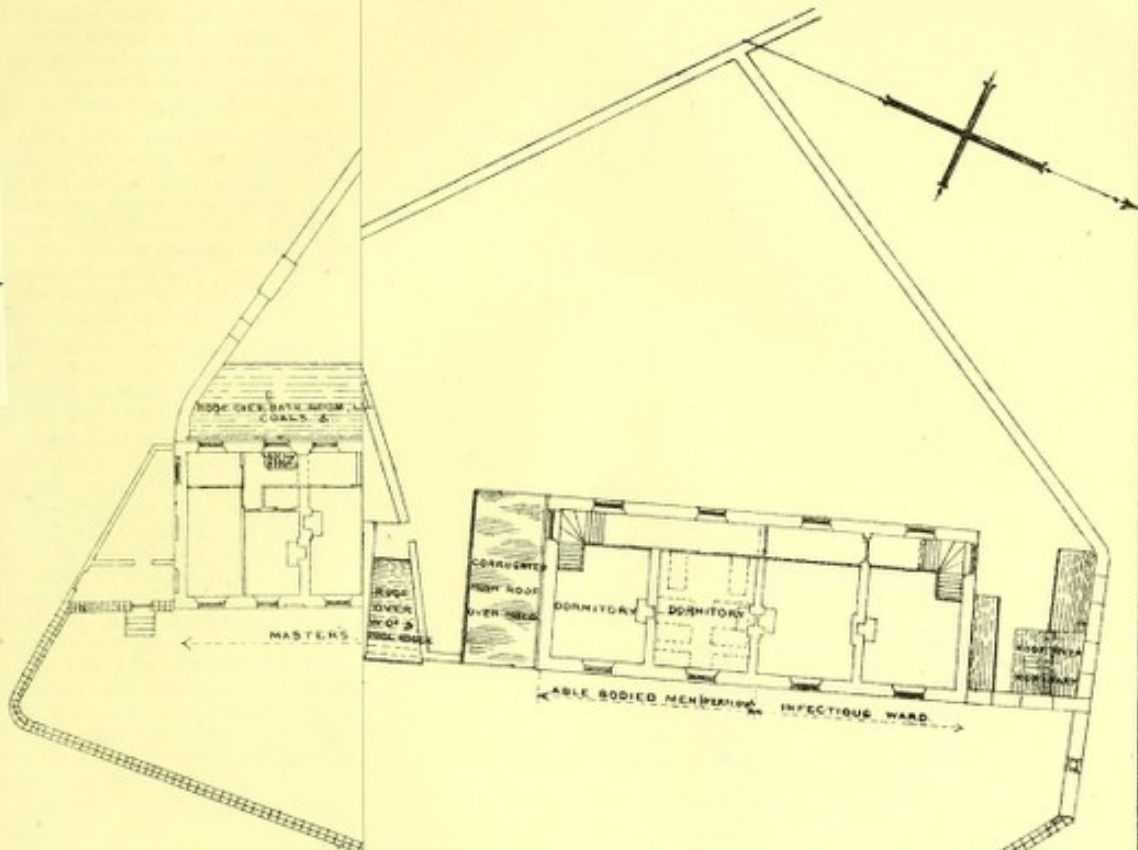
UNION WORKHOUSE

1875



UNION WORKHOUSE.

FIRST FLOOR PLAN.



SECOND FLOOR PLAN.

UNION WORKHOUSE

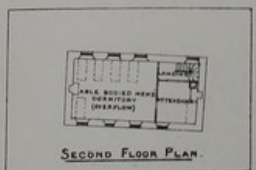
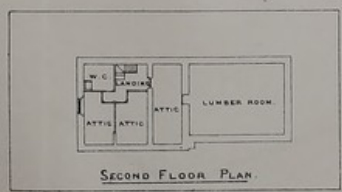
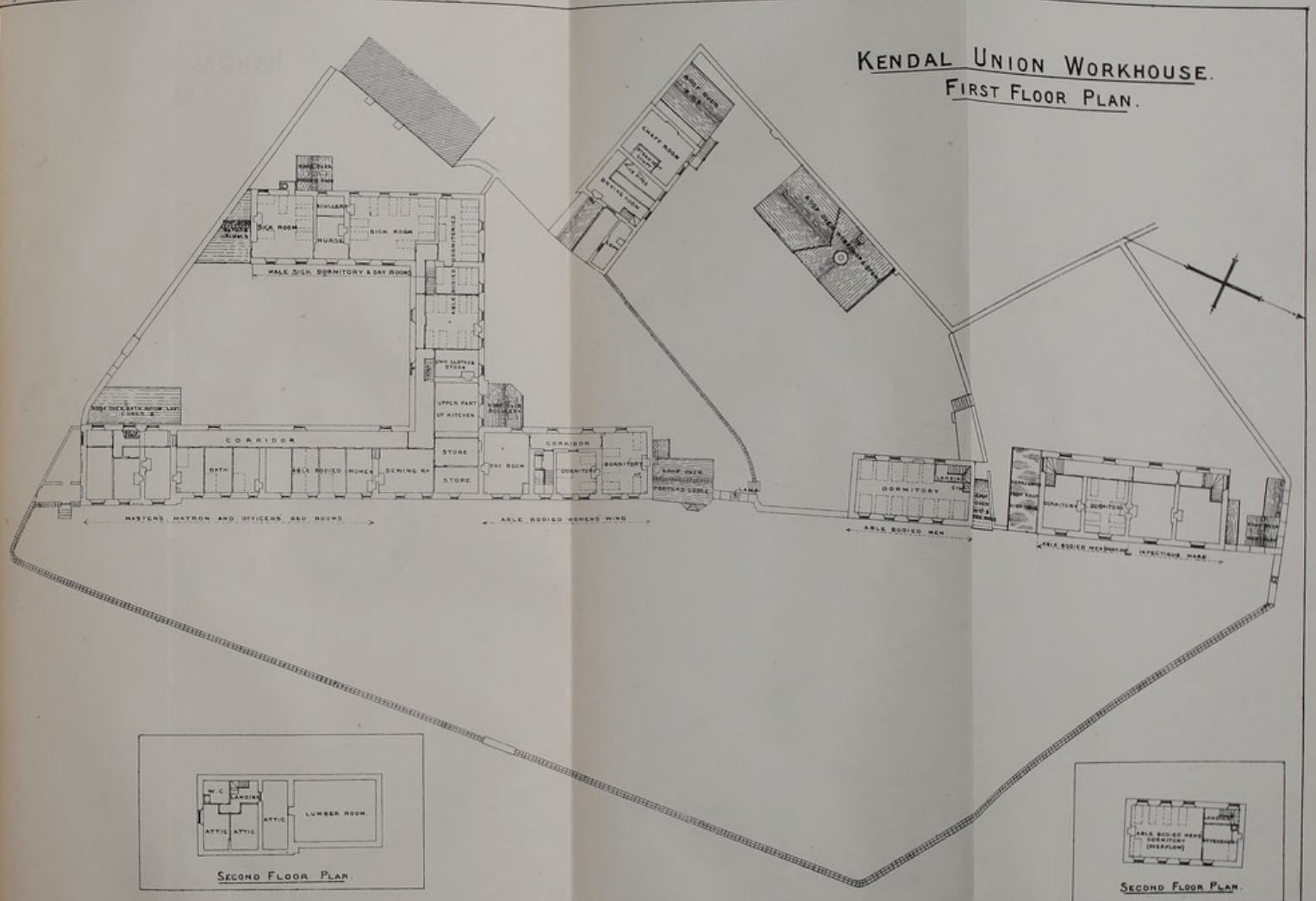
1st Floor Room



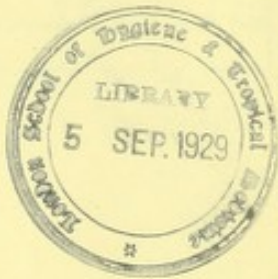
Page opposite page dealing with Kendal Workhouse.

APP. IX.

KENDAL UNION WORKHOUSE. FIRST FLOOR PLAN.



SCALE OF FEET.



that the cubic space is about 500 feet per case. The walls and floor are as in ward No. 1. There are five windows. The top half of four of them opens, two on one side and two in the gable. One window which would be useful for ventilation is sealed. The ward felt close and only one window had its top half open.

There are good iron bedsteads in these wards, with spring mattresses. Some of them have cylinder sides instead of angle iron. The beds here, and throughout the house, are made up of fibre. In summer there are sometimes spare beds in these two wards, but in winter they are usually fully occupied, and some patients have sometimes to be treated in ordinary dormitories. During the present summer the wards have been exceptionally slack.

Female sick wards are not provided, and are not necessary.

Nursing.—There is one nurse for day and night duty. She was trained in the Poplar and Stepney Asylum for three and a half years, and then did private work. She has sixteen beds to take charge of. She herself occupies a fairly lit and good sized room.

The diet cards have temperature charts on the back, but the nurse reports verbally to the medical officer.

Linen Store.—This store is in the nurse's kitchen, between the wards. An inventory is kept, but it is very old and out of date, so that the record is unreliable. There are about sixty sheets for sixteen beds. The sheets are 7 feet by 5 feet 6 inches, which is less than the best size for hospital beds. There are about twenty draw-sheets, and daily washing is needed.

Mackintoshes are folded instead of being kept on a roller, but the stock at present is very small.

Medicines.—A small dispensary adjoins the sick wards, and prescriptions are made up in it, so that the stock of medicines is larger than usual. The poison press is clean and is kept locked.

Bathing.—There is a portable bath for sick ward inmates who cannot go downstairs. Water is carried into it in buckets from hot and cold water taps in the scullery.

The bathroom for those who can walk from the sick wards, and for old men in the house, is an old apartment close to the entrance, across an open yard. It is too far away for convenience. The room contains an old stone-ware bath, with a hot water supply, but the hot water tap has no safety key, and a copy of the bathing regulations is not hung up.

For bedridden patients blanket bathing is done when required. The others are bathed fortnightly.

In this connection it may be noted that the bathroom for the staff is conveniently situated and was in good order, but for a staff of seven, male and female, an additional bathroom seems desirable.

Sanitary Accommodation.—There is a modern water closet.

Isolation Wards.—There are three wards, of which one is kept for an attendant. One ward is 19 feet by 14½ feet by 14 feet. It has a very large end window. There is a bath on wheels, and a boiler over a fire for providing hot water. Itch, venereal disease, suspected small-pox, etc., would be received here.

IMBECILES.

Ten of the beds for imbeciles are provided in two wards upstairs. A paid attendant sleeps downstairs in an insufficiently lit bedroom. There are no fireplaces in the imbecile wards. The gas jets are unprotected and are not controlled from the outside. The dimensions of *Ward 1* on the first floor are:—21 feet 4 inches by 14 feet by 7 feet 3 inches, allowing only 308 feet per sleeper. The ward is clean and has three opening windows. It is occupied by quiet cases. *Ward 2* on the first floor has dimensions:—9 feet 3 inches by 15 feet by 7 feet 2 inches, and is intended for three beds, allowing 331 feet per sleeper. There is only one window in this smaller ward.

On the ground floor is *Ward 3* for imbeciles:—21 feet 2 inches by 14 feet 2 inches by 8 feet 6 inches, intended for eight inmates, the cubic space being 318 feet. This ward has three windows, two of them with one large hinged pane, and the third double-hung. There is no fireplace, and the ventilation is insufficient, though in addition to the window there is a large opening over the

door. The room has a good wooden floor, which, however, is about 1½ feet below the ground level, and the wall is rather damp.

Ward 4 for imbeciles has dimensions:—14 feet 8 inches by 9 feet 1 inch by 8 feet 6 inches = 1,132 ÷ 3 = 377 cubic feet per case. It has one double-hung window and a damp partition wall.

Ward 5 has exactly the same dimensions, but instead of the window being double-hung it has only a single large hinged pane, besides a small opening in the door. In *Ward 5* there are two patients who have each 566 cubic feet. *Wards 4* and *5* are rather dark.

The imbeciles have a good day room with a proper fire screen. There is also a good bath with a safety key, which is kept by the attendant. No copy of the bathing rules is hung up in the bathroom, but this is of little consequence so far as the inmates are concerned, though it should be there for the attendant.

An ordinary inmate sleeps in each of two imbecile wards, but the other wards are without supervision. The paid attendant above referred to, takes charge of all.

A good padded room is available for lunatics, and adjoins the paid attendant's sitting room.

DORMITORIES.

Old Men.

Dormitory 1.—Dimensions:—21 feet 3 inches by 14 feet 6 inches by 8 feet 6 inches = 2,619 ÷ 7 = 374 cubic feet per bed. There is a double-hung window on one side, and a window with a single hinged pane on the other. A fireplace is closed up. The ventilation is insufficient.

Dormitory 2.—Dimensions:—17 feet 6 inches by 13 feet by 8 feet 6 inches = 1,934 ÷ 6 = 322 cubic feet per bed. There are two windows on one side of which the upper sash only opens, and the chimney is closed owing to back smoke. The ventilation is insufficient and the place is overcrowded.

Dormitory 3 opens off male imbecile *Ward No. 2* and has dimensions:—28 feet 2 inches by 18 feet 2 inches by 7 feet 2 inches = 3667 cubic feet ÷ 12 = 305 cubic feet. It has three opening windows on one side, and an open chimney which, however, is blocked by a bedstead. The door between this dormitory and the imbeciles ward referred to is not kept locked.

The water closets and wash-hand basins for the old men are good, but there is an objectionable urinal.

The old men have a good day-room.

Able-bodied Men.

Dormitory No. 1.—Dimensions. This is an irregularly shaped room with a total cubic capacity of 5,162 ÷ 14 = 368 cubic feet per bed. There is good cross ventilation here, but there is no fireplace. All the beds are usually occupied in winter but some are empty in summer.

Dormitory 2.—Dimensions:—26 feet 2 inches by 18 feet 3 inches by 9 feet 6 inches = 4,536 ÷ 11 = 412 cubic feet per bed. This dormitory is splay roofed, and the top of the windows is 2 feet below the wall head. There is cross ventilation by the windows.

Dormitory 3.—Dimensions:—11 feet 10 inches by 12 feet 4 inches by 9 feet = 1,313 ÷ 2 = 656 cubic feet.

This room has one window and an open chimney. It is reserved for men who snore, so that they may not disturb the others.

Women.

Only a small number of pauper women, able-bodied and under sixty, are kept in the institution. They are not sent to Milnthorpe, as they can be usefully employed in the work-house here. They do all the laundry work, there being no paid laundress; they help in the kitchen, in floor cleaning, and the like.

The bathroom for the women is close to the kitchen, from which hot water is carried into it, the bath having only a cold water supply.

The women have sleeping accommodation as follows:—*Dormitory 1.*—Dimensions:—14 feet 10 inches by 15 feet 6 inches by 10 feet = 2,300 ÷ 4 = 575 cubic feet per bed. There are two single-hung windows on one side, of which only one opens at present. This is a bed-sitting room, and the locker is rather untidy.

Dormitory 2.—Dimensions:—20 feet 9 inches by 15 feet 6 inches by 10 feet = 3,216 ÷ 6 = 536 cubic feet per bed. There is cross ventilation in this room.

There are three spare rooms available for women. One was being used as a serving-room, and one had two beds in it, both in use.

Receiving Ward.—The bath has no safety key and bathing regulations are not hung up.

Kitchen.—The cooking conveniences of the workhouse kitchen are rather limited, there being only two boilers, one for soup, the other for tea.

Food.—In dieting, 4 ozs. of bread are weighed out for each inmate, and more is given if needed.

Laundry.—The laundry is very old, without modern appliances, and is worked entirely by pauper labour. There are two water-closets for the laundry workers. An old school room in the adjacent yard could be made into a laundry.

Labour.—The labour carried on in the workhouse consists of stone-breaking, gardening, fire-wood making and also tailoring by two men.

Mortuary.—The mortuary has two trestles for coffins. There is no water supply and the apartment is too dark for post-mortem examinations. The door is so placed that when it is open a view of the interior may be obtained from a row of houses opposite.

Classification.

There is no separation between the deserving and undeserving, and no accommodation for married couples.

Imbeciles are kept apart, and old men and able-bodied are kept apart. There is also a distinction between sick wards, dormitories and isolation wards.

The workhouse offers no convenience for the treatment of phthisis.

Cubic Space.

The following table gives a general view of the cubic space provided in certain wards and dormitories of Kendal workhouse, as compared with the minimum requirements of the Local Government Board.

Cubic feet per bed.

	Kendal Workhouse.	Local Government Board minimum.
Male sick ward (1) . . .	594	600
Male sick ward (2) . . .	509	600
Imbeciles (1)	308	500
Imbeciles (2)	331	500
Imbeciles (3)	318	500
Imbeciles (4)	377	500
Imbeciles (5)	566	500
Old men's dormitory (1) . . .	374	360
Old men's dormitory (2) . . .	322	360

	Kendal Workhouse.	Local Government Board minimum.
Old men's dormitory (3) . . .	305	360
Able-bodied men's dormitory (1)	368	360
Able-bodied men's dormitory (2)	412	360
Able-bodied men's dormitory (3)	656	360
Women's dormitory (1) . . .	575	360
Women's dormitory (2) . . .	536	360

The accommodation for imbeciles is insufficient and unsatisfactory, and at the same time spare accommodation at present used for storing lumber, might, it seems to me, be made available for imbeciles.

Visitors.—Of the eighty-four inmates, only eighteen have any visitors. With three exceptions all those who have visitors are from Kendal parish, near the workhouse.

Of the fifteen, one has a visitor about weekly, two fortnightly, two monthly, one about eight times a year, four quarterly, two about thrice a year, one half-yearly, and two yearly. Of the other three inmates who receive visitors, one comes from a village five miles away and is visited about three times a year; the other two lived in Kirkby Lonsdale, fourteen miles off, and are also visited about three times yearly.

Visitors are admitted to the workhouse to see their friends on Sunday afternoon; but visitors from the country are admitted on any day of the week, by permission of the master or matron.

Inmates are allowed out on Sunday mornings in order to attend divine service. In the afternoon they may go out between 2 and 5 p.m., in order to visit their friends. From ten to fifteen inmates usually avail themselves of this permission. On week days the master grants special leave.

There are no definite liberty days granted by the guardians, but some half-dozen inmates go out once a week, or once a month, for a day or half a day, as the case may be. Exceptionally leave of absence for a period of from four to six days has been granted by the master to a respectable old man, on the understanding that he would be well cared for during his absence from the institution.

Interviews.—I questioned eleven of the male workhouse inmates as to the commencement of their pauperism, in order to ascertain whether any had begun with the services of the district medical officer, but in each case the reply was in the negative.

Cases

In the course of my inspection of Kendal workhouse I made notes of certain cases.

One man, aged seventy-two, came in at the age of fifty-two after amputation of the leg. He had been a farmer. He keeps a record of persons coming and going, at the gate lodge. He learned no handicraft after his accident. The following men were in the sick wards:—

Name.	Sex.	Age.	Remarks.
T. J.	M.	82	Dropsy. Was a blacksmith. Was in and out for ten years, and has now been permanently in for ten years. He was a drunkard and came in first owing to want of employment.
J. H.	M.	55	Slight eczema.
R. L.	M.	54	Asthma. Has been in for about nine years, and has had asthma for about fourteen years. He was a farm labourer.
W. B.	M.	69	Stomach disorder and double cataract, which has been operated on. He has been in for nine years.
J. W.	M.	60	Ulcerated leg. Was a gardener. Has been in and out for many years, according to the state of his leg. At present the ulcers are deep and extensive, but very clean. He is being well nursed, and the condition of the ulcers is totally different from what one usually sees among outdoor paupers.
T. D.	M.	—	Suicidal. Has been in only since September.

Name.	Sex.	Age.	Remarks.
T. A. C.	M.	71	Abdominal cancer. Has been in for over five years. Is becoming emaciated. Requires morphia sometimes to relieve pain.
J. D.	M.	45	Asthma. Is unmarried. Has been in and out two or three times, being unable to get regular employment on account of asthma. At present he is lime-washing in the house. Labourer.
J. B.	M.	57	Varicose veins in leg, which was bitten by a dog when he was seven years old. Was a wincey weaver, and has been in and out for seven years, owing to the varicose veins. Weaving went down about twenty-five years ago, and since then he has been a fish hawker. Has had no out-relief before coming into the house.
R. B.	M.	64	Ulcerated leg. Came in first twenty-four years ago. Was a farm labourer. Had no outdoor relief before coming in.
J. W.	M.	62	Bronchitis and asthma. Was a copper miner. Came in first ten weeks ago, after having had a few days' attendance by the district medical officer. Is in no club. His wife and children are in America.
H. D.	M.	57	A deformed man. Was a labourer. Has been in the house four years and acts as laundry man. Has never had outdoor medical relief.

The following woman was lying in small dormitory—a female sick ward is not required, for the reasons already stated.

Name.	Sex.	Age.	Remarks.
S. C.	F.	68	Is unmarried, but has four children. Has been out and in since she was twenty years old. Is suffering from sub-acute rheumatism at present. Takes the view that she has spent her life in giving her health and strength to her children.

Vagrant Wards.—For the disinfection of clothing sulphur fumigation and dry heat are used, the apparatus being much out of date and the cover not gas tight. The drying room for wet clothing is not large enough. It contains a central stove with iron bars on which to hang the clothing fixed across the room.

There are vagrant wards for men only. They adjoin the workhouse, but have a separate entrance from the street. The sleeping accommodation is on the very objectionable platform system. One platform, 24 feet broad is intended for fourteen sleepers: another, 11 feet broad, for six sleepers: another, 15 feet broad for eight sleepers, and another, 4 feet broad for two sleepers. It will be observed that on the largest platform, the space allowed for each man is about 21 inches wide. The tramp master tries to reserve one platform for better class men, to minimise risk of contamination by vermin, etc.,

but obviously the arrangement is exceedingly defective, and subjects cleanly occupants to risk of vermin. There is a hot-water bath for the men, but it has no safety key.

By a remarkable arrangement the same boiler is used for the boiling of dirty clothing and the preparation of soup.

The four platforms above mentioned are ranged round a skylighted room with a small central heating stove. The room has dimensions: 24 feet 3 inches by 21 feet 10 inches by 11 feet 2 inches, giving thirty vagrants an average of 193 cubic feet per head.

Stonebreaking is the principal labour, but it is skilled work. The task required before breakfast is too little for experienced tramps, and too much for decent men searching for employment.

MILNTHORPE WORKHOUSE.

I visited this institution when inspecting the Kendal Union and had a second visit made by deputy in September.

The institution has a wholly rural site quite outside of Milnthorpe village, and not inconvenient of access by rail from two stations.

The master and matron have been recently appointed and had been on duty only a few days when I visited.

The workhouse officers and salaries are as follows:—

	£	s.	d.
Master	50	0	0
Matron	40	0	0
Porter	52	10	0
Children's attendant	10	0	0
Medical officer	40	0	0
Chaplain	26	0	0
Nurse	34	0	0
.. (assistant)	28	0	0
..	12	0	0
Cook	24	0	0

At this institution no men under sixty were originally intended to be received, the purpose being to send all such to Kendal workhouse, but this rule has not been adhered to. Women of all ages are received.

Any case of acute lunacy would go to Kendal if possible, there being no padded room at Milnthorpe. Female imbeciles are kept at Milnthorpe, males at Kendal.

The total bed accommodation in the workhouse is as follows:— Old men, 37; male sick ward, 15; infectious disease ward, 1; male receiving ward, 2; able-bodied women, 7; old women, 37; female sick ward, 16; lying-in ward, 3; female receiving ward, 2. Total, 120.

On September 18th, there were 101 inmates, viz., forty-five men, fifty-four women, and two infants. One of these was newly born. The mother had already had six illegitimate children.

Water.—Water supply for the institution is brought by hand labour from a pump situated in the yard close to the kitchen department, and it is carried in buckets into the kitchen and the rest of the house. There is no systematic hot water supply. All hot water for the baths has to be carried from the laundry.

Ventilation.—Most of the wards and dormitories in the institution are built on the bad system of having one side opening into a corridor or passage, and only one side directly to the open air, so as to make ventilation difficult and imperfect.

Floors.—On the ground flat there are stone floors throughout, excepting in the female sick wards, one female imbecile ward, and the old women's dormitories adjoining.

SICK WARDS.

Nurses.—There is a charge nurse with three years' training, and two assistants with no training. The nurse reports verbally to the medical officer, so that the temperature charts on the diet cards are not often needed.

There is a good bed-sitting room for a nurse at the end of the corridor in the women's department. At the time of my inspection an old store-room was being fitted up as a nurse's sitting-room and I learned afterwards that it makes an excellent room. The cooking for the nursing staff is done in the general kitchen.

The nurses have under their charge nineteen female beds, including lying-in beds, and fifteen male beds.

Males.

First Male Ward (Room 3).—Dimensions:—19 feet by 12 feet 10 inches by 9 feet 3 inches=2,255 ÷ 4=563 cubic feet. The ventilation is by windows on one side, the upper half swinging open, but on the other side there is a corridor. There is also an open chimney.

Second Male Ward (Room 5).—Dimensions:—13 feet by 8 feet 8 inches by 9 feet 6 inches=1,070 ÷ 3=356 cubic feet. This room has one window, the upper half swinging open, and an opening over the door on the opposite side into a dark corridor. The apartment has no chimney.

Third Male Ward (Room 2).—Dimensions:—18 feet 6 inches by 12 feet 10 inches by 9 feet 3 inches=2,196 ÷ 4=549 cubic feet. Ventilation is defective, as above, and there is no opening into the corridor as in the second male ward. There are four inmates aged respectively seventy-five, seventy-six, seventy-seven and eighty-four. One of them suffers from cancer of the rectum.

Fourth Male Ward (Room 7).—Dimension:—18 feet 8 inches by 13 feet 2 inches by 9 feet 6 inches=2,335 ÷ 4=584 cubic feet. Ventilation as above.

Day Rooms.—There are no day rooms for the male or female sick.

Bathing.—Male patients who can move about have a bathroom at the receiving ward. The bathing regulations are hung up here, and there is a safety key for the hot-water tap.

Females.

First Female Ward (Room 3), the largest female ward is 26 feet 4 inches by 12 feet 6 inches by 9 feet 6 inches=3127 ÷ 6=521 cubic feet. The ward has three large windows on one side, the top half of each swinging open horizontally. On the other side there is a fan-light ventilator above the door into the corridor. There is an open chimney at each end of the ward. The floor is covered with linoleum and the iron bedsteads are of good modern quality with cylindrical sides. The beds are filled with fibre and laid on canvas sheets. The occupants are of the usual class, mostly old women, some bedridden. One exception is

Name.	Sex.	Age.	Occupation.	Remarks.
T. S.	F.	39	—	Phthisis. This patient's father and sister, aged sixteen, died of phthisis. She herself was a housemaid and attributes the beginning of her illness to occupying a damp bedroom. She was in a sanatorium and then came home to Milnthorpe and is being treated in the infirmary ward. There is an open window over her bed.

Second Female Ward (Room 2).—Dimensions:—14 feet 3 inches by 12 feet 4 inches by 9 feet 6 inches=1,669 ÷ 3=558 cubic feet. The ventilation is as before. There are at present three inmates.

Third Female Ward (Room 6).—Dimensions:—12 feet 2 inches by 18 feet by 9 feet 2 inches=2,009 ÷ 3=669 cubic feet. One of the patients here is on a well-filled water bed. Some food is kept in un-ventilated cupboards in the ward. There are two double hung windows.

Fourth Female Ward (Room 7).—Dimensions:—17 feet 2 inches by 12 feet 10 inches by 9 feet 2 inches=2,732 ÷ 4=683 cubic feet. The ventilation here is defective, as above explained, owing to the corridor. There are three inmates: (1) an epileptic girl aged twenty-four; (2) a woman aged sixty-four recovering from erysipelas; and (3) a case of old age.

Bathing.—One portable bath stored in the lying-in ward is used for all female patients. This involves much labour. All patients are bathed weekly.

Lying-in Ward.—Dimensions:—17 feet 9 inches by 17 feet 4 inches by 9 feet 6 inches=2,923 ÷ 2=974 cubic feet. The ward contains three beds. The linen for the department is stored in a press in the ward apart from all the other linen, and the sheets are separately marked. There is no inventory, however. There is no cross ventilation here. The ward is clean. Some drugs, lint, etc., are kept in a corner of a press.

When confinements occur the medical officer is sent for only if the cases are not normal. The nurse, who is not a registered midwife, attends ordinary cases.

The water closet is well ventilated but the seat is boxed in.

Dispensary.—Medicines are dispensed in the institution by the medical officer with the nurse's help. The door of the room is kept locked, and there is a poison press.

Among the contents of the dispensary are three feeding bottles of the best sort.

Linen, etc.—The linen cupboard for the institution has no inventory, but there are four sheets per bed, including draw sheets. The sheets are only 6½ feet by 5 feet, which is much too small.

Mackintoshes are properly stored on rollers.

At the re-inspection on September 18th, fibre was being substituted for straw and flock as material for bedding.

Surgical Treatment.—The workhouse infirmary is not used as a general hospital. Any pauper requiring operative treatment would go to the general hospital. An ambulance wagon in Kendal is available either for the village or the workhouse.

NURSERY.

The nursery has a paid attendant who is the porter's wife. It is used for children under three years old. A printed dietary list is followed, there being no written dietary. The fire screen in the nursery day-room is not high enough for safety. The apartment is used also as a young women's day-room. Food is kept in an unventilated press.

The babies sleep with the mothers in double beds in the attic. They are not provided with separate cribs. The babies are bathed twice weekly. There are no "comforters."

IMBECILES, ETC.

Room No. 1.—For Female Imbeciles and Epileptics. Dimensions:—15 feet 6 inches by 15 feet 4 inches by 9 feet 6 inches=2258 ÷ 4=564 cubic feet. There is cross-ventilation here by two sashed windows. There is also an open chimney, but the room is partly splay roofed. The fire-guard is not high enough for an imbecile ward. The room is at present occupied by one attendant and three or four imbeciles, of whom two are also epileptic; it

serves both for day room and sleeping room. It has a wooden floor.

This room is in a detached position in the yard.

The following apartments, for female imbeciles, open on a central passage which has a window with the upper half swinging open. The dormitories have ventilating fan-lights over the door. They have no chimneys, and the floors are of stone.

Room No. 40.—Dimensions:—14 feet by 9 feet 6 inches by 9 feet 6 inches = $1,263 \div 3 = 421$ cubic feet. The room has one swing window. All its beds are occupied.

Room No. 41.—Similar to No. 40.

Room No. 42.—Similar to No. 40.

Room No. 44.—Dimensions: 12 feet 8 inches by 9 feet 6 inches by 9 feet 6 inches = $1,143 \div 3 = 381$ cubic feet. This room has a double sash window.

In Rooms 1, 40, 41, 42 and 44 there are fifteen imbeciles and epileptics.

The bath for the female imbeciles is contained in a bathroom off the imbecile day-room. There is a good porcelain bath with hot and cold water taps, both supplied with safety keys. The hot water is supplied direct from the kitchen boiler. This is the only reasonable hot water supply in the institution.

The imbecile department has three dry earth-closets on the opposite side of an open courtyard. The closets are practically unventilated.

Male imbeciles are sent to Kendal Workhouse.

DORMITORIES.

Males.

Room No. 29.—Dimensions:—19 feet by 12 feet 9 inches by 9 feet 6 inches = $2,301 \div 7 = 328$ cubic feet.

There are two windows on one side, the upper half swinging open, and a corridor on the other side. Over the door into the corridor is a ventilating fan. There is no chimney, and the floor is of stone.

Room No. 31.—Dimensions:—18 feet 6 inches by 12 feet 10 inches by 9 feet 6 inches = $2,339 \div 5 = 467$ cubic feet. Ventilation and floor as above.

Room No. 32.—Dimensions:—18 feet 6 inches by 13 feet 3 inches by 9 feet 8 inches = $2,357 \div 7 = 336$ cubic feet.

Two swing-windows and two ventilators over doors into passage. There is no chimney.

The male wards ventilate into a passage with an open window at one end.

Females.

Room No. 39.—Dimensions:—14 feet 2 inches by 9 feet 8 inches by 9 feet 6 inches = $1,300 \div 3 = 433$ cubic feet.

All the beds are occupied. There is one swing-window and the room, like Rooms 40, 41, 42 and 44, has a stone floor and a ventilating fanlight into the passage.

Room No. 45.—Dimensions:—15 feet 10 inches by 12 feet 8 inches by 9 feet 6 inches = $1,905 \div 4 = 476$ cubic feet.

This room contains four double beds with one sleeper in each. There are two swing-windows, and ventilation over the door into the passage, but no fireplace.

Old Women.

Room No. 1.—Dimensions:— $14\frac{1}{2}$ feet by $12\frac{1}{2}$ feet by $9\frac{1}{2}$ feet = $1,687 \div 4 = 421$ cubic feet.

Ventilated by one window of which the upper pane swings open, by a grating over the door on the opposite side, and by an open fireplace. The floor is of wood.

Room No. 2.—Dimensions:—8 feet by 13 feet by $9\frac{1}{2}$ feet = $988 \div 2 = 494$ cubic feet.

Ventilation as above, but no chimney. The floor is of wood.

The old women are classified in respect that the more deserving have a separate day-room on the ground floor, a pleasant room overlooking the garden, and having a fireplace where they can make tea and do a little cooking on their own account. As usual, however, the old women keep the windows shut.

Attic Dormitories.

On the attic floor there are two large dormitories, dark and badly ventilated and with much splay roofing.

Men's Attic Dormitory.—The dimensions are 50 feet by $16\frac{1}{2}$ feet by $6\frac{1}{2}$ feet = $5,362 \div 19 = 282$ cubic feet per bed.

Movement of air is interrupted by various walls and partitions. There is no cross ventilation and the other means of ventilation are utterly insufficient. On one side there are two opening roof lights, but none on the other. Several small ridge gratings are ineffective as ventilators.

Women's Attic Dormitory.—This has the same defects of light and ventilation as the attic dormitory for the men, except that there are four roof lights instead of two. These can be opened and closed at will.

Dimensions:—35 feet 4 inches by 16 feet 6 inches by 6 feet 6 inches = $3,764 \div 13 = 289$ cubic feet.

The apartment contains ten double beds and three single beds. It is not proposed to use the double beds for more than one person: and the accommodation of the dormitory is thus thirteen.

Baths, etc.—The bathing arrangements for able-bodied women are unsuitable, the bathroom being on the far side of a long open courtyard, and hot water has to be carried from the washhouse to the bath. Undressing and dressing have to be done on a stone floor. The room is heated by a stove.

For the able-bodied men there are dry-earth closets in very bad condition, and the sick wards are only about 7 yards distant.

Hair Brushes and Combs.—Each of the sick wards has one brush and comb, and the imbeciles have two brushes and combs. The other inmates of the institution do not appear to be so provided.

Bread.—The bread is provided by contract and is allowed to be received newly baked, instead of being kept for twelve or twenty-four hours, so as to make it possible to check the weight. In giving meals 4 ozs. of bread are weighed and extra is given if required.

Stores.—The common store in the master's room contains a variety of articles—sugar, soap, clothing, boots, etc. The clothing includes moleskin and corduroy, each with its distinctive smell, which is not good for a room where food is kept.

Employment.—A good garden gives employment to the inmates, and enough vegetables are raised to supply the house, excepting potatoes.

Firewood is made for use in the house, but not for sale outside. There is no Brabazon work in the institution.

Laundry.—The laundry and washhouses are quite out of date, there being only portable wash tubs and small furnace boilers. Soiled linen is removed straight to the laundry.

Mortuary.—There is no convenience for post-mortem examinations.

Medical Officer.—In the medical officer's relief book in the institution the diseases are not entered. No alcohol book is kept. The amount given, however, is small and appears in the usual stock book.

In the medical officer's half-yearly report forms all questions are answered in the affirmative, including those relating to the sufficiency of lavatories, baths, and hot and cold water. The present medical officer, however, has been only recently appointed, and has simply followed the practice of his predecessor. The medical officer's house is about $\frac{1}{4}$ of a mile from the workhouse. There is no telephonic communication and a messenger is sent as required. The medical officer pays three official visits per week, but he visits more frequently when necessary.

Interviews regarding Medical Out-Relief.—In the men's day room twelve of the inmates were questioned as to their pauperism. Eleven of them stated that they had never received out medical relief or out-relief of any kind, but had come direct into the workhouse when they became paupers.

Classification.—There is no classification as between deserving and undeserving, and no accommodation for married couples. Female imbeciles, however, have separate accommodation.

Visitors.—The total number of inmates at present, as already stated, is 101. Of these, eighty-six have no visitors, and fifteen have visitors.

The amount of visiting in respect of thirteen of these is indicated as follows:—

No.	Name.	Sex.	Remarks.
1	Mrs. C.	F.	In sick ward—visited once in two months.
2	Mrs. H.	F.	In sick ward—visited once a year.
3	Mrs. B.	F.	In sick ward—visited quarterly.
4	S. B.	F.	Imbecile—visited half-yearly.
5	M. D.	F.	Imbecile—visited half-yearly.
6	F. S.	M.	Has a vagrant brother, who sees him when he comes to the workhouse for a night's lodging.
7	R. R.	M.	Visited monthly.
8	S. L.	F.	Visited half-yearly.
9	R. R.	M.	In sick ward—visited monthly.
10	E. W.	F.	Visited yearly.
11	G. A.	M.	Visited yearly.
12	T. S.	F.	Phthisis—visited fortnightly.
13	M. B.	F.	Visited weekly.

There are no specific visiting hours. Callers may see inmates at any time.

No regular liberty days are appointed for inmates, but any ordinary inmate making application to the master is permitted to go out to visit friends on any day. An exception is made in the case of young women, who are not allowed out on leave. A few inmates ask leave to go out once a week and others about once a month. On Sundays, male inmates are allowed out to attend divine service, a privilege which is taken advantage of by 90 per cent. of the persons concerned.

CUBIC SPACE.

The following table gives a general view of the cubic space provided in wards and dormitories at Milnthorpe Workhouse, as compared with the minimum requirements of the Local Government Board:—

CUBIC FEET PER BED.

	Milnthorpe Workhouse.	Local Government Board Minimum.
First Male Sick Ward (Room 3)	533	600
Second „ „ „ (Room 5)	356	600
Third „ „ „ (Room 2)	549	600
Fourth „ „ „ (Room 7)	574	600
First Female Sick Ward (Room 3)	521	600
Second „ „ „ (Room 2)	553	600
Third „ „ „ (Room 6)	669	600
Fourth „ „ „ (Room 7)	683	600
Lying-in Ward	974	960
Imbeciles' Room (No. 1)	564	500

THE CHILDREN'S HOME, STAVELEY.

This is a handsome old house with a large garden and offices. The place was bought about seven years ago for the small sum of £1,500. It is known as the Abbey Home.

Staff.—The following is the staff in charge of the Home:—

	Salary.
	£. s. d.
Superintendent	35 0 0
Matron	30 0 0
Servant	20 0 0
„	6 12 0
„	4 0 0
Medical officer	15 0 0

There are thirty-seven children in residence at present—

CUBIC FEET PER BED—contd.

	Milnthorpe Workhouse.	Local Government Board Minimum.
Imbeciles' Room (No. 40)	421	500
„ „ („ 41)	421	500
„ „ („ 42)	421	500
„ „ („ 44)	381	500
Male Dormitory („ 29)	328	360
„ „ („ 31)	467	360
„ „ („ 32)	336	360
Female „ („ 39)	433	360
„ „ („ 45)	476	360
Old Women's Dormitory (No. 1)	421	360
„ „ „ („ 2)	494	360
Men's Attic Dormitory	282	360
Women's Attic Dormitory	289	360

Defects.—It will be noticed that the cubic space is below the minimum necessary in several of the sick wards and in one or two very much below. Against this is the fact that the beds are often not all occupied. But in workhouse infirmaries cases are frequently offensive and dirty, and require a considerably greater amount of air space per bed.

The lying-in ward also shows less than the minimum requirement, but as the ward is calculated for three occupants the probability is that more than the minimum is obtained, as rarely more than one case occurs at a time. Several dormitories are much below the requirements.

The institution is defective in various other respects—stone floors instead of wooden floors, inconvenient water supply, and gas jets in the dormitories unprotected and liable to be mishandled. The bedding was being improved under the new master.

The vagrant department also is very unsatisfactory, as will be noted below.

VAGRANT DEPARTMENT.

This is for men only.

Room No. 1.—This room has a platform 20 feet broad intended for twelve sleepers. The dimensions of the room are:—23 feet 6 inches by 11 feet 6 inches = 2,710 ÷ 12 = 226 cubic feet per sleeper. There is good cross-ventilation.

Room No. 2.—Is similar but at one end there is a partition separating two sleepers from the rest. The dimensions of the room are:—32 feet 6 inches by 11 feet 6 inches = 3,760 ÷ 12 = 313 cubic feet per sleeper. Here also there is good cross-ventilation.

The clothes are dried by an arrangement in what may be regarded as a day room, and the bath is in the same room. Disinfection is done by hot air, and the clothes are sometimes scorched. In the room in which disinfection is done there is one bed for itch or venereal disease, an obviously unsuitable arrangement.

Female tramps go to a lodging house in Milnthorpe.

The number of vagrants for the year ending June, 1907, was 6,858.

thirty-one boys and six girls, all between three and fourteen years old. Children under three years belonging to the union are at the workhouse at Milnthorpe. The medical officer, who lives close at hand, visits the home regularly.

I saw all the children. I received the general impression that too many of them belong to a bad stock, and have been badly brought up before entering the institution. A number have enlarged tonsils and several have bad teeth. One has chronic laryngitis, which is indicated by permanent hoarseness, one has been under an ear specialist, and two or three have had spectacles provided. Some are nail-biters, others keep their nails very dirty, and some boys use their jacket cuffs in substitution for handkerchiefs.

I interviewed the teacher at the day school where they all attend, and he confirmed the impression that the children, to begin with, are not up to the ordinary standard. On the whole they are dull and rather backward, and certain of them are mischievous and unreliable.

They tend to untruthfulness, to stone-throwing, and the like. In will-power they are defective, having little perseverance and self-control. They commit the same fault over and over again, in spite of being admonished.

On the whole they are sulky in temper. It happens that while about four-fifths of the children are below the physical and mental standard of the school, yet they include the smartest boy in it. They are not so far defective as to require separate classes, but if there were classes for backward children some would go to them.

They are restricted to the premises after school hours and on Saturdays, but they go out under charge for walks and also take messages.

Training.—At the Home there is a good garden and greenhouse, and the children are taught by the master to occupy themselves in gardening. They also learn joiner work, painting, and brass work, all under instruction by the master.

When they leave the institution they get employment as gardeners, farm servants, grooms, tailors, plasterers, etc. None have been admitted into the Army or Navy, owing to poor physique. Two who wanted to enter were rejected. At present one boy wants to join the mercantile service, but the guardians on enquiry have ascertained that the training would cost about £22 a year for three years, with £5 for an outfit. One boy has gone to Canada through the agency of Dr. Barnardo's Homes, the guardians having paid for his keep till he sailed.

The home feeling which attaches to the institution is indicated by many of the children who go out to work coming back for a visit when they have the opportunity on holidays.

Dietary.—The dietary is in accordance with a table approved of by the Local Government Board, but the late medical officer had suggestions to make regarding the insufficiency of the amount for the physically defective children at the institution, and the present medical officer (who has only been recently appointed) has taken the opportunity of supplementing the diet by ordering extras in various cases. The tables of diets, as proposed by the late medical officer, are appended (p. 234).

Dormitories.—Boys.—The boys make their own beds and dust the rooms. This might be a little better done.

Room No. 1.—This is a room of irregular shape. Its dimensions may be taken as equivalent to 26 feet by 14 feet = 6,188 ÷ 12 = 515 cubic feet per bed. The floor space is not sufficient for suitable arrangement of the beds which are somewhat crowded in the central area, but the cubic space is adequate. The room contains twelve single beds, with fibre mattresses, all occupied by boys aged six to fourteen. It has two large windows, and also a French window which opens on a balcony above the front porch, but this window is kept locked. The artificial light is by a chandelier with unprotected jets, the gas supply of which is turned off at the meter at night. The room has a large open chimney.

Room No. 2.—This room also has an irregular shape. Its dimensions are equivalent to 19 feet by 15 feet by 14 feet = 3,990 ÷ 7 = 570 cubic feet per sleeper. The room contains five single beds and one double bed, which are occupied by seven boys aged eight to fifteen. The room has two good windows for ventilation. They are protected by bars. Like Room No. 1, this room has a chandelier with unprotected jets, and a large open fireplace.

Room No. 3.—This room which is on the first landing is also known as No. 5. It has the following dimensions: 12 feet 2 inches by 17 feet 4 inches by 12 feet = 2,530 ÷ 7 = 361. There are three single beds and two double beds providing accommodation for seven sleepers and fully occupied. The ages of the boys are five to fourteen. The room contains a large cupboard which is used for storing blankets, linen and the like. At a later reinspection the room had a somewhat untidy appearance.

Girls.—Room No. 1.—This room is situated on the first floor and has the following dimensions: 16 feet by 13 feet 2 inches by 12 feet = 2,528 ÷ 7 = 361 cubic feet per

sleeper. Here are six single beds and a cot, which are occupied by seven persons, of whom six are girls aged four to thirteen years and one a maidservant of eighteen years. The room is ventilated by two large windows opening top and bottom, and by an open fireplace whose usefulness is impaired in a measure by a chest of drawers which stands against it. Artificial light is derived from an unprotected gas bracket.

Room No. 2 has dimensions 16 feet 4 inches by 15 feet 2 inches by 12 feet = 2,972 ÷ 9 = 330 cubic feet. It contains seven single beds and one double bed. The double bed is occupied by the two youngest children, each about three years of age; and one of the single beds is used by a maidservant, sixteen years of age. The six remaining single beds are occupied by girls from three to sixteen years old, of whom one has already been referred to above as having been under the care of an ear specialist. This room is ventilated by two large windows on one side which open top and bottom, by a small ceiling ventilator, and by an open chimney. On the stair landing, half-way up to these rooms, is a supply of hot and cold water.

Top Floor Rooms.—On the top floor are several small rooms, certain of which might conveniently be used as sick wards, though in the meantime they are employed as dormitories or servants' apartments. The top floor rooms are as follow:—

Room No. 1.—*Infectious disease ward.*—The dimensions of this room are 13 feet 8 inches by 8 feet 9 inches by 7 feet 9 inches = 927 ÷ 2 = 463 cubic feet per head. It contains two beds. Its single window which is of good size, double hung, and opening top and bottom, leads to a fire escape.

Room No. 2, known as the *Nurses' Room*, is next to Room No. 1, which it commands by means of an inspection window. Its dimensions are 12½ feet by 9 feet 9 inches by 7 feet 9 inches = 956 ÷ 3 = 318 cubic feet per sleeper. It contains two cots and a bed but is meantime in disuse. Only the lower half of the window opens.

Room No. 3 has dimensions 8 feet 9 inches by 12 feet 3 inches by 7 feet 9 inches = 830 ÷ 2 = 415 cubic feet per head. Ventilation is effected by means of an open fireplace and by a large window with a swinging top near the ceiling. At present the room has one boy occupant. It is ordinarily used by a laundress or other servant, and under these conditions is occupied also by a girl.

Room No. 4 contains two double beds which are not occupied at present but are intended for use if the number of children in the institution exceeds forty-four. Its dimensions are 11 feet 8 inches by 8 feet 7 inches by 7 feet 9 inches = 776 ÷ 2 = 388 cubic feet per bed. Light is afforded by a window which opens on the roof and which is kept locked. There is no chimney, and a small pane of glass has been removed from the window in order to provide ventilation.

Sanitary Provision.—On the top floor, which, it will be noted, contains an infectious disease ward, there is no water closet and no bathroom. If the inmates of the top floor cannot use the accommodation on the lower floor, a commode and a portable bath are brought up. The water closet on the first floor was clean, but the supply of water, at least for the time being, was defective.

Bathing.—The older boys bathe in a bathroom on the first floor twice weekly. The bath is supplied with hot and cold water, but has not a safety key. The same bathroom has to serve both for the master and matron and for the boys.

The girls and little children bathe in the back kitchen on the ground floor. This bath also has hot and cold water, but its hot water tap is not provided with a safety key.

The daily washing of both boys and girls takes place on the ground floor. The girls wash in the back kitchen just mentioned and the boys in an adjoining lavatory. These two apartments communicate directly with one another. By locking the door between it is possible to separate the boys and girls at washing time, but this is only occasionally done, and at the time of reinspection the door was not locked.

Toilet Appliances.—The supply of brushes and combs was very defective—a single brush and comb for all the girls and another single brush and comb for all the boys.

A further defect is that no tooth brushes are provided, and in view of the condition of the teeth of many of the children, it would be a great improvement to have these.

Water Supply.—There is no public water supply in Staveley, though the Thirlmere main pipe passes through the town. The question of cost has, I understand, prevented the introduction of this water.

Fire Escapes.—The fire escapes at the Home are not suitable. Young children would not venture to descend the iron ladders provided, and if they did venture they would be very likely to fall.

REVISED DIETARY SUGGESTED BY DR. COOPER, THE LATE MEDICAL OFFICER.

Dietary for Children from 3 to 8 years of age.

Monday.

Breakfast - Bread, 2 oz.; milk, $\frac{1}{2}$ pint; porridge, $\frac{1}{2}$ pint; sugar, $\frac{1}{2}$ oz.
Dinner - Hashed meat, 3 oz.; bread, 3 oz.; potatoes or other vegetables, 6 oz.
Tea - Milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 3 oz.
Supper - $\frac{1}{2}$ pint boiled bread and milk.

Tuesday.

Breakfast - Boiled bread and milk (bread, 5 oz.; milk, $\frac{1}{2}$ pint).
Dinner - Pea soup, $\frac{1}{2}$ pint; bread, 4 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 3 oz.
Supper - Bread, 3 oz.; milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.

Wednesday.

Breakfast - Bread, 2 oz.; milk, $\frac{1}{2}$ pint; porridge, $\frac{1}{2}$ pint; sugar, $\frac{1}{2}$ oz.
Dinner - Boiled bacon, 2 oz.; bread, 3 oz.; potatoes or other vegetables, 6 oz.
Tea - Milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 3 oz.
Supper - $\frac{1}{2}$ pint boiled bread and milk.

Thursday.

Breakfast - Boiled bread and milk (bread, 5 oz.; milk, $\frac{1}{2}$ pint).
Dinner - Boiled mutton or beef, 1 $\frac{1}{2}$ oz.; potatoes or other vegetables, 4 oz.; rice pudding, 8 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 3 oz.
Supper - Bread, 3 oz.; milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.

Friday.

Breakfast - Bread, 2 oz.; milk, $\frac{1}{2}$ pint; porridge, $\frac{1}{2}$ pint; sugar, $\frac{1}{2}$ oz.
Dinner - Irish stew, $\frac{1}{2}$ pint; bread, 2 oz.
Tea - Milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 3 oz.
Supper - $\frac{1}{2}$ pint boiled bread and milk.

Saturday.

Breakfast - Boiled bread and milk (bread, 5 oz.; milk, $\frac{1}{2}$ pint).
Dinner - Suet pudding, 8 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; jam or syrup, 1 oz.; bread, 3 oz.
Supper - Bread, 3 oz.; milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.

Sunday.

Breakfast - Bread, 5 oz.; treacle or syrup, 1 oz.; cocoa, $\frac{1}{2}$ pint.
Dinner - Roast beef or mutton, 2 oz.; bread, 3 oz.; potatoes or other vegetables, 6 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; bread, 3 oz.; butter, $\frac{1}{4}$ oz.
Supper - $\frac{1}{2}$ pint boiled bread and milk.

All milk used in above dietary to be new milk, excepting that required for the boiled bread and milk given for supper, the constituents of which to consist of bread, 3 oz.; skimmed milk, $\frac{1}{2}$ pint.

The tea or cocoa to be made according to formula now in force at the Abbey Home; the remaining items of the dietary to be made as laid down in the Workhouse Regulations Order, 1900.

Weekly Quantity of Ingredients used in the Dietary for Children from 3 to 8 years of age.

	Ounces.
Bread	83
Meat, including bacon, 2 ounces	12 $\frac{1}{2}$
Bone	1
New milk	150
Skimmed milk	60
Oatmeal	6 $\frac{1}{2}$
Sugar	3
Potatoes or other vegetables	28
Cocoa	$\frac{1}{2}$
Tea	$\frac{1}{10}$
Split peas	1
Rice	1 $\frac{1}{2}$
Treacle, jam, or syrup	2
Flour	4
Suet	1
Butter, including $\frac{1}{4}$ ounce for rice pudding	2 $\frac{1}{2}$
Onions	$\frac{1}{2}$
Vegetables for pea-soup	$\frac{1}{2}$

Dietary for Children from 8 to 16 years of age.

Monday.

Breakfast - Bread, 3 oz.; milk, $\frac{1}{2}$ pint; porridge, $\frac{1}{2}$ pint; sugar, $\frac{1}{2}$ oz.
Dinner - Hashed meat, 5 oz.; bread, 3 oz.; potatoes or other vegetables, 8 oz.
Tea - Milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 4 oz.
Supper - 1 pint boiled bread and milk.

Tuesday.

Breakfast - Boiled bread and milk (bread, 6 oz.; milk, $\frac{1}{2}$ pint).
Dinner - Pea soup, $\frac{1}{2}$ pint; bread, 6 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 4 oz.
Supper - Bread, 4 oz.; milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.

Wednesday.

Breakfast - Bread, 3 oz.; milk, $\frac{1}{2}$ pint; porridge, $\frac{1}{2}$ pint; sugar, $\frac{1}{2}$ oz.
Dinner - Boiled bacon, 3 oz.; bread, 3 oz.; potatoes or other vegetables, 8 oz.
Tea - Milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 4 oz.
Supper - 1 pint boiled bread and milk.

Thursday.

Breakfast - Bread, 6 oz.; cold boiled bacon, 2 oz.; cocoa, $\frac{1}{2}$ pint.
Dinner - Boiled mutton or beef, 2 $\frac{1}{2}$ oz.; bread, 2 oz.; potatoes or other vegetables, 8 oz.; rice pudding, 8 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 4 oz.
Supper - Bread, 4 oz.; milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.

Friday.

Breakfast - Bread, 3 oz.; milk, $\frac{1}{2}$ pint; porridge, $\frac{1}{2}$ pint; sugar, $\frac{1}{2}$ oz.
Dinner - Irish stew, $\frac{1}{2}$ pint; bread, 4 oz.
Tea - Milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.; bread, 4 oz.
Supper - 1 pint boiled bread and milk.

Saturday.

Breakfast - Boiled bread and milk (bread, 6 oz.; milk, $\frac{1}{2}$ pint).
Dinner - Suet pudding, 12 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; jam or syrup, 1 oz.; bread, 4 oz.
Supper - Bread, 4 oz.; milk, $\frac{1}{2}$ pint; butter, $\frac{1}{4}$ oz.

Sunday.

Breakfast - Bread, 6 oz.; treacle or syrup, 1 $\frac{1}{2}$ oz.; cocoa, $\frac{1}{2}$ pint.
Dinner - Roast beef or mutton, 4 oz.; bread, 3 oz.; potatoes or other vegetables, 8 oz.
Tea - Tea or cocoa, $\frac{1}{2}$ pint; bread, 4 oz.; butter, $\frac{1}{4}$ oz.
Supper - 1 pint boiled bread and milk.

All milk used in above dietary to be new milk, excepting that required for the boiled bread and milk given for supper, the constituents of which to consist of bread, 4 oz.; skimmed milk, 1 pint.

The tea or cocoa to be made according to formula now in force at the Abbey Home; the remaining items of the dietary to be made as laid down in the Workhouse Regulations Order, 1900.

Weekly Quantity of Ingredients used in the Dietary for Children from 8 to 16 years of age.

	Ounces.		Ounces.
Bread	110	Cocoa	$\frac{1}{2}$
Meat, including bacon, 5 ounces	21 $\frac{1}{2}$	Split peas	1
Bone	1	Rice	11 $\frac{1}{2}$
New milk	160	Treacle jam or syrup	2 $\frac{1}{2}$
Skimmed milk	80	Flour	6
Oatmeal	9 $\frac{1}{2}$	Suet	11 $\frac{1}{2}$
Sugar	3 $\frac{1}{2}$	Butter, including $\frac{1}{4}$ ounce for rice pudding	2 $\frac{1}{2}$
Potatoes or other vegetables	41	Tea	$\frac{1}{16}$
		Onions	$\frac{1}{4}$
		Vegetables for pea-soup	$\frac{1}{2}$

CASUAL WARDS AT KIRKBY LONSDALE.

In Kirkby Lonsdale there are casual wards used for vagrants. The building was as one time a workhouse. It is now one of the few examples I met with of casual wards entirely apart from workhouses. It can accommodate forty men and six women. The usual stay is only for a single night but sometimes they are kept two nights. There are a labour master and matron.

Kirkby Lonsdale is at a junction of main roads, running north, south, east, and west, so that vagrants are numerous. The total admissions to the casual wards have been as follows, since 1895:—

Year.	Admissions.	Year.	Admissions.
1895	6,528	1901	6,034
1896	6,129	1902	5,189
1897	6,184	1903	6,559
1898	7,628	1904	6,549
1899	5,563	1905	7,472
1900	4,498	1906	7,105

The drop in the year 1900 is explained by the South African War.

The men are accommodated in a series of apartments each containing four separate beds—single beds with straw mattresses. Each room is ventilated by windows with the top sash swinging open. Some of the beds are

supported on wooden boards, and these are infested with bugs. The day-room contains a drying stove for clothes. The men have two good baths, but these are not provided with safety keys.

The accommodation for females is much less than for males. There is a single dormitory with three double beds, a day-room with clothes drying rack, and a bathroom. The hot-water tap is not protected by a safety key. The double beds are objectionable.

The gable end of the whole building threatens to fall out, and there is a decidedly dangerous fire escape—an iron ladder, very difficult of access from a window.

The labour consists of oakum picking, stone breaking, and wood chopping. For experienced men the tasks are too easy, and for amateurs they are too difficult. Any man who comes to the wards a second time within a month gets an all-day task, unless he is a *bona-fide* workman on his return journey from a search for work.

At the time of my inspection nine men were engaged in stone breaking, seven in oakum picking, and three in wood chopping. Oakum picking is the task for the weaker men. The firewood is not bunched nor dipped in resin, the material consisting of railway sleepers, which have already been creosoted. It is sold round the country by cart.

The labour master and matron get a salary of £54 12s. and £26 respectively, and buy their own food. They, of course, get housing.

These vagrant wards are under much better supervision than is usually found in common lodging-houses to which tramps might be sent in rural districts.

OUT MEDICAL RELIEF.

Area and Population.

It will be recalled that the area of the union is 198,349 acres; and its population 43,480.

Relieving Officers.

There are four relieving officers, whose districts and salaries are as follows:—

Kendal District.—Area, 3,864 acres; population, 14,796; salary, £115.

Ambleside District.—Area, 74,272 acres; population, 13,596; salary, £95.

Milnthorpe District.—Area, 50,979 acres; population, 9,622; salary, £95.

Kirkby Lonsdale District.—Area, 67,152 acres; population, 5,467; salary, £80.

Medical Officers.

There are nine district medical officers, who reside, three in Kendal and one each in Ambleside, Milnthorpe, Kirkby Lonsdale, Windermere, Burton, and Staveley. Their salaries are £90, £50, £35, £45, £45, £30, £35, £42, and £25.

KENDAL DISTRICT.

There is a district nurse who attends paupers as well as other cases.

The district medical officer is near the relieving officer, so that no difficulty usually occurs in getting an order from the relieving officer. In an emergency, however, the medical officer attends without waiting for an order, and he treats such cases simply as having gratuitous attendance, without getting them entered on the Poor Law books. There may be thirty such cases in a year. The relieving officer makes sufficient inquiry before giving orders. Being in a town the district medical officer is less than three miles from his farthest away patient.

Fees for operations and confinements in pauper cases have been commuted. There is no limit to the duration of relief orders, excepting the recovery of the patient. The district medical officer orders extras only for acute cases, and gives no alcohol outside the workhouse and very

little inside. The guardians do not provide lint for outside cases.

The district medical officer knows of no cases of injury to health resulting from hesitation in asking for Poor Law relief. Out-relief is practically not looked upon as degrading; only the workhouse degrades.

AMBLESIDE DISTRICT.

The Bowness Medical Officer's area is about 20 miles long from end to end; the medical officer lives near the middle. The area is sparsely populated. Orders are seldom obtained; the patient sends for the medical officer on the understanding that if an order is necessary it can be subsequently procured, but this trouble is seldom taken. Many are attended gratuitously because the medical officer knows from experience the futility of sending in bills. The medical officer stated that if he insisted on orders being obtained, he might put a dozen on the parish list weekly. This indicates how much work is done gratuitously.

As regards the practice of midwifery, there is in the district medical officer's area no woman registered under the Act, and he has not attended a confinement case under order by the relieving officer for some years. The practitioners around attend many for little or nothing in the way of remuneration.

Orders for medical extras are never given, for the Windermere district is well supplied with charities and charitable people.

In Crossthwaite, which limits one end of the medical officer's district, the Borwick charity distributes at Christmas £10 in money among six paupers. In the same parish Easter doles are distributed to poor people.

In Windermere there are thriftless people, as in other places, but there is little want among them owing to the wealth of the neighbourhood. It is said that there is not a child in the locality who is not well fed.

The district medical officer related the following example of the charitable methods of the place:—

A small working farmer had his wife and five children all seized with diphtheria. They were too far from the

isolation hospital and did not wish to go in any case. The medical officer knew that they were in real want and he mentioned the matter to the clergyman of the parish. In response two trained nurses and necessaries were at once supplied for over a fortnight. The children and mother recovered. But for this help the husband must have sought an order for parish relief.

Fortnightly reports are not sent in by the medical officer nor do the guardians require them.

There are no boarded-out children in this district.

The *Staveley Medical Officer's area* contains a population of 3,000; its length is about fourteen miles. The recorded relief nearly equals the amount of parish work actually done, though in urgent cases the medical officer gives attendance without waiting for an order from relieving officer.

The district medical officer finds no difficulty in visiting the patients within his district.

There is no qualified or registered midwife in the district.

MILNTHORPE DISTRICT.

The relieving officer in the Milnthorpe district is nine miles from Bowland Bridge, which is the end of his area and has a population of only about forty. The bulk of the population is within 6 miles. There is no good train service, but messages can be sent by post or cycle.

One medical officer lives in Milnthorpe, and another in a village 4 miles away. Bowland Bridge paupers might be more conveniently attended by another district medical officer, who, though he lives eight miles off, is brought to the village regularly by private practice. Medicine can be sent off by post, or sent for by cycle, or carried about in compressed form by the district medical officer.

Five of the cases seen in the Milnthorpe district receive outdoor medical relief only.

The industry of cocoanut-mat making is carried on in the Milnthorpe district at Holme Factory. The wages are said to be about 18s. weekly. Hand-loom weavers of matting make only about 14s. weekly. If they worked full time in the mills the men would make 27s. or 28s. per week and the women 8s. to 9s., but linoleum has largely displaced cocoanut matting, and trade is bad excepting for door mats.

The mill employs about 140 hands and the inhabitants of the village have the reputation of being thriftless. A singular explanation is sometimes given locally for this want of thrift. It is alleged that the mill was started for mat-making many years ago by the retired Governor and Chief Warden of a prison, and that the work being of the nature of prison labour, discharged prisoners found their way to the place and became the progenitors of the present population, who are thus thriftless by heredity. This story, however, is denied by some who have been connected with the mill, and cannot be vouched for. There are certainly no provident clubs in the district, and the people are very apt to come to the relieving officer on the slightest occasion.

In this connection notice may be taken of a curious practice which at one time prevailed in the district as to orders for medical attendance. A former medical officer used to send in large bills, and the people resorted to the relieving officer, who gave them orders for him as district medical officer. He sometimes attended gratis, without putting the cases on the Poor Law list. This arrangement for medical attendance referred to old people permanently unfit for work, but if there was likely to be recovery and resumption of work, the relieving officer sent the people to the doctor without giving them an order, on the understanding that they would pay after resuming work. If the doctor refused, the relieving officer then granted an order, to which the doctor was bound to attend. These difficulties arose through the absence of provident clubs and the like, as referred to above.

KIRKBY LONSDALE DISTRICT.

The relieving officer is about 20 miles from the furthest point of his district, and about 14 miles from the most distant pauper, but there is no village at that distance. There are only forty paupers in the whole district. Besides Kirkby Lonsdale, which is the main village, there are other villages, 3 miles and 1½ miles distant respectively.

Messages are conveyed by post or telegram. The paupers at a distance are practically all permanent, and the medical officers have a copy of the lists. There are three medical officers in the relieving officer's district. The greatest distance between a district medical officer and any patient is about 5 miles, and nine-tenths of the patients are close at hand.

The relieving officer was born and has always lived in the district. He knows the whole population, so that very little inquiry is needed in the granting of orders. A medical order lasts until the patient recovers. Very little relief on loan is granted, even for confinements. The only reason for granting it would be to keep control of an able-bodied drunkard. Out-relief here is nearly always in money, hardly ever in kind.

It is said that in this district some feeling of degradation attaches even to out-relief or to getting the services of the district medical officer, though the feeling is much greater with regard to in-relief. The relieving officer states that if any one requires assistance from the Poor Law and refrains from making application some neighbour usually tells the relieving officer, who then calls without waiting for a request. He holds that the administration tends neither to undue deterrence nor to undue attractiveness.

Friendly Societies.—The friendly societies are:—Oddfellows, Foresters, Rechabites, and Free Gardeners. The total membership is about 420.

Charity.—Charities are numerous, chiefly in connection with the churches. Christmas gifts are given in cash, from 10s. to £2. Coals are also given. I am informed that private charity meets the case of all destitution here. The deserving need not feel the pinch of poverty, for the landowners help the poor.

Hospitals.—The Urban District Council of Kirkby Lonsdale possesses a small cottage fever hospital, and the landowner in the locality has built a general cottage hospital and maintains a nurse. Though this institution is intended primarily for the use of his servants, it is granted for any accident or emergency, otherwise a case of accident would have to go to Kendal, which is 13 miles distant by road. There is no ambulance wagon in the village, but an ambulance could be wired for to Kendal. Any surgical case requiring an operation would not go to the workhouse infirmary, but would be taken either to Kendal, or to the cottage hospital above referred to.

Industries.—Kirkby Lonsdale is a market town, and there are nail factories. The Underley Estate employs joiners, plumbers, painters, etc., who also live in the town. General labourers get from 18s. to 21s. weekly. Agricultural labourers are mostly unmarried, board at the farms, and get about £30 yearly in addition.

District Medical Officer.—I had an interview with the district medical officer, who has been only recently appointed. Though he lives in the same town as the relieving officer, he states that for every two cases of recorded out-medical relief there is probably one non-recorded case. He omits the record to spare the feelings of poor people whom he attends for nothing. If extras are required, however, he procures an order from the relieving officer. He is paid by salary, and by entering every case he would only degrade the recipient and give himself more clerical work. He has no complaint to make about his salary.

He is about 9 miles from the furthest pauper and can send medicine by a postman, not through the post office but by separate payment. The postal authorities sanction this. Messages are brought to him by post, or by tradesmen, or by telegram, or sometimes by foot messengers. A farmer would yoke his horse in an emergency and bring a message.

Medicines are included in the salary, but the guardians pay for expensive drugs and trusses. There has been no occasion to ask for antitoxin, nor for examination of sputum in suspected phthisis, but he would make such examination himself or send to a laboratory. He supplies lint if necessary, but the paupers sometimes use linen rags for dressing ulcers.

The medical officer thinks that the outdoor paupers are better treated than the poor labourers, but that at the same time the Poor Law in the district has undoubtedly a deterrent effect with some people, who would rather die than take even outdoor relief. He regards this as the

general character of the people in the North Country. He gives as an example a case of pneumonia, where he was not sent for until the patient was in a very critical state. The case was that of a man who regarded himself as rather above the pauper class, and was so regarded by his neighbours. Another case was that of an old woman with heart disease who did not send because she could not afford to pay. The doctor then attended her free of charge. He found her very ill when he first called.

The district medical officer never orders extras lavishly. There is only one registered midwife in Kirkby Lonsdale. In the opinion of the medical officer there ought to be more. He wished to be recognised as a teacher in order

to get a competent woman registered, but his request was refused. There is a district nurse who attends to paupers among others.

Boarded-out Children.—I saw four boarded-out children in school. Their teeth need attention. One girl has long hair and requires it treated for nits. The master reports that the children are up to the average in intelligence, truthfulness and perseverance. Three of the four belong to one family.

Cases of Out-Medical Relief.

In addition to cases transferred to the General Report the following were noted in the Kendal Union:—

Sex.	Age.	Remarks.
M.	63	Cancer of mouth. Has been ill only for three months. The case is not suitable for operation. He is attended to by his wife and receives 6s. 6d. per week from the guardians. He suffers much pain, which could probably be relieved by sedatives if he were in an institution, and under constant observation, but he would be sorry to leave his wife.
.	54	Rheumatism and ulcerated leg. Has a boy of twelve living with him, but no proper nurse. He refuses to go into the workhouse infirmary.
F.	31	Fibroid phthisis. Has been ill for many years and the disease seems to make little or no progress. She sleeps in a very small and insufficient bed closet with her mother, who is sixty-seven years old. She gets 4s. weekly from the guardians. Her mother had a double cataract which was operated on four years ago.
F.	83	Senile decay. Lives alone and is attended to by the neighbours and visited by the district nurse. Her sons can assist her and she gets 4s. 6d. weekly from the guardians, part of which is repaid by her sons. The house is very clean.
M.	48	Has been crippled with rheumatism for eight years. Is married and his wife keeps a very clean house. There is a question of applying the workhouse test owing to alleged begging and drinking. He denies that he begs, but he stands as a cripple in a public place, and people put money into his hand.
F.	67	This woman fell into poor health two years ago, and lost her work as charwoman. Had medical attendance paid privately by friend, not district medical officer. She then had relief 2s. 6d. per week, which has been increased to 3s. 6d. lately. Rent 3s. 6d. per week. She does one day's charring weekly, and is partly supported by private charity. No relations. She has never had district medical officer and seems to have been unaware that she can send for him. She is thin and apparently suffering from bronchitis. House clean.
F.	71	Receives 3s. 6d. Owing to sickness could not follow occupation. District medical officer attended. Lives with illegitimate son who is a fisherman. Son keeps house and pays rent, etc., so that 3s. 6d. is clear for pauper.
F.	59	Receives 3s. 6d. Three years on relief list. At first got medical relief only, then applied for pay and got 2s. 6d. Has bad leg. Parish nurse attends occasionally and she gets lotions from district medical officer. She buys lint for herself. She lives with son, apprenticed to a joiner, and earning 10s. per week. Rent 5s. weekly. Coals are supplied by charitable people in winter.
M.	57	Mason. Supposed to have tubercular phthisis. Has ten children, aged fourteen months to twenty years. Has had a cough over two years. Expectoates a good deal. Spits into jar with a little powdered disinfectant. One sitting-room and kitchen combined, also two bedrooms. The front bedroom is in a bad state of repair, the ceiling being rotten and wet. This room has a double bed in which sleep man, wife, and baby. In another bed in same room sleep three children, aet. 6, 4, and 2 respectively. In the back room sleep three girls, aet. 20, 14, and 8, in one bed. Three children sleep away with friends. The district medical officer has attended this man for one year. The pay coming in to supply the family is as follows:—12s. 6d. from guardians; 7s. from son; 8s. from daughter. Sanitary authority provides disinfectants and the man has been instructed by the district medical officer as to precautions. It appears that no rent is paid. There is great overcrowding, and much opportunity for infection.

Sex.	Age.	Remarks.
—	7 mths.	<p>The father is a joiner, aged thirty, and out of work at present. The mother was ill in Windermere four years ago, and had parish doctor. Husband at that time was out of work. He had previously had an injured leg and was in hospital. Charity was given.</p> <p>Baby, seven months old, is in a state of general debility from indifferent feeding. The mother would not suckle the child. District medical officer has provided at his own expense peptonising tubes. The child is now having boiled bread and what milk can be got, which is very little. Rent, 2s. per week. Two rooms only on ground floor. The family consists of the parents, two boys aged nine and four, two girls aged six and two, and the baby. The mother has already sought assistance from the parish, but further than medical relief it has not been given. This family appears to be drifting into pauperism; the man is said to be looking for work; but is probably a loafer.</p>
F.	60	<p>Medical relief only. Keeps a small sweet shop. Had a parish order about seventeen years ago, and has since had district medical officer whenever she wanted him. Order has consequently lasted seventeen years.</p>
F.	23	<p>Gastric ulcer. Ill six months. Medical relief only.</p>
F.	—	<p>Ulcer of leg. Mother of above. Medical relief only.</p>
F.	78	<p>Debility. Order from relieving officer about one month previously. Medical relief only.</p>
M.	55	<p>Phthisis or bronchitis and asthma. Was a general labourer. Lives with his father and mother, the former, aged seventy-eight, still doing stone-breaking and the latter attending to the house. The mother and a grandson attend to the invalid. He has been ill for thirty-three years and has been off work for twenty-five years. There was some question of sending him to a sanatorium some years ago, but it was not done and probably the case would now be regarded as unsuitable. He uses an inhaler for asthmatical attacks. The house is clean.</p>
M	76	<p>Partial paralysis. Lives with his wife, aged seventy-one. Was a railway servant and ceased work four years ago at the age of seventy-two, owing to a "stroke." Receives 3s. per week from a club and 3s. from the Railway Benevolent Society, but one of these payments is not permanent. His wage on the railway was 17s. a week; he had eight children and so could save nothing. Applied to the guardians only for the services of the district medical officer, and will not apply for other relief until the present sources of income diminish. Four children contribute 6d. a week each, and a lodger pays 11s. weekly for board and lodging. They have a garden which provides them with potatoes. Their rent, including water rate, is £4 9s. per year. The house consists of three rooms, scullery and garden. A clean house and a deserving couple, who should not go to the workhouse. Perhaps the children could contribute more.</p>
F.	77	<p>Widow. She gets 4s. 6d. weekly from the guardians and coals from a local charity. Her rent is 1s. weekly. She does not like doctors and never sends for the district medical officer.</p>
M.	85	<p>Old age. Still does such work as he can, and earns by stone-breaking about 1s. 6d. weekly. Gets 2s. 6d. from the guardians. His father died when he was nine years old, and he was a parish apprentice for three and a half years. He has had thirteen children, of whom five are living. He has never been away from his native village. Is happy and contented and lives with a daughter who is married to a labourer. They have two children. The labourer earns 12s. weekly and about £6 in harvest, which pays the rent. He gets his food at the farm where he works.</p>
M	75	<p>Bronchitis and dropsy of legs. Postman and metal worker. Gets 5s. weekly for himself and his wife from the guardians. His son lives with him, pays the rent, and pays 12s. a week for board and lodging. Another son gives 1s. weekly. Was in a Foresters' Court which broke up about forty years ago. House clean.</p>
M.	69	<p>Hernia and asthma. Hernia began seven years ago. Has a truss which does not fit and has not asked the guardians for another. Is intemperate. Does a little work in mat-dressing, and his wife and he earn about 6s. to 10s. per week between them. The only relief from the guardians is the attendance of the medical officer, who gives him medicine for asthma, which troubles him at night. Was originally a rope-maker and attributes his illness to the dusty occupation of heckling hemp. This man should certainly wear a truss, but whether, being intemperate, he should have the services of the medical officer, or be offered the workhouse, is another question.</p>

Sex.	Age.	Remarks.
F.	78	Widow. Hernia. Her sons keep her, and she lives rent free, owing to her husband having wrought in the cocoanut-matting mill. She receives medical attendance only, and got a truss from the district medical officer last week, but does not know whether it will have to be paid for.
M	74	Rheumatism. Lives with his wife, aged seventy-six. They get 6s. weekly from the guardians, and attendance by the medical officer. Two of his children repay 2s. to the guardians; other charity yields 2s. weekly. The rent, including water rate, is £4 8s. 8d. He was a gardener and road-maker, and wrought at stone-breaking until less than two years ago. He still works in his garden, which provides potatoes. The house is clean. These people should not be sent to the workhouse.
F	74	She is still able to earn about 4s. weekly by washing and charing, and the guardians supplement this by 2s. 6d. weekly. She lives alone and keeps her house clean and tidy. Her rent is 1s. 2d. weekly. If this old woman has no other support, it would be a pity to offer her the workhouse.
M	82	Hydrocele. The hydrocele is tapped periodically by the district medical officer, and the man works a little at fish-bawking. He gets 3s. 6d. weekly from the guardians. A female cousin keeps house for him. The house is clean and comfortable, and the man is said to be well-behaved.
M.	67	Chronic eczema. Was a farm labourer. Has been ill for several years. Is in a club and had club doctor. Eczema gets worse on exposure. The man could certainly do some in-door work, but would lose the club allowance of 2s. 6d. weekly if he did any work.
M.	42	Rheumatoid arthritis. Has been ill for eleven years, and is helpless. Is in a club. District medical officer is club doctor. Is nursed by wife. Has three dependent and two non-dependent children. Has been at Buxton hospital three times, and at Droitwich twice, and in the Bentinck hospital here with a special nurse in attendance.
F.	7	Orphan. Boarded-out child. Lives with an aunt-in-law. Clean house, good accommodation. Allowance 4s. weekly and 10s. quarterly for clothes.
F.	38	Husband is epileptic and is in an asylum. Was epileptic before marriage. One idiot child in asylum.
F.	8	Orphan. Boarded-out child. Illegitimate, lives with maternal aunt, who gets 4s. weekly, and 10s. quarterly for clothing. Clean house and good bedroom.
A.	2½	Boarded-out child. Mother is an imbecile in Milnthorpe workhouse. Child illegitimate. Lives with an old woman, no relative. Is clean and plump. Bedroom very clean, but window has only one opening pane for ventilation.

APPENDIX X.

LLANFYLLIN UNION, MONTGOMERYSHIRE.

This is an extensive and thinly-populated union. Its area is 195,186 acres. It contains twenty-five parishes and the board of guardians has thirty-three members. The population at the Census of 1901 was 16,991. As estimated for three inter-census periods it was as follows:—

1886.	1895.	1905.
19,329	17,858	16,447

The population in the County of Montgomery is declining, and the proportion of old persons is consequently high. In every 1,000 inhabitants at the Census of 1901, no less than 122 were over 60 years of age. The decline of population is largely due to the farmers giving up wheat-growing and taking to stock-raising because it pays better. Crofting has diminished in favour of sheep and cattle rearing. The soil is clay and not good for potatoes, and there are no large towns to give a market for a crop.

Llanfyllin is a market town, the centre of an agricultural district. No trades are carried on in its immediate neighbourhood. There is some granite quarrying and lime working elsewhere in the union.

Agriculture is the chief occupation. Labourers get about 10s. weekly and their food at the farm and go home at night, or else 15s. weekly without perquisites of any kind and without a free house. Most of them have a garden and plant vegetables. Unmarried labourers live at the farms.

Friendly Societies.—In Llanfyllin town the Oddfellows have about 140 members, the Druids 120, and the Moilin Club 50. In other villages in the locality the Oddfellows have about 50 members. In Llansantffraid and Llanfechain there are about 280 members of friendly societies. There are two societies in Llanfair—the Druids (143), and the Oddfellows (31). St. David's Club for three parishes has about 150 members and pays a dividend every seven years; it gives a pension of 2s. 6d. weekly after the age of seventy. The membership of these societies includes many labourers with less than 20s. weekly wage.

Local charities include clothing and boot clubs.

Care of the Sick.—In the whole union there are about twenty-five registered midwives, three of them in Llanfyllin. The medical men assist them without hesitation. There are no medical provident institutions nor midwifery clubs. There are no district nurses, and their absence is much felt. A project of getting a district nurse in Llanfyllin about fifteen years ago was abandoned, only the district medical officer supporting the proposal. It is hoped that the proposal will now be successfully revived.

The guardians contribute two guineas a year to the Shrewsbury Eye, Ear and Throat Hospital; two guineas to the Salop Infirmary, which is a general hospital at Shrewsbury; and one guinea to the National Society for the Prevention of Cruelty to Children. Acute cases of illness are sent to such hospitals, not to the workhouse infirmary. For want of trained nursing in the workhouse, the medical officer would immediately send to Shrewsbury Infirmary any case occurring in the workhouse of strangulated hernia, or senile gangrene requiring amputation, or cancer needing operation. Eye cases would similarly be sent to the Eye Hospital. Needful cases are sent in a cab, the guardians having no ambulance waggon.

The guardians do not readily give medical orders for attendance on confinements, but rather offer the workhouse. No relief on loan is given even at confinements. Orders for medical relief last until recovery. The medical officers' salaries include ordinary medicines, but no expensive drugs. The labouring classes willingly apply for outdoor relief, but the classes immediately above them do not readily apply. Even among the labouring classes however, as I am informed, out-relief may be repellent to some. A labourer who happens to have a case of illness in his family is well aware that by applying for medical out-relief he will ensure regular visits by the district medical officer in accordance with the needs of the patient; and yet from a feeling of independence he may decide to call in a doctor privately, paying him for a single visit and asking him not to call again. This is a combination of independence with economy which can only lead to inadequate treatment of sick persons.

About one in eleven of all deaths is due to phthisis. A proposal for its compulsory notification was agreed to by the district council, but was vetoed by the Local Government Board some years ago, and voluntary notification has not been adopted as a substitute. The county council provide for examination of sputum in doubtful phthisis. They examine throat swabs for diphtheria and blood for Widal reaction in suspected enteric fever. They provide antitoxin in diphtheria.

Rateable Value.—The rateable value per head of the population was £9 1s. in 1904, as compared with £7 for the county of Montgomeryshire, and £5 3s. for a District consisting of Montgomery, Flint, Denbigh, Merioneth, Carmarvon, and Anglesey.

Statistics of Pauperism.—The rate per 1,000 of paupers to the total population less lunatics and vagrants was as follows in the Llanfyllin Union, in North Wales, and in a Group consisting of North and South Wales and Monmouthshire:—

—	1875.	1885.	1895.	1905.
Llanfyllin	50	41	38	31
North Wales	55	44	38	32
Group as above	54	43	36	31

Though the rates are not yet exceptionally low, the figures show a very steady and praiseworthy reduction.

Age Classification.—On January 1st, 1905, the percentages were as follow:—

—	Under 16	16—60.	60+
Llanfyllin	22	20	58
Montgomeryshire	23	21	56
District as above	28	23	49

Percentage of outdoor pauperism to total pauperism.—The following are the percentages, exclusive of lunatics and vagrants, at decennial intervals since 1875:—

—	1875.	1885.	1895.	1905
Llanfyllin	91	90	90	89
North Wales	94	91	90	88
Group as above	94	92	90	88

Cost of Pauperism.—Each pauper in Llanfyllin Union costs £11 16s. as compared with £11 3s. in North Wales as a whole, and £11 5s. in the whole of Wales and Monmouthshire.

LLANFYLLIN WORKHOUSE.

The workhouse is situated within a mile of Llanfyllin village. It is an old stone building, with the defects of its time, but reasonably well arranged. In the Local Government Directory it is stated to have accommodation for 250 inmates, and the clerk to the guardians agrees that it is intended to accommodate that number. At present it has beds for about eighty-five inmates and twelve casuals. At the date of my inspection (July 2nd) it had fifty-three inmates. They included no able-bodied adult persons. All are infirm, but many are fit for light work. Among the fifty-three are eight certified imbeciles and eleven children or babies.

The total number of paupers relieved in the workhouse during the year ended March 25th, 1906, was ninety-eight.

The resident staff consists of master and matron with joint salary of £90; porter, £27; nurse, £29, and £3 3s. in lieu of groceries; and assistant matron, £19. The workhouse medical officer is paid £40 per annum, a barler £4, and an assistant officer for vagrants £5.

Water supply is obtained from the hills, and the water is stored in two tanks and piped into the master's premises, but there is no hot water supply nor water tap for the dormitories nor for the lying-in ward.

SICK WARDS.

Medical Officer.

The medical officer visits two or three times weekly as a matter of routine, and daily if a case of severe illness is under treatment. When temperature charts are required, he provides them. His house is three quarters of a mile from the workhouse. There are no telephones in Llanfyllin and messages are conveyed to him by special messenger.

Males.

Ward No. 1.—Dimensions: 30 feet by 16 feet by 9 feet=4,320 cubic feet ÷ 8=540 cubic feet per bed.

There is cross ventilation by three double-hung sashed windows on one side and two windows on the opposite side, each with an opening pane about 15 inches square. There is an open fire-place at the end. The top of the windows is about 2 feet from the ceiling and there is no roof ventilation. The ward is on the ground flat. It has a wooden floor and brick walls which are painted

to a height of 5 feet; they are colour-washed above. The ward is very clean. The bedsteads are of iron with iron lathed bed-frames or wire mattresses. The bedding

is flock or straw. Of the eight beds, seven were occupied on the night preceding my inspection by the following cases, of whom four were bedridden:—

Name.	Sex.	Age.	Occupation.	Remarks.
E. B.	M.	68	—	Paralysis. Has been in for three and a half years. Never had out-relief, either medical or other. Widower.
T. G.	M.	53	General labourer.	Spinal disease. Came in seven weeks ago. Is an unmarried man, and had nowhere else to go. Was in no club. Never had out-relief nor the services of the district medical officer.
E. J.	M.	70	General labourer.	Ulcerated leg. Has been in for five weeks. Unmarried. Never had out-relief of any kind.
W. M.	M.	75	General labourer.	Paralysis owing to apoplexy. Has been in for eight months. Had the district medical officer for about nine days before coming in. Had no previous out-relief.
T. R.	M.	69	General labourer.	Came in October, 1906, with disease of foot. Had attendance by the district medical officer a month before coming in. No previous relief.
G. L.	M.	70	Butcher's labourer.	Paralysis. Came in January, 1907. The medical officer of the district and of the workhouse attended this man for a year before admission, and made no charge, but the man was not on the list of paupers, and received no money relief. He is a widower.
E. E.	M.	70	—	Sciatica. An unmarried man who has been in the workhouse for four and a half years. No previous parish relief. He had private medical attendance, so long as he had any money, and then was attended gratuitously by the same medical man for about a month before he came into the workhouse.

Ward No. 2.—Dimensions are: 19 feet by 16 feet by 9 feet=2,736 cubic feet ÷ 5=547 cubic feet per bed.

The ventilation and structure are as in ward No. 1. There are no bedridden cases.

The nurse's sitting room opens into these two wards; its walls are damp.

There is a wash-out water closet in an apartment directly off the wards. Some men's clothing is stored in it.

The bath adjoining the kitchen is on the other side of an open yard. Its hot water tap is provided with a safety key, but the key is attached to the tap, which itself

is not in order and is leaking. No bathing rules are hung up in the bath-room. Patients who are fit go to the bath-room; the others bathe in the ward. Excepting in cases which are medically unfit, bathing is done weekly.

Females.

Women's sick ward.—On ground floor. Dimensions are: 29 feet by 16 feet by 9 feet = 4,176 cubic feet ÷ 7 = 598 cubic feet per bed.

The ventilation, floors, walls, etc., are as in the male wards. There are no bedridden cases. The following are the inmates:—

Name.	Sex.	Age.	Occupation.	Remarks.
Mrs. L.	F.	72	—	Debility. Came in a year ago. Had no out-relief, either money or medical. Her husband died at home a few weeks ago.
M. H.	F.	—	—	Has lost power of speech. Has been in about nine years.
S. F.	F.	72	—	Infirmity and chronic bronchitis. Her husband died twenty-five years ago, and she first came into workhouse twenty years ago owing to bronchitis. Used to do washing. Has several married children, but has no desire to leave workhouse.
N. J.	F.	45	—	Deaf and dumb. Recurrent eczema. Has been in workhouse twenty-eight years.
M. E. R.	F.	44	—	Unmarried. Came in on account of hemiplegia fourteen years ago. Was in and out at first, but has not been out for several years. Apparently syphilitic.
M. M.	F.	71	Domestic servant.	Rheumatism and heart disease. Was in service until two years ago. Came into house for five months last summer, and has been in this year since February 1st. Wants to get 2s. 6d. weekly outside, and friends would help her. She came in on account of an attack of bronchitis, but is much better now.

The women's bathroom is across the yard. It has a brick floor, but a board to stand on. The keys of both hot and cold water taps are attached to the door key and the door is kept locked.

Women's Imbecile Ward.—Dimensions: 26 feet by 16 feet by 9 feet = 3,744 cubic feet ÷ 6 = 624 cubic feet per bed.

There are three sashed and double hung windows on one side, but on the other side only one window with a

single opening pane about a foot square. There are only three occupants in this ward at present.

Lying-in Ward.—Up one stair. Dimensions: 16 feet by 16 feet by 10 feet = 2,560 cubic feet ÷ 2 = 1,280 cubic feet. There are two double beds here with spring mattresses. The room is clean and well ventilated; nurse's bedroom adjoins. It has already been noted that there is no hot water supply upstairs either for the lying-in ward or for the dormitories. For confinements the

medical officer is always sent for though the nurse is a midwife.

Isolation Ward.—This is a good room situated over the associated tramp ward. A new portable bath has just been obtained for it.

There is no padded room at the workhouse.

Stores, Linen, etc.—There are only two sheets for each bed, including draw sheets. The lying-in linen is kept along with the rest and is not separately stamped.

Bedding, etc., is stored on shelves, and in a metal bath. Two water beds are kept folded up and quite empty in a small store room adjoining the men's dormitory. The mackintosh sheets are also kept folded up and not on a roller.

The medical officer recommended that an extra water bed should be got, and furniture for the receiving ward. His recommendations have been given effect to.

The *medicine press* is in the nurse's day room; is clean and is kept locked. There is no separate press for poisons, but hardly any are used.

CHILDREN'S DEPARTMENT.

There is a paid attendant who is also assistant matron.

Three babies are being nursed in the room where the guardians hold their monthly meetings. This is a large clean room with a brick floor and an open fire but no fire-guard. One baby, aged seven months, born in the workhouse, was sucking a dummy teat or "comforter" which was afterwards given to another baby to suck. Both of these babies are being breast-fed.

Another baby (E. G.), aged one year, came in yesterday with the mother. It is bottle-fed, a tube bottle being used, and the child sucks the empty tube apart from the bottle. The bottle smells sour. The mother has come in to be confined again.

These three babies are illegitimate. They sleep in the same beds with their mothers at night, and in cradles during the day.

The babies are not dieted according to written instructions, but by diet table. The attendant has a book on nursing recommended to her by the medical inspector of the Local Government Board when he visited the workhouse.

The nursery proper is in a building apart.

Besides the three babies above mentioned there are eight inmates of the children's department, of whom four are at school and four are under three years old.

The children's heads are clean excepting that of a child who came in only a fortnight ago. The children are not provided with tooth brushes and do not seem to use handkerchiefs.

The children's dinner which I witnessed at my inspection was being served untidily, one plate being placed directly on the top of the contents of another plate.

I saw the four school children in the play interval, and I give details regarding them.

Name.	Sex.	Age.	Remarks.
E. A. R.	F.	10	Is weakly and has enlarged tonsils.
W. R.	M.	6	Has enlarged tonsils.
E. J.	F.	5	Tonsils enlarged.
J. R.	M.	9	Healthy.

The children's dormitories have the following dimensions:—

Children's Dormitory No. 1.—16 feet by 11 feet by 10 feet = 1,760 cubic feet ÷ 6 = 293 cubic feet per bed.

Children's Dormitory No. 2.—16 feet by 8 feet by 10 feet = 1,344 cubic feet ÷ 4 = 336 cubic feet per bed.

The dormitories closely adjoin each other, and in No. 2 there are two double beds occupied by women who sleep there to be at hand if attention is wanted during the night. One of the women has two of the children sleeping beside her in bed.

The ventilation, etc., are similar to the arrangements in the sick wards.

DORMITORIES.

Men.

Men's Dormitory No. 1.—Up one stair. Dimensions: 29 feet by 16 feet by 10 feet = 4,640 cubic feet ÷ 11 = 422 cubic feet per bed. The walls, beds, ventilation, ceiling, etc., are as in the women's dormitory to be presently described.

Men's Dormitory No. 2.—Dimensions: 20 feet by 16 feet by 10 feet = 3,200 cubic feet ÷ 8 = 400 cubic feet. This is a continuation of No. 1 dormitory, being separated only by a wooden partition.

Men's Dormitory No. 3.—Dimensions: 14 feet by 16 feet by 10 feet = 2,240 cubic feet ÷ 4 = 560 cubic feet. The walls, etc., are as before, but the ventilation is better there being four windows to four beds and also an open fireplace.

In the men's yard there are privies and a urinal.

Women.

Able-bodied Women's Dormitory.—Dimensions: 57 feet by 16 feet by 10 feet = 9,120 cubic feet ÷ 10 = 912 cubic feet per bed. Only six of the ten beds are made up for occupation. The bedsteads are old-fashioned wooden structures, but are single.

The ventilation is rather defective. There are windows on both sides of the dormitory, but with one exception they have only a single opening pane about 15 inches square, and the window tops are about 2½ feet from the wall head, above which there is a splay roofing about 2½ feet high. The walls are of brick, whitewashed, and are very clean.

In the women's yard there are outside privies.

CUBIC SPACE.

The following table shows the cubic space per bed in wards and dormitories at Llanfyllia Workhouse, as compared with the minimum requirements of the Local Government Board:—

	Llanfyllin Workhouse Cubic feet per bed.	Minimum recommended. Cubic feet per bed.
Male sick ward No. 1, 8 beds	540	600
" " " No. 2, 5 "	547	600
Women's sick ward, 7 beds	598	600
" Imbecile ward, 6 beds	624	500
Lying-in ward, 2 beds	1,280	960
Children's Dormitory No. 1, 6 beds	293	300
" " No. 2, 4 beds	336	300
Men's Dormitory No. 1, 11 beds	422	360
" " No. 2, 8 beds	400	360
" " No. 3, 4 beds	560	360
Women's Dormitory, 10 beds	912	360

All the *Day Rooms* are on the ground flat and have wooden floors.

Receiving Ward.—This is on the ground flat. It has a brick floor and is only newly arranged for occupancy. It is an outhouse with a fireplace, and is recently lime-washed and cleaned. It has three windows, two of which have an opening pane about 15 inches square. There is no convenient water supply nor closet. A wooden night stool would be part of the furniture.

Kitchen, etc.—The kitchen is peculiar in the fact that the boilers for soup, etc., are at one end of the dining hall and the rest of the kitchen premises at the other, but no inconvenience is said to result. Cooking for the staff is done in the general kitchen.

Milk is stored in flat open dishes in a cellar.

The institution bakes its own bread. The work is done by a paid woman, not by the inmates.

Laundry.—The laundry is very old-fashioned at present and is to be renovated. There is a paid laundress who receives help from the inmates. One of the helpers is an epileptic.

Soiled linen is sent to the washhouse and steeped there if necessary before washing.

Classification.—There is no separation of deserving or undeserving nor of imbeciles. The imbeciles sleep on the ground flat, in the same rooms as other inmates.

Employment.—Occupations include garden working—vegetables, flowers, etc. The extent of the garden is about 1½ acres. Firewood is not made for sale but for use in the workhouse.

Visitors.—Of the fifty-three inmates only two ever have a visitor, and these two are not visited oftener than once in six months.

There are no periodical liberty days; inmates may have leave at any time. Among all the inmates only two go out to see their friends. Such visits on their part are occasional and for the afternoon.

I had interviews with the following men in the workhouse:—

Name.	Sex.	Age.	Occupation.	Remarks.
J. H.	M.	70	Tailor	Unmarried. Has a wooden leg. Came in first about six years ago. Is in and out, depending upon ability to get work outside. Has never had out-relief.
D. J.	M.	50	—	Blind. Lost his sight through injury, and has been in for many years. Was in a club which became bankrupt. Is unmarried. Has learned no handicraft.
D. W.	M.	77	Shopman	Blind owing to cataract. Was a shopman, and was operated on at Shrewsbury Eye Infirmary, but without good result. First came in twelve years ago. Was in and out for two years; permanently in since then. Unmarried. Never had out-relief.
R. B.	M.	56	General labourer.	Limbs deformed. Unmarried. Was in workhouse in childhood; left it at fourteen and came back aged forty-nine. In and out case.
R. J.	M.	80	Mason	Old age. Has been in for six years. Never had out-relief. Widower.
T. W.	M.	75	General labourer.	Bad foot, then injured eye. Was in Shrewsbury Eye Infirmary. Was married young and had services of district medical officer for himself and his children owing to small earnings and to inability for work on account of an injured hand. Came into the workhouse first about twelve years ago with bad foot, but went out again for some time afterwards.
D. M.	M.	55	General labourer.	Unmarried. One eye blind and the other defective. In and out for the last two years. No money nor medical out-relief.
J. W.	M.	77	Sawyer	Widower. Came in two years ago owing to broken shoulder. No out-relief—money nor medical.
J. H.	M.	72	General labourer.	Widower. In and out for many years, depending on whether work is obtainable outside.
J. J.	M.	87	General labourer.	Old age. In for four years. No out-relief—money nor medical.

Vagrant Department—for Males only.—There are six sleeping cells with labour cells opposite. Each sleeping cell has a single chair bed and mattress. An associate ward has six separate hammocks. There is a bathroom, but the iron bath has no safety key for the hot-water supply.

Sulphur fumigation is used for verminous clothing. Wet clothes are dried at a stove in the bathroom. There is a pail closet.

Stone-breaking is the only regular task, but the vagrants may do garden work or clean windows, etc. If there are more than twelve vagrants the surplus are sent to a common lodging-house.

Female vagrants are always sent to a common lodging-house, and the guardians pay for them there.

OUT RELIEF.

Llanfyllin Union is divided into three relieving officer's districts as follows:—

	Acreage.	Population, 1901.	Paupers in year ending March 25, 1906.
Llansantffraid - -	55,643	8,616	228
Llanrhaiadr - -	66,731	3,879	159
Llanfair - -	72,812	4,946	176
	195,186	16,991	563

The salaries paid to the relieving officers are £70, £55, and £65 respectively. There are five district medical officers, whose salaries are £65, £60, £65, £50, and £40 respectively.

Dieting of Children.—In this union I saw a good deal of defective dieting. The medical officer of health calls attention to bad dieting in his Annual Report for 1905. He there writes: "Most of the deaths recorded as due to convulsions, stomach derangement and general debility were caused by improper food and feeding. It is astonishing how ignorant young mothers are of the first principles of the feeding of infants. I have myself seen the deaths of two babies caused by convulsions brought on by feeding them with farmhouse bread soaked in hot water. It seems hopeless to attempt to educate the present race of mothers, and to overcome the ignorant traditions handed down to them. In my opinion this state of things can only be obviated by educating the rising generation of girls, during the period they attend school, in the principles of infant hygiene, and I hope the time will soon come when this subject will be taught to the girls in the upper classes of our elementary schools."

LLANSANTFFRAID RELIEVING OFFICER'S DISTRICT.

The relieving officer visits his whole area weekly. He is 12 miles distant from the furthest point, where there is only one pauper. He is 10 miles from the furthest village, which has eight paupers. Messages can be conveyed by foot or by post or by telegraph, the relieving officer paying for the telegrams and the guardians refunding the money. It is expected that a telephone service will soon be established. Llansantffraid is 6 miles from Llanfyllin, which is also in the relieving officer's district. There is good railway communication.

Llansantffraid Medical Officer's District.—The district medical officer, who lives at Llansantffraid is about 6 miles from his furthest pauper, and the great majority of the paupers are within 3 or 4 miles. For the more distant paupers there is available a surgery about 4 miles away from Llansantffraid, and medicine is dispensed from it.

The district medical officer gives very few extras.

There is a good deal of unrecorded medical relief, perhaps equalling about 15 per cent. of the recorded medical relief. The medical officer thinks that he does on the average £1 weekly of gratuitous medical work.

Boarded-out Children.—I saw three boarded-out children at Llansantffraid school—a boy aged eleven, and two girls aged nine and seven. The boy and the elder girl had very dirty feet. The girl was at Shrewsbury Eye Hospital, where her eyes were duly attended to, and she wears spectacles. The younger girl was clean. The intelligence of the children is up to the average.

Llanfyllin Medical Officer's District.—The Llanfyllin district medical officer is about sixteen miles from the furthest possible pauper and about eleven miles from the furthest actual pauper; he has a surgery at the village of Meifod, seven miles away, where medicines are made up. Messages come by foot messenger, post, or telegram. The postman sometimes carries medicines, and the district medical officer pays him, but has not asked the guardians to refund.

The district medical officer attends, if necessary, without an order from the relieving officer, but sends the applicant for an order afterwards if the attendance is to be prolonged or if extras are required. If only two or three visits are necessary—as in the case of tramps—he attends without any order being afterwards obtained. Also he

visits gratuitously many borderland patients who do not pay, but are never classed as paupers. He agrees with the Llansantffraid district medical officer that about £1 weekly will represent gratuitous work.

LLANRHAIADR RELIEVING OFFICER'S DISTRICT.

The relieving officer is ten miles away from the furthest pauper, and so also is the district medical officer. Though the distance is the same the district medical officer lives not at Llanrhaidr but at Llanfyllin, so that a pauper at Llanwddyn—which is the place ten miles off—would send directly to the district medical officer.

The bulk of the population is at Llanrhaidr where the relieving officer lives.

LLANFAIR RELIEVING OFFICER'S DISTRICT.

The distance of the relieving officer from the furthest pauper is 12 miles; from the two furthest away villages containing paupers it is 9 miles, but most of the paupers are within 5 miles. The district medical officer is in the same village as the relieving officer so that orders from him to the relieving officer are readily obtainable. The relieving officer visits every parish weekly and messages occasionally come by telegraph. In an urgent case a farmer would send a messenger on horseback.

The district medical officer has a surgery in a village 7 miles off and medicines may also be sent by the mail cart in the morning. The district medical officer carries with him concentrated drugs.

Though the district medical officer is in the same village with the relieving officer he attends many cases gratis without informing the relieving officer, partly to save the stigma of pauperism. He believes he sees more cases gratuitously than officially, and £1 a week in his opinion is too low an estimate of the unpaid work. He thinks there is no laxity in granting orders for his services. It is rare for medical relief to be given without money relief simultaneously, but that is largely due to the amount of medical charity. The present system is not repressive because poor people come readily to get free attendance without going to the relieving officer, whom some approach only when they want relief in money.

I heard of the following case:—

A farm labourer with a small holding and one cow had a wife and six children. The man died of phthisis last week. The district medical officer attended the household privately since 1900. The man's phthisis began with influenza only a year ago. Half way through his illness an application had to be made to the guardians for money relief and since then the doctor has continued to attend as district medical officer, getting, of course, no payment for previous attendance, as the people had no means. The widow had a baby born two days ago. The eldest of the six children is eleven years old. The rent of the holding is £12. This man's case would have been suitable for sanatorium treatment. The guardians do not subscribe to a sanatorium. In this connection it may be added that the Rural District Council do nothing with regard to phthisis, do not examine sputum nor provide disinfectants, though phthisis is prevalent in the locality.

Notes on Outdoor Cases.

The following outdoor cases were noted in Llanfyllin Union, in addition to cases transferred to the General Report.

Sex.	Age.	Occupation or Condition.	Remarks.
M.	70	Butler	Unmarried. Has lumbago and rheumatism of feet. This man lost £2,500 in an American railway in which he had invested his money. He kept his father and mother for seven or eight years before his loss. He is a well-spoken man who gets from the guardians 3s. 6d. weekly, which just pays for his lodging, and he gets private charity for his maintenance from former employers.
F.	70	—	Are two old women who have been induced to live together and attend to each other. They quarrel frequently, but make it up again and do not part.
F.	87	—	
F.	55	Spinster	Unmarried. Lives with brother who was a small farmer, but was sold up lately. The sister suffers from rheumatoid arthritis and is attended to by her brother. They receive 4s. from the guardians. The rent is £6 10s. and the house is clean and tidy. It looks as if they must have means independently of Poor Law relief.

Sex.	Age.	Occupation or Condition.	Remarks.
F.	43	Widow.	A widow with five children, aged six to eleven. Husband died six years ago, aged thirty-seven, from fracture of leg. He was a general labourer. The guardians give 7s. a week. The house and the children are very clean. The youngest child was three months old when the father died, and is hydrocephalic, with bad headaches. The others are healthy. About a quart and a half of skimmed milk daily is used; porridge hardly ever given. Oatmeal gruel about fortnightly; potatoes frequently, broth occasionally, meat very seldom. Tea and white bread regularly. The mother goes out washing and charing. These children are being underfed, apparently owing to want of means.
F.	30	—	A deaf, but not dumb, girl, whose father was drowned and whose mother died of phthisis. She lives by herself in house of two apartments provided out of almshouse funds. She is neatly dressed and clean, and does some sewing and goes out walking. She was in domestic service before she became deaf. There seems no reason why this girl should not do a good deal more to maintain herself.
F.	48	Widow.	A widow with four children, aged six to thirteen. Husband died three years ago, aged forty-five, from consumption. He was a general labourer and was ill for nine months. He slept with his wife, spat into handkerchiefs and apparently used no precautions, but no infection has shown itself up till now. The widow receives 5s. weekly from the guardians. The eldest girl, aged thirteen, has bad teeth and verminous hair. The second girl's teeth are good, but her hair is dirty and her feet are exceedingly dirty. The bedroom is clean. About three quarts of skimmed milk are drunk daily in the house. No porridge is made. Breakfast consists of white bread and butter with milk or tea. Dinner taken at school is a piece of bread and butter. At 5 o'clock, tea, occasionally broth made from bacon; potatoes and bacon very seldom.
M.	70	Gamekeeper.	Was a gamekeeper and had a "stroke" about twenty years ago. His wife is younger than himself and goes out cooking, but comes home to nurse him if he is ill. He is said to drink a good deal. The guardians gave him 5s. weekly, but reduced it to 3s., and then a local guardian made up the deficiency. This is a case for the workhouse test.
F.	—	Widow.	Widow with four children. Father was asthmatic and died five years ago from paralysis. Widow does washing and charing. Elder daughter, aged twenty-four, has had rheumatic fever twice and is at home with the disease. The diet consists of bacon and tea; a meat dinner three or four times a week; broth at night, and a pint of milk for the family daily. The house is clean.
M	55	Hawker	A cripple. First received relief thirty years ago. Illness is said to have begun with apoplexy. Lives in a common lodging-house; receives 3s. a week from the guardians and drinks a good deal. Workhouse test should be applied.
F.	5	—	Boarded-out child. Mother dead. Whereabouts of father unknown. Lives with old woman, who gets only 2s. a week from guardians and 5s. quarterly for clothing. Foster-mother very fond of child and would rather keep her at 2s. than have her taken away. The child is clean. Has a bath weekly. Sleeps with the old woman. Gets plenty of milk. Breakfast, tea, bacon, bread and butter. Dinner (midday), potatoes and meat sometimes. At 4 p.m., tea, bread and butter; at 8 p.m., hot milk, bread and butter. The foster-mother was the father's aunt.
F M. F.	12 10 6		Boarded-out Children.—The family live with aunt. Three children: a girl aged twelve, a boy aged ten, and a girl aged six. The latter two sleep together. The parents died of phthisis, the father five years ago, the mother three years ago. The guardians allow 9s. weekly besides 15s. quarterly for clothing. The diet consists of breakfast—tea, bread and butter; dinner—potatoes, sometimes meat or dumpling or rice pudding. At four o'clock tea and bread. For supper a bread and butter pudding with milk. About a pint of sweet milk daily for the family and sometimes skimmed milk besides. Porridge hardly ever. Children with such a family history should be very well fed.

Sex.	Age.	Occupation or Condition.	Remarks.
M	76	Brickwork labourer	Met with an accident five or six years ago, and was treated in Ruabon Hospital. Was in a club at Ruabon which broke up long ago. Has received 3s. weekly from the guardians since his accident. Is a widower and lives alone. House is attended to by neighbours, and son comes home often to see him.
M.	6	—	Boarded-out with aunt, who gets 3s. weekly and 5s. quarterly for clothing. The child is fairly nourished and clean. His breakfast is bread and milk, or meat, broth, or cocoa—seldom tea; his dinner, pudding, potatoes, etc.; at 4 p.m., tea and white bread and butter or jam; at supper, bread and milk. His bedroom is clean and the window is open.
F.	47	Widow	Spinal curvature. Is the second wife of a man who died two months ago, aged eighty. Lives alone; keeps a clean house. Gets 3s. 6d. a week temporarily from guardians; it will be reduced to 2s. or 2s. 6d. Gets £2 a year for cleaning chapel. Rent £3 yearly. No family.
[M. M.	92 80	—	These two old men are brothers-in-law living together in charge of the wife of one of them, who is much younger. The guardians give 4s. to each of the two. The three inmates of the house sleep in one room. The house is exceedingly dirty, especially the bedroom, but they all seem happy.
F.	80	Widow	Suffers from rheumatism. Receives 3s. 6d. from guardians, and son pays rent. Is attended by her daughter, who lives next door. The house and the bed are very clean, and the old woman and daughter would strongly object to be parted. It would be a great hardship to remove her to the workhouse.
F.	76	Widow.	Husband died thirty-one years ago, probably from consumption, but none of the family are consumptive. Has 3s. from guardians, and sons give help, one paying 1s. a week to the guardians and the other paying the rent. The old woman lives alone, and the house is clean.
F ₂	87	Widow	Old age. A granddaughter came home from service to attend four years ago, and will not return to service whilst the old woman lives. The house is very clean. The guardians give 5s. weekly. Two sons refund 1s. each weekly, but one of them is at present excused owing to his having been injured in an accident.
F.	72	Widow	Gets 2s. weekly from guardians; rent 1s. 6d. weekly. Lives with son and brother. The son is a mason, unmarried; earns about 4s. daily, but work is irregular owing to weather. The son with his wage would be able to keep a wife, and should keep his mother, but it appears that he was formerly intemperate, and is very steady now, and the guardians want to encourage him, and so give 2s. weekly. The brother is aged seventy-eight, and is a mason; still does some work and gets no relief from the guardians. He had 2s. 6d. weekly, but drank, and the money was withdrawn; was offered the workhouse, but he refused.
F.	39	Deserted Wife	Married and deserted by husband. Has three children, and keeps house for brother. Gets 1s. each for the three children from the guardians. The children's breakfast is tea, bread and butter; at midday, bread and milk, or meat, broth or porridge, or tea, bread and butter; at 4 p.m., tea, bread and butter; eight o'clock, butter-milk, bread and butter. The total milk used is four quarts weekly for the three children, the milk being skimmed. Potatoes very seldom.
F.	70	Widow	Lives alone; is too feeble to work; keeps very clean house. Gets 3s. 6d. from guardians and aid from sons. Rent £3. Husband was butcher—died thirty years ago; was intemperate. Had nine children, most of whom died in infancy, but three are still living.
F.	60	Widow	Not strong. No family. Very clean house. Sews a little. Gets 2s. 6d. from guardians, also private charity. Rent £3.
F.	64	Widow	Lives alone. Partly crippled, but stout and well-coloured. Does charing or helps neighbours in housework. Has been a widow for twelve years. Husband was a farm labourer and died of influenza. One son living who gives help. Guardians give 2s. weekly. Rent £3 10s.
F.	84	Widow	Old age. Husband died in asylum thirty years ago. Guardians give 4s. and two sons give aid. Rent 1s. weekly. Lives alone and keeps her house clean.
F.	79	Widow	Husband died eight weeks ago. Has five children, three married daughters, one unmarried daughter, and one married son who is a labourer and has a wife in delicate health. Gets 3s. weekly from the guardians, and the children help. She keeps a very clean house and the children come regularly to see her.

Sex.	Age.	Occupation or Condition.	Remarks.
F.	45	Spinster	Liver complaint. A single woman. Does a little charing. Attends to her house. Gets some local charity and 3s. weekly from the guardians. Rent 1s. weekly. Ailing every winter for the past six years.
F.	58	Widow	Rheumatoid arthritis. Husband, a labourer, died two years ago, aged fifty-two, from dropsy. Widow had three attacks of rheumatic fever in early life and suffers when weather is wet. Is unfit to work. Gets 2s. weekly from guardians, and two sons give 2s. each. Rent 1s. weekly.
F.	—	Widow	Widow with three children, aged twelve, nine and seven. Gets 4s. weekly from the guardians. The children are clean, but the teeth of all three need attention. Breakfast—tea, milk and bread; dinner—(carried to school) bread and milk; 4 p.m. potatoes and pudding; supper—porridge and milk. The mother keeps a cow. Children seen at school.
F.	38	Widow	Husband was a carpenter, — died six years ago, aged thirty-one, from abscess. Five children, seven to sixteen years old, three at home. I saw one of them who had enlarged tonsils and bad teeth. Breakfast—meat broth, or bone broth, or bacon, and tea. bread and butter,—often brown bread. Midday:—bacon and potatoes or buttermilk and potatoes. Four o'clock:—tea, bread and dripping. Supper:—porridge and milk or pudding. The household get one quart of skimmed milk daily. The bedroom windows are open.
F.	72	Widow	Husband died seventeen years ago. He was a small farmer, and widow was able to maintain herself until a year ago, partly with what her husband left and partly by keeping lodgers. She still does a little work and gets 3s. weekly from the guardians. She has no family.
F.	40	Widow	Has three dependent children and four older children. Husband died three years ago, aged forty-eight, from liver disease. Widow gets 4s. from guardians and the elder children help. A boy, aged nine, is rather hydrocephalic and backward at school; the others are normal. Breakfast—tea, white bread and butter; midday—rice pudding and milk; 4 p.m.—tea, white bread and butter; supper—rice pudding or bread and milk. Gets two quarts skimmed milk daily for a penny; meat two or three times weekly; broth occasionally.
F.	40	Widow	Has five children, aged four to thirteen. Husband died a year ago, aged forty-two, from heart disease. Widow is pale and weak—apparently heart disease also. Children's diet: Breakfast—milk and white bread; midday—potatoes, occasionally meat, bread and butter; 4 o'clock—tea, bread and butter; supper—milk, bread and butter, sometimes rice pudding. Gets a quart of skimmed and half pint of new milk daily.
M.	74	Bachelor	Was a tailor. Has been unfit for work for fifteen years owing to bad eyesight. Gets 3s. 6d. weekly from guardians and help from neighbours and from chapel. Rent 10d. weekly. Cooks his own food—chiefly tea—also potatoes and meat; porridge with sugar or butter; hardly any milk. Is very pale and thin, but intelligent and tidy, and keeps a very clean house—as clean as a woman could keep it.

APPENDIX XI.

CAERSWS, FORDEN AND MACHYNLLETH WORKHOUSES, MONTGOMERYSHIRE.

After completing my inspection of Llanfyllin Union I visited these three workhouses in connection with projects for re-arrangement of the Montgomeryshire institutions, but made no outdoor inspections in the unions to which they belong. Llanfyllin is also in Montgomeryshire.

CAERSWS WORKHOUSE, BELONGING TO NEWTOWN AND LLANIDLOES UNION.

The area of Newtown and Llanidloes Union is 176,157 acres, and its population 21,118.

Caersws Workhouse is pleasantly situated within a mile of the village of Caersws. Its situation is very

suitable for a sanatorium. It seems to have been built for 450 inmates, when lower standards of cubic space prevailed. The actual beds in it now are 100.

The building was erected perhaps about seventy years ago, and has been obviously designed from the beginning for a workhouse. It has had hardly any internal alterations since then, but about seven years ago some walls separating the various yards were cleared away and some wooden partitions erected inside the house to subdivide needlessly large apartments. At the same time the laundry was partly renovated, a new drying closet and drying horses having been provided. The laundry, however, is still furnished with old portable washing tubs.

Structural Arrangement.—The workhouse is a building of a crucial shape with outbuildings more or less surrounding it. Enclosed between the outbuildings and the main structure are four airing wards for inmates. The main buildings are all of three stories. The centre of the cross-shaped building is four storied and its top flat contains the water tank and various store rooms. Throughout the buildings the walls are of brick, not lathed nor plastered, but colour-washed on the inner surface.

Floors.—Most of the apartments on the ground flat have a floor of pavement brick, but the women's sick ward and its day room, the men's sick ward and day room, and the children's day room (which is vacant at present), have wooden floors. The able-bodied women's day room has a brick floor.

Ventilation.—With the exception of the receiving wards all the rooms on the ground floor have cross-ventilation. The receiving wards have no windows on the side adjoining the public road, but the infirm men's dormitory has iron barred opening windows abutting on the same road.

The dormitories are on the first floor and have structural convenience for cross ventilation so far as number and position of windows is concerned. But only one-fifth of the total area of each window is intended to open. The opening is effected by horizontal hinges and the arrangement in many of the windows is not under proper control. On this floor the windows reach to within a few inches of the ceiling. Their sill is about 4 feet from the floor level.

The windows on the ground floor are similar to those on the first floor.

On the top floor the windows are about 2 feet from the wall head, and above that there are about 2 feet of splay roofing. Small openings in the ceiling are intended to improve the ventilation, but they are insufficient.

Water Supply for the institution is pumped from a private well, by horse and hand labour, into a cistern at the top of the house. There is, however, no hot water

supply on the top floor, which is in the meantime unoccupied. Both the mid-floor and the ground floor have a hot water supply, but at present it is out of order, and its renovation is being considered.

Heating all through the institution is by open fire-places.

Number of Inmates.

The statistical return for the week preceding my visit shows the inmates to have been as follows:—

Men not able-bodied	-	-	-	24
Women not able-bodied	-	-	-	9
Men temporarily disabled	-	-	-	12
Women temporarily disabled	-	-	-	12
Youths aged 9 to 16	-	-	-	2
Boys aged 2 to 9	-	-	-	3
Girls aged 9 to 16	-	-	-	2
Infants under 2 years old	-	-	-	2
				—

The total inmates were, therefore - 66

They include twelve imbeciles or idiots.

The vagrants during the week preceding my inspection were fifty-seven, consisting of fifty-two men, four women and one child.

Sick Wards.

The diseases of the inmates were not entered in the medical relief book, but the wards were occupied as follow:—

Men.—The men's ward on the ground floor by men aged eighty-nine, eighty-seven, eighty and eighty-five; three of them in bed, one able to be up; and by a mental case, aged thirty-nine, not confined to bed.

On the upper floor none of the inmates were confined to bed. They consisted of three men, aged eighty-three, sixty, and seventy-seven, and an idiot aged thirty-three. The man aged sixty is an imbecile and has hernia; the man aged seventy-seven has also hernia.

Two boys, aged twelve and thirteen respectively, sleep in the upper sick ward. One of them is more or less of an imbecile. Both are at school. The imbecile is much brighter mentally since he went to school. He is rather popular with the children, who do not bully him. He was sent to school on the recommendation of the workhouse medical officer.

In the men's sick wards there are some spring mattresses and some wooden beds with iron supports.

Women.—There are two sick wards for women, one on the ground floor, and the other on the first floor. One of them has good spring mattresses, the other has wooden beds and iron supports. In this respect they resemble the men's sick wards, and also the dormitories generally.

The women's sick wards on the ground floor have nine inmates, as follow:—

Name.	Age.	Remarks.
Three sisters.	29 22 14	Two are imbecile and epileptic, and the third partially paralysed.
A. M.	20	
M. J.	22	
A. B.	71	Imbecile.
S. J.	70	Old age.
S. M.	50	Imbecile.
M. P.	62	Weakminded. Acts as wardswoman.

None of the above are bedridden, but two of the epileptics are kept in bed when the time for their periodical attacks approaches.

In the female ward on the upper floor there are six women of whom four are bedridden.

One, aged sixty-five, has an ulcerated leg and chronic bronchitis; another, aged seventy-nine, is a case of old age; another, aged seventy, is a case of debility and heart disease; another, aged sixty-seven, is a case of spinal disease. The two who are not bedridden are a blind woman, aged sixty-five, and the wardswoman, aged fifty-two, who has a weak heart.

The men's sick ward and the women's sick ward are as far apart from each other as the buildings will allow and there is no covered way between them, so that attendance at nights and on wet days is inconvenient. There are many empty apartments which could be used to obviate this inconvenience.

Poisons.—In the sick wards with one exception poisons are kept in a locked box inside a locked press.

Lying-in Department.—The linen is kept in a press in the ward and is properly marked. The ward has no water-closet and no convenient bath, a portable bath and night commode being used.

The Fever Hospital has two wards for women and two for men. The accommodation is ample and the windows are large, but there is no cross-ventilation in one of the men's wards. The women's wards have a bath with hot and cold water. The men's wards have a portable bath.

Classification.

There is no separation of imbeciles from the other inmates and no distinction between deserving and undeserving, but it is said that the deserving get out-relief and the undeserving are sent into the workhouse, so that all the inmates of the workhouse are undeserving in some degree.

Married couples have a room provided for them when they come in.

Further Details.

The workhouse is very clean. I saw three children aged thirteen, three, and three respectively; all were clean.

The mortuary is dark.

There are no water beds in the whole workhouse, and one old man has had a bed sore for three months. It is healing now notwithstanding the absence of a water bed.

The fireplaces are provided with fireguards throughout.

In the bath rooms none of the hot-water taps are protected by safety keys.

All but two of the water closets were renovated seven years ago, pedestal closets being introduced. Two have still a boxed-in apparatus.

There is a padded room for lunatics, but it has a hard wooden floor and the padding on the walls is only about 5½ feet high.

Bread is weighed out to 4 ozs and added to if necessary. The workhouse bread is baked in the institution. The plates for a hot dinner were not heated. There is a good meat store. Dripping is used for making pies.

Two cows are kept. They have an excellent byre. As it was summer time they were out. There is a good henhouse and stable.

Interviews.

I interviewed the following inmates:—

Name.	Sex.	Age.	Occupation.	Remarks.
J. G.	M.	78	Moulder	Single man. Inmate for three years. No previous out-relief.
R. P.	M.	67	Labourer	Cripple. Single man. Inmate since 1895. Had out-relief in money three years before coming in, but no medical attendance.
W. J.	M.	80	Spinner	Widower. In and out for three years, owing to badly-set fracture of leg. No previous out-relief.
W. G.	M.	77	Labourer	Rheumatism. In for past three years. No out-relief.
J. J.	M.	75	Bricklayer	Old age and no work. Came in six months ago. No out-relief.
B. J.	M.	65	Farm labourer.	Asthma. In and out for many years. No out-relief.
C. O.	M.	79	—	Old age. No out-relief.
H. C.	M.	—	—	No out-relief. Has been in workhouse for six months.

Visitors.

I made enquiries regarding these. Thirty-one of the inmates have visitors and thirty-five have none.

The population of the union was 21,118 in 1901; and Newtown and Llanidloes between them have populations

of over 9,000. These towns are both on the main railway line—six and eight miles off respectively—and the great majority of the visitors to the workhouse are from the two towns. Inmates who come from places inconveniently situated as regards railway have few visitors.

The following are notes regarding the visitors:—

Name.	Sex.	Age.	Remarks.
M. M. and her daughter S. M.	F.	—	One visitor quarterly.
S. J.	F.	—	Is called on yearly by a guardian who is an old neighbour.
A. P.	F.	—	Imbecile; has no relatives, but is called on about once a year by an occasional neighbour from Newtown.
The J. family of four children	—	—	Certified imbeciles; are visited quarterly by their father.
R. P.	M.	80	Is visited yearly by his son, and quarterly by two friends.
E. J.	F.	47	One visitor yearly.
W. B.	M.	74	Two nephews quarterly.
D. E.	M.	95	Two visitors half-yearly.
M. J.	F.	20	Imbecile. Father and two other visitors yearly.

Name.	Sex.	Age.	Remarks.
R. E.	M.	56	Imbecile. One old neighbour yearly.
A. P.	F.	73	Son about once in five years.
M. T.	F.	56	Son, who was reared in workhouse, calls fortnightly.
M. R.	M.	46	Sister-in-law quarterly.
R. M.	M.	39	Sister quarterly.
M. R.	F.	70	Son yearly.
T. P.	M.	80	Niece half-yearly.
W. P.	M.	74	Son quarterly.
J. G.	M.	40	Sister monthly.
H. J. and T. J.	M. M.	70 65	Brothers. Sister calls half-yearly.
J. J.	M.	75	Daughter-in-law quarterly.
F. W.	F.	21	Uncle and aunt quarterly.
E. E.	F.	32	Aunt quarterly.
J. J.	F.	70	Daughter monthly.
J. A.	M.	76	Admitted two months before the date of my inspection. Nephew has called once.
C. O.	M.	78	Admitted two months before the date of my inspection. Son has called once.

With reference to liberty days I understand from information furnished me by the master that inmates who wish to visit their friends receive permission from the guardians to do so. The usual leave of absence is from three to seven days. Twenty of the men and two or three of the women avail themselves of this permission three times annually on an average.

Vagrant Department.

Male vagrants sleep on wooden platforms without partitions and without mattresses. Sometimes a decent man looking for work is put into a bed in the receiving ward; otherwise he has to sleep on a platform with the tramps. There is no sufficient drying arrangement for wet clothing, which is merely hung in front of a small fire. Verminous clothing is treated by sulphur fumigation.

The women tramps have two double beds with wooden frames on iron supports.

The chief tramp labour is oakum-picking. There is no quarry near at hand to furnish material for stonebreaking, and there would be no market for the stones. Work in the garden is also done.

Firewood making is not done by tramps, but by the inmates, or by an old tramp too feeble for oakum-picking.

There used to be a kibbling mill here for corn grinding by tramp labour, but it was given up long ago.

The workhouse has 5 acres of ground attached to it, which gives employment to inmates and tramp labour. In the village also the workhouse has 5 acres of grazing ground.

FORDEN WORKHOUSE.

I made only a brief call here.

Fornden Workhouse belongs to Fornden Union, which has an acreage of 89,738 and a population of 14,844. The Local Government Directory gives its accommodation as being 200 beds. In the county it is, I was told, regarded as being capable of receiving 400 inmates. At the time of my inspection it had 126 inmates and had a very great deal of spare room. The workhouse gives accommodation to a number of lunatics from Bicton Asylum, as well as to ordinary paupers. A large area of ground belongs to the institution. It was erected as a house of industry over a century ago, but looks surprisingly modern. This is largely due to a renovation which it underwent about forty years ago. It is a large three storied brick building, with a main front, and two wings projecting backwards, one from either end. The house is about 40 feet wide, which is obviously too great to have only a single apartment between the front and the back wall;

ventilation is therefore defective, there being two suites of apartments in the depth of the building from front to back.

The ground floor contains the board room, offices, dining hall, kitchen, day rooms for inmates who use the dormitories on the mid-floor, lunatics' dining and sitting room, etc. In annexes there are a chapel and receiving wards at one end and vagrants' accommodation, washhouse, stable, piggeries, etc., at the other end.

On the first floor are dormitories for girls, boys, lunatics, men and women, also master's bedrooms and store rooms.

On the top flat are the male and female sick wards, day rooms belonging to the sick wards, lying-in-ward, some dormitories, and married couples' quarters, if required.

Good plans of the whole building are hung up on the wall of the relieving officer's room.

The inmates in the previous week were as follows:—

Men (not able-bodied)	-	-	-	53
Women (not able-bodied)	-	-	-	19
				72
Women in health	-	-	-	2
Youths aged 9 to 16	-	-	-	6
Girls aged 9 to 16	-	-	-	4
" " 2 " 9	-	-	-	1
Infants under 2 years	-	-	-	2
Imbeciles or idiots	-	-	-	10
Lunatics from Bicton	-	-	-	25
				50
Total	-	-	-	122

The vagrants during the week consisted of 117 men and nine women.

I took the opportunity of ascertaining the facts as to visitors to the inmates. Of the 126 inmates, only six have any visitors:—

B. C. (F.) One visitor quarterly.

C. P. (F.) One about half-yearly.

A. J. (F.) One about half-yearly.

S. B. (M.) One, twice or thrice yearly, the visitor being a former inmate who takes the opportunity to come back on a holiday.

W. M. (M.) and A. M. (F.) No visitors now, but formerly one every fortnight. The other 120 inmates have no visitors.

There are no fixed liberty days at Fornden Workhouse, but during twelve months fourteen inmates had leave from the Board to go out for periods varying from two to seven days. In addition the master grants leave of absence to any well-behaved inmate for a day or a few

hours as may be requested. Such requests, however, are comparatively seldom made.

I did not make any elaborate inspection of this workhouse, having visited it only, as already stated, on account of a proposal for combination of the Montgomeryshire institutions; but my visit was made in the evening, when nearly all the inmates were in bed, and I was struck by the want of ventilation of the sleeping apartments, not merely because the place is difficult to ventilate owing to its structure, but also because the existing means of ventilation were not in use, nearly all the windows being quite closed.

In Forden Workhouse the ceilings are of a good height, and the windows are large. Many of the floors are much worn, and as already mentioned, the width of the building and the arrangement of the rooms make ventilation difficult; but the difficulty is not at all insuperable, and it would be practicable to renovate this place and bring it well up to date in every essential respect. It has the structural elements of a very satisfactory institution and is situated quite in the country with an abundance of fresh air round it. It does not adjoin any village, but is within a short distance of a railway station on the main line of the Cambrian Railway.

MACHYNLETH WORKHOUSE BELONGING TO MACHYNLETH UNION.

Here also I made only a brief inspection.

The workhouse was built in 1861. It is in the town of Machynlleth. It is a small institution having accommodation only for sixty, and the present number of inmates is twenty-six. These are classified as follows:—

Adults not able-bodied:—

Men	8
Women	11
	19

Able-bodied:—

Women	3
Boys, 8 to 16 years old	2
Girls	1
Infants under 3	1
	26

Of the twenty-six inmates six are imbeciles—a man and five women.

Sick Wards.—The women's sick ward is on the ground flat. Its dimensions are:—15 feet by 12 feet by 10 feet = $1,800 \div 4 = 450$ cubic feet. The ward is much overcrowded. It has cross ventilation by a sashed and double hung window on one side and two hinged windows on the other side.

The men's sick ward is similar, but there are no sick at present and the ward contains only two beds which are used by ordinary inmates. The cubic space per bed therefore, is 900 feet.

The lying-in ward is clean. A portable bath is used. A certificated midwife is sent for when a case occurs, and the workhouse medical officer is only summoned if the midwife thinks it necessary.

Linen Store.—The lying-in linen is not separately marked, but there are few confinement cases. There are only about two sheets per bed and no draw sheets. The sheets are too small, being about 6 feet long by 4 feet wide. The store has no inventory of its contents.

Dormitories.

The men's dormitory has cross ventilation at the two ends but not at the two sides. There is a fire escape from a window.

There are two of these dormitories at different ends of the house.

The women's day-room is a good room. Its occupants include imbeciles as well as other cases.

The girls' dormitory is a room of good dimensions and has three large sashed windows on one side, but on the other side a corridor interferes with proper cross ventilation. The three large windows referred to open only in their upper half, the lower sash being fixed with a view to prevent accidents.

Another dormitory, used by two women and two little boys, has similar ventilation.

Iron bedsteads are provided throughout the institution with straw beds laid on cocoanut matting.

The various wards are fitted with electric bells.

The institution is provided with fire guards, but they are not in use, being regarded as unnecessary.

The bathroom for the male inmates contains a good glazed earthenware bath, but has no safety key for the hot-water supply. The women's bathroom is similar. Bathing rules are hung up in the bathrooms.

There is a very good dining-hall.

The food stores are clean, but milk is kept in a flat open dish.

Bread for the house is purchased outside and is brought in after sufficient interval to prevent loss of weight.

The children have no tooth brushes.

The mortuary is a well-lit room and has two shelves on which coffins can be laid.

Visitors.—Of the twenty-six inmates at present twenty-one have no visitors; the other five are visited as follows:—

Name.	Sex.	Age.	Remarks.
J. J.	F.	40	Daughter calls weekly.
E. W.	F.	66	One or two friends call monthly.
D. D.	M.	84	Son calls about annually.
J. J.	M.	20	Epileptic. Has two or three visitors quarterly.
G. E.	M.	20	Deaf and dumb. Mother calls every two months.

There are now no periodical liberty days at Machynlleth Workhouse, though some years ago Wednesdays and Saturdays were days for out-visiting by inmates. On Sundays inmates who are able and wishful may go out to Divine Service, and no reasonable application for leave on week-days is ever refused.

The master knows only one inmate who had any kind of out-relief before coming into the house; that inmate had relief in kind and medical relief.

Vagrant Department.

In the male vagrant department there are six cells each with a straw mattress on a small wooden platform. There is also one associated ward with a common platform, but it is used only when there are more than six inmates, which does not occur very often. The platform is not divided by any partitions. The sleeping cells are attached to stone-breaking cells.

In the women's vagrant ward there are three iron bedsteads, but if there chanced to be more than three inmates two would have to sleep in one bed though it is only 4 feet wide. The women's vagrant ward opens into the female inmates' ward, but the vagrants are not allowed to enter the ward.

There is a bath with hot and cold water, but the hot-water tap is not protected by a safety key.

There is also a drying stove for wet clothing, but there is no arrangement for fumigation or treatment of the verminous or infected clothing.

The total vagrants for the week ending June 29th were forty-eight, being forty-five men and three women.

APPENDIX No. XII.

FAREHAM UNION, HANTS.

As mentioned at p. 10, I did not visit Fareham Union, but it was inspected for me by Dr. Joseph William Gill. I have gone over Dr. Gill's Report and notes, have arranged the items as nearly as practicable in the same general order as in the reports on the unions which I visited personally, and have made some observations on certain points.

Area of union, 36,650 acres; population, Census (1901), 21,176; parishes, 11; guardians, 23. On November 9th, 1904, part of the parish of Cosham was transferred to Portsmouth. Making allowance for this reduction, the Census population of the parishes was:—

1. Boarhunt	352
2. Cosham	2,098
3. Crofton	1,731
4. Fareham	8,245
5. Hook-with-Warsash	989
6. Portchester	888
7. Rowner	374
8. Sarisbury	2,441
9. Southwick	561
10. Titchfield	1,569
11. Wickham	1,162
Total	20,410

The population of the union, as estimated at intercensus periods was—

1885.	1895.	1905.
17,720	19,910	21,295.

The increase of population is due in some measure to the residential proximity to Portsmouth and Gosport.

The number of persons over sixty years old per 1,000 of population, was 101 in Fareham Union and 87 in Hampshire. The proportion though large, does not reach such a high point as in Wiltshire, Dorset, Devon and Cornwall.

The rateable value per head of population was, in Fareham Union, £5 18s. in 1904, and in Hampshire, £5 7s.

Occupations and Wages.—The inhabitants of this area are employed mostly in agriculture, and of recent years there has been a great deal done in strawberry growing, so that in the strawberry season large numbers of men, women and children find employment in picking the fruit. The pay for piece-work is 1½d. per basket filled, and some can earn several shillings per day. Men on day work in the strawberry picking earn 3s. to 4s., women 2s. to 2s. 6d. In addition to the above there are tanneries in Fareham employing about fifty men, the wages ranging from 17s. to 25s. weekly. There is also a tannery in Titchfield employing about twenty men. Besides this one grocer in Fareham employs about thirty.

There are also brick-making and pottery works employing about another 100 men, who earn about 20s. weekly

in winter and 30s. in summer. The wages of the agricultural labourer average about 14s. weekly, with house and garden, married men being usually required. Single men living-in would get about £16 per year.

The general aspect of the country is that of quiet prosperity. There are a number of small freeholders in the Sarisbury district and, according to the clerk, the friendly societies give every encouragement by way of advancing money to deserving members for the purchase of either land or buildings.

Friendly Societies.—The membership is about the following—

1. Foresters, 900 males, 300 juveniles (mixed).
2. Oddfellows, 550 males, 100 females, juveniles, 300 (mixed).
3. Shepherds, 236.

In connection with the Foresters there is a medical aid society, and there is also a tent of Rechabites. Female friendly societies have recently been formed.

Charities.—The guardians subscribe to nearly all local charities. Their subscriptions are—

	£	s.	d.
Fareham Nursing Guild (outdoor)	2	0	0
Winchester Royal Hospital	5	5	0
Portsmouth Royal Hospital	10	10	0
Portsmouth Eye and Ear Infirmary	3	3	0
Southampton Eye and Ear Infirmary	3	3	0
National Society for Prevention of Cruelty to Children	4	4	0
Total	28	5	0

In Fareham there is Price's Charity of £190, distributed among widows over a certain age, who have lived a certain time in the town.

Then there is a Coal Club, managed by the vicar and churchwardens in the town of Fareham.

District Nurses.—In Fareham and Cosham there are district nurses who attend all poor people (paupers or otherwise), the guardians subscribing to the fund £2 per year as above noted.

Statistics of Pauperism.

The total number of paupers per 1,000 of population as given in statistics furnished to me by the Commission was:—

1875.	1885.	1895.	1905.
57	49	44	35

This shows a very steady diminution, though the rate is not yet a low one.

The total number of indoor and outdoor paupers relieved, and the proportions to population have been as follows from 1896 to 1906 inclusive, but the figures are not strictly comparable because on November 9th, 1904, as already noted, part of the parish of Cosham was transferred to Portsmouth:—

Years.	Rateable Value. 1st January.	Paupers relieved on First January, excluding Lunatics.			Proportion of the Paupers relieved to Population. One in—
		Indoor.	Outdoor.	Totals.	
	£				
1896	90,116	126	804	930	20
1897	90,929	168	789	957	20
1898	95,503	160	653	813	23
1899	109,765	162	694	856	22
1900	109,940	152	690	842	23
1901	111,073	135	709	844	25
1902	111,687	157	697	854	25
1903	112,499	146	682	828	25
1904	113,807	157	638	795	26
1905	110,586	147	608	755	27
1906	114,893	168	614	782	26

The percentage of outdoor paupers to total paupers has been:—

1875.	1885.	1895.	1905.
87	83	80	82

There is little change here.

The annual cost per pauper in 1904-5 was £14 2s., and the expenditure per head of population was:—

1881-2.	1891-2.	1901-2.	1904-5.
8s. 6d.	8s. 9d.	10s. 11d.	10s. 11d.

FAREHAM WORKHOUSE.

The workhouse is situated on a hill about one mile from the town. Facing the road is the front entrance which communicates with the board room. It has a fine garden of about $4\frac{1}{2}$ acres. The master's apartments are situated in the centre of the building, and from his rooms passages radiate to all the wards and dormitories.

The table of cubic space given on another page relates to 154 beds, exclusive of tramp accommodation.* On July 4th, 1907, the number of inmates was 109. From the *Guardians' Abstract* issued in 1907, I take the following table of workhouse admissions and discharges during the year ending December 31st, 1905.

In the House on January 1st, 1905	-	120
Add admissions during the year (including eight births)	-	178
		298
Deduct discharges during the year (including twenty-six deaths)	-	162
		136
Remaining in House on January 1st, 1906	-	136
Adult males	-	92
Adult females	-	35
Children under sixteen	-	9
		136

Note.—Many of the admissions and discharges relate to "in and out" paupers.

The water supply of the institution is inconvenient. The sick wards are in the workhouse buildings, there being no separate infirmary.

The *Staff* consists of a master and matron; head nurse who controls the infirmary; porter who also attends to the vagrants' department; two ward-maids who assist the head nurse; two attendants for the aged and deserving; an engineer; a laundress.

On the day of inspection there were 108 inmates.

INFIRMARY.

Generally speaking, without going into minute details, the cleanliness, light and order are very satisfactory. The wards and linen are very clean.

The medical officer lives about three quarters of a mile away. His house is connected with the workhouse by telephone. He visits the infirmary nearly every day, and twice if necessary, and has a deputy to act in absence or illness.

Ward A., Male.—Dimensions: 35.6 feet by 16.9 feet by 8.9 feet = 5,203 feet ÷ 9 = 578 cubic feet per bed. Lighted by eight windows open top and bottom, allowing good cross ventilation. There is an open chimney at each end, unguarded. This ward is on first floor; and contains at present six bedridden cases. Lighted by electric light, as indeed is the whole infirmary. An electric bell communicates with the nurse's room. The beds have wood-wool mattresses and feather pillows.

In this ward is a case of phthisis—a man aged fifty-eight who seems to be getting gradually worse. He lies upon a properly filled water bed. He is placed in such a position in the ward that he gets ample fresh air from the open windows. He has been ill two years and in the infirmary nine months. His expectoration is deposited in a spittoon with 1 in 20 carbolic acid, but at the inspection there was no disinfectant.

Ward B., Male.—Dimensions: 30 feet by 17 feet by 9 feet = 4,590 feet ÷ 8 = 573½ cubic feet per bed. This ward is clean and is well ventilated by three sash windows on one side and two on the other, opening top and bottom. There is an unguarded fireplace at the side. At the end of the ward there is a door opening into the master's quarters.

*Knight's Local Government Directory gives the number of beds as 300.

The Bathroom for these wards opens from an adjoining landing. The baths are all that can be desired. The key, however, to the hot water tap was left in its place.

A nurse's pantry is situated here between ward and bathroom, and has a gas stove for boiling a kettle. Spare food is also kept here. It is a cool well ventilated apartment and most useful. There are a fire hose and pail on this landing, but no hand grenades.

There are two water-closets of a good type with ample flush.

Ward F.—For aged and infirm males, on ground floor. Cross ventilation is structurally arranged for, by means of three sash windows on one side, only opening at the top, the lower sashes fixed, and swing windows on the other side open into a greenhouse. There is one open fireplace unguarded. Cubic space: 30 feet by 17 feet by 14 feet = 7,140 ÷ 9 = 793 cubic feet per bed.

This ward was once the girls' school and is now used as a sort of overflow ward; or intermediate ward where patients are placed in cases of commencing illness before removing to the wards above, for more serious cases.

The Bathroom and water-closets for ward F are situated in an open yard.

There are three trough closets flushed at regular intervals by automatic cistern.

The bathroom contains iron enamelled bath, hot and cold water. Hot water tap without key.

The bath regulations are hung up, as indeed they are in each bathroom in the house. Patients who are fit walk over. If unfit they are carried in chairs: others are bathed by means of blanket bathing.

Ward C., Female.—Second floor, good structural arrangements for cross ventilation. There are ten windows. There is an open fireplace at each end and unguarded.

Dimensions: 35 feet by 17 feet by 9 feet = 5,355 ÷ 9 = 595 cubic feet.

Here in this ward is being treated a girl aged eleven for tubercular disease of tibia. There are besides seven bedridden cases, and one up. Four are dirty and noisy patients, and it must be bad for a girl aged eleven to be in such surroundings. There are no means of isolating these cases, and the result is bad for the other inmates.

Ward D., Female.—Structural arrangements for cross ventilation, three windows on one side, two on the other, double sash windows opening top and bottom; windows here come within one foot of the ceiling.

Dimensions: 35 feet by 17 feet by 9 feet = 5,355 ÷ 8 = 669 cubic feet.

There is a door at end communicating with matron's quarters, and thence to lying-in ward. Electric light, and bell. Temperature 60° F. Closets, bathrooms and pantry identical with those described for A and B.

Ward H., Female.—On ground floor. Corresponds to F on the men's side and is used as an intermediate sick ward. Dimensions: 20.3 feet by 17 feet by 9 feet = 3,078 cubic feet ÷ 7 = 439 cubic feet.

Cross-ventilation, windows opening by sashes top and bottom and reaching ceiling. Unguarded fireplace.

Laundress's Bedroom is on this floor and adjoining by passage the above ward. A good room.

Beds.—The beds have wood-wool mattresses and feather pillows. The bedsteads are of iron, with wire bottoms, and cylindrical or angular sides.

Lying-in Ward.—Four beds.—20 feet 3 inches by 17 feet by 8 feet = 2,754 ÷ 4 = 688 cubic feet.

Structural cross ventilation, by one swing window and one sash window on one side, and one sash window on the other side, and a door opening out on to fire escape staircase. For the babies, feeding bottles are used without tubes. But there is a supply of *comforters*, which the matron brought for inspection. The nurse, who has only been appointed about one month, objects to them.

There are about five confinements yearly. A confinement had taken place the day before the inspection, and the patient was doing well, and had begun to nurse the infant.

Female Lunatic Ward.—In the workhouse there is a room for lunatics with two beds in it. The fireplace is guarded.

Size: 23 feet by 10 feet by 11 feet ÷ 2,530 cubic feet ÷ 2 = 1,260 cubic feet. There is good cross ventilation by windows opening top and bottom.

On July 4th, 1907, the following were on the medical relief book:—

Males.

1. H. P. (73), rheumatism.
2. T. L. (63), old age.
3. A. J. R. (72), phthisis.
4. E. B. (68), ulcer of leg.
5. T. W. (87), old age.
6. G. P. (79), old age.
7. R. P. (87), old age.
8. H. N. (81), old age.
9. W. B. (58), phthisis.
10. G. C. (71), gastritis.
11. R. L. (60), gout.

Females.

1. E. A. (45), paralysis.
2. M. T. (87), old age.
3. C. L. (67), rheumatoid arthritis.
4. M. A. T. (92), old age.
5. C. B. (96), old age.
6. L. R. (42), goitre.
7. A. D. (47), general paralysis of insane.
8. M. A. W. (94), old age.
9. L. M. (57), cerebral.
10. L. T. (72), paralysis.
11. J. M. (70), rheumatoid arthritis.
12. M. S. (39), debility.
13. L. T. (75), paralysis agitans.
14. A. W. (91), old age.
15. M. R. (11), tubercular tibia.

There are two certified lunatics.

There are three epileptics:—

1. E. W., aged 39, in laundry.
2. A. G., aged 31, wardswoman.
3. E. R., aged 54, in infirmary.

E. W. has returned after being out for two years. She has had no fits during the time. She has congenital deformity of the hands. She first came in eighteen years ago to be confined (illegitimate).

Nursing.—The Nurse in charge was trained at St. Pancras Infirmary and East End Mothers' Home. She holds the licence of the obstetrical Society and the certificate of the Midwives Board. She is in charge of all the above wards, and has as help two ward-maids, aged twenty-three and twenty-two. She does no dispensing, but a few poisons and necessities recommended by medical officer are kept in a properly locked cupboard in her own room. She occupies two rooms, situated between the male and female wards, and with doors communicating, but kept locked. Plenty of communication exists from the landing. Electric bells keep her sitting-room in communication with the wards, where she or the ward-maids are always on duty.

It thus appears that the nurse has charge of twenty-six male beds and seventeen female beds, and in addition the responsibility and care of four lying-in beds, and her only help is that of two untrained ward-maids. It is stated that the beds in autumn, winter, and spring are frequently full. There is the usual proportion of wet and dirty cases. Obviously the nursing staff is utterly insufficient.

The nurse's rooms are too near the wards to allow quiet rest.

The nurse's bedroom is ventilated at one end by a swing window, only the lower half of which swings and the top does not come to within 2½ feet of the ceiling.

These rooms could be used for isolation of the noisy cases, or better still for the protection of a child patient from offensive and disturbing influences of the general wards.

The Linen and other articles such as draw sheets are kept control of by matron who says she has an inventory of everything, and all such things passed to the nurse for use are kept strict account of. The mackintoshes are kept on rollers. The stock consisted of eight—six having been sent away to be changed on account of wear. Each mackintosh is 1½ yards long and 1 yard wide.

There are four water beds, and the stock seems insufficient for the requirements of bedridden patients. There are ten bedridden men and ten bedridden women. There are four women over ninety; there are two men aged ninety. But as a matter of fact none had bedsore.

Workhouse Children's Department.

Nursery bedrooms.—No. 1. 25 feet by 10 feet by 10 feet = 2,500 cubic feet ÷ 7 = 357 cubic feet. Chimney is blocked up. Double sash windows open top and bottom on one side only. Lamp between wards in wall.

No. 2. 25 feet by 10 feet by 10 feet = 2,500 ÷ 7 = 357 cubic feet. No cross ventilation, open chimney.

Nursery.—Four babies with paid attendant, oldest two years; youngest, two months. Light, cheerful open fire, well guarded.

Children over three are boarded out as stated below. The infants seemed well and contented, and though they were not fed according to any printed table, they were well nourished. One child fifteen months old was in the attendant's arms and was sucking a comforter. On enquiring into the times of the meals, it appeared that the three older ones had to wait from about four-thirty or five o'clock in the evening till about seven next morning before they had nourishment again. This is too long an interval for very young children. They were being dieted by verbal instruction only and not by diet cards nor by written instructions as ordered by the Local Government Board. They were clean and with a good supply of toys, etc.

The paid attendant of these infants also attends to the female vagrant department subject to the supervision of the matron.

Adults' Department.

Dormitories.—There is a distinction made in the accommodation for the deserving and undeserving. The rooms for the aged and deserving are distinguished by their brightness and pleasant appearance; the walls having bright and pretty pictures and the furniture being comfortable and easy.

Dormitories for the Deserving.

Men's dormitory No. 1. First floor for aged and deserving. Dimensions: 20 feet 6 inches by 17 feet by 9 feet = 3,136 feet ÷ 8 = 392 cubic feet per inmate.

Cross ventilation by swing windows, but as before only the lower half swings. No chimney. Clean. There is no bell; and the light is arranged for by a lamp (gas) in wall between dormitory and passage. There is a thin matchwood partition at the end of this ward which separates it from master's quarters, through which all noises can be heard. Cheerfully decorated with pictures and bright knitted quilts: feather pillows, and wood-wool mattresses.

Dormitory No. 2. First floor, aged and deserving. Dimensions: 20 feet by 17 feet by 9 feet = 3,100 ÷ 7 = 443 cubic feet per inmate.

Cross-ventilation as before, but only lower half of window swings; two windows on each side. Open chimney unguarded. Cheerful and decorated.

On the landing there is a pantry with door opening to fire escape. Everything clean and sanitary.

One water-closet, good condition. Bathroom, hot and cold water, with safety keys.

Dormitory No. 1, second floor. Dimensions: 28 feet by 17 feet by 8 feet = 3,808 ÷ 12 = 317 cubic feet.

Cross ventilation by swing windows as before with only lower half opening. Three windows in each side.

No chimney. At one end door opening into master's quarters.

Dormitory No. 2. Dimensions: 20 feet by 17 feet by 8 feet = 2,720 ÷ 7 = 388 cubic feet.

Windows as before, two on one side, one the other and door opening on to fire escape. Open chimney, unguarded. On landing, pantry between two wards, bathroom and closet as first floor.

Hand grenades and fire hose on this landing.

The Day Rooms for men consist of:

(1.) Smoking room. This is intended for men over sixty years of age, and all men over sixty are allowed 1 oz. of tobacco weekly (twist or shag);

(2.) Young men's day room (any man under sixty). This is on ground floor and opening from men's yard.

Also opening from men's yard is the ward and day room for lunatics, but owing to overcrowding these two rooms have been used as dormitories for five able-bodied men. There are at present no certified male lunatics, and there are now two men occupying these rooms.

The ward or north room is 12 feet by 10 feet by 8½ feet = 1,020 cubic feet. Three beds allow 340 cubic feet each. It is ventilated by two sash windows and two ventilators.

The day room is adjoining (to the south) and is 14 feet by 10 feet by 8½ feet = 1,190 cubic feet; at present two beds are in it temporarily, allowing 590 cubic feet each. It has a window, fireplace, cupboard and table. The fireplace is guarded.

The closet accommodation consists of trough closets in men's yard.

The Dormitories for the non-deserving.

No. 1. Entrance from yard up steps to first floor. There is one window; the upper sash only opens. There is no cross ventilation and no chimney. There is a good ventilator in ceiling. Lighted by gas lamp, situated in wall between it and next dormitory. The door at one end is kept locked as it communicates with the female attendant's room for the aged and deserving. Size: 36 feet by 10 feet by 7 feet = 2,520 ÷ 7 = 360 cubic feet.

No. 2. Is entered from No. 1. The windows are as in former. No cross ventilation; water closet opens directly from this dormitory. It has good flush and is ventilated by a grating. Size of dormitory: 42½ feet by 10½ feet by 7 feet = 3,024 ÷ 8 = 378 cubic feet.

No. 3. Communicates with No. 2 through door. Two windows on one side only. Top sash only movable. Two small ventilating gratings in opposite wall. Size 27 feet by 10 feet by 7 feet = 1,890 ÷ 5 = 378 cubic feet.

No. 4. Entered from No. 3. Used as an isolation ward when required, but at present used as a dormitory by three men. There is a small unguarded fireplace and an unprotected gas light. Two windows, only opening by upper sash. There are four beds. Dimensions of room: 23½ feet by 10 feet by 7 feet = 1,645 cubic feet ÷ 4 = 411 cubic feet per bed. The only other approach is through the door of the female attendant's room as before mentioned—an obviously undesirable arrangement.

Workrooms.—On the ground floor is a tailor's shop where two men are at work. There are also two shoe makers. They are good workmen but very intemperate when they have the opportunity.

The Dining Hall is a fine room and cheerful. It is used occasionally for theatricals.

Day Ward for Aged and Deserving.—Occupied both by men and women over sixty-five. Bright, comfortable and large room. Cane armchairs. Two open fireplaces, unguarded. Fire escape from this room. The attendant of this room occupies the aforementioned room communicating with male dormitories for non-deserving.

Women's Dormitory.—Second floor for aged and deserving over sixty-five. Cubic space: 38.9 feet by 17.2 feet by 8 feet = 5,168 cubic feet ÷ 12 = 430 cubic feet.

Cross ventilation. Windows of swing type, lower half only swinging. Windows within one foot of ceiling.

Towel, brush and comb bag by each bed, all quite clean. Open chimney at end with boiler and oven. There is a door to fire escape. Lighted by unprotected gas bracket. Door at one end opens into ward-maids' bedroom, the other end communicates with matron's quarters.

Dormitory on first floor. Cubic space: 21 feet by 17 feet by 8.6 feet = 3,034 cubic feet ÷ 9 = 337 cubic feet.

Cross ventilation. Lighted by five swing windows, only lower half opening. Windows on each side. No chimney. Door at each end, one end opening into matron's room, the other into landing. On landing is attendant's room, between these two dormitories and lying-in ward.

Sewing room on first floor. Two aged and deserving women are working. Well lighted. Cross ventilation, etc. Off sewing room is landing with presses used for storing all sheets, and children's garments. Clothing store also on this floor.

The matron keeps a book and notes number of every bundle for every man and woman given out every Saturday morning. Soiled clothing is collected Sunday morning and laundress sees that each bundle is complete; these bundles after washing and cleaning go to sewing room, where they are repaired, or condemned by matron. They are sorted out according to number, and the bundles again made complete for Saturday.

Married Quarters.—There are married quarters in the workhouse, but these are not occupied, the reason

given being that out-relief is granted very liberally to all deserving cases. No respectable couples are forced into the house.

Kitchen.—There is a steam boiler and a paid engineer to work it. The matron superintends all cooking and does most of it herself. She is assisted by selected inmates. The infirmary cooking is done here, also that for the nursing staff. Certain medical comforts such as beef tea and other easily made things are prepared in the infirmary pantries by the charge nurse should occasion require it.

There is a good modern laundry.

Visitors.—Number of inmates July 17th, 1907:—

Males	-	-	-	-	71
Women	-	-	-	-	33
Children (1 boy, 4 girls)	-	-	-	-	5
					109

Sixty-six of these have no visitors; forty-three are visited as follows:—

No. of Inmates.	Where from.	Times visited in year.
1	Cosham, 5½ miles off	Once
1	" " "	Monthly
2	" " "	Twice
1	Crofton, 3 " "	Six times
1	" " "	Thrice
1	" " "	Twice
2	Fareham, ½ " "	Daily
5	" " "	Weekly
2	" " "	Monthly
5	" " "	Quarterly
5	" " "	Half-yearly
3	" " "	Once
1	Sarisbury, 6 " "	Quarterly
2	" " "	Once
2	Titchfield, 2½ " "	Weekly
1	" " "	Monthly
3	" " "	Quarterly
2	" " "	Once
2	Wickham, 3 " "	Quarterly
1	" " "	Half-yearly

There were twenty-four men out visiting a few days ago. They get out if they wish the day after board meeting from 9 a.m. to 6 p.m. Each makes application through the porter, and the list is submitted to the master and the guardians, and initialed by the chairman, so that it will be noticed that those who have no visitors can visit their friends if they name them, and are able to go out.

The women also have a day for visiting. It is the day after the men's.

VAGRANT DEPARTMENT.

Men's Vagrant Department.—Fourteen cells. Each cell containing own bedstead with canvas bottom. Eight of the cells are lighted by small windows; the others by skylight. Each cell is 10 feet by 4 feet 10 inches by 8 feet 8 inches. There is cross ventilation by means of gratings over doors into central passage. There is a drying room with iron shelves for clothes.

If cells are full, as frequently they are, there is a separate room with six single bedsteads, canvas bottoms, and straw beds with two windows of which the lower half swings open.

Dimensions: 22 feet by 9 feet 3 inches by 9 feet ÷ 6 = 305 cubic feet.

Woman's Tramp Ward.—Contains four single beds with sack bottom.

Dimensions: 12 feet by 16 feet by 7 feet = 1,344 ÷ 4 = 336 cubic feet. Bell in room.

Bathroom, hot and cold water with safety key. Clothes dried by small fire in bathroom. Nurse, who looks after the babies, superintends vagrants' department and sees to cleaning and disinfection of clothing.

Matron mentions case of a woman on tramp for years who used to bring two little girls with her. One of these, now a young woman, came in last week and is expecting to be confined. She is also a tramp, thus giving an example of heredity in vagrancy.

The number of tramps for each recent half-year has been:—

September 29th, 1904, to Lady-Day, 1905	3,229
Lady-Day, 1905, to Michaelmas, 1905	2,816
Michaelmas, 1905, to Lady-Day, 1906	3,176
Lady-Day, 1906, to Michaelmas, 1906	2,557
Michaelmas, 1906, to Lady-Day, 1907	2,389

Defects.—Dr. Gill noted the following points as calling for comment in connection with the workhouse:—

1. The more or less cramped condition of the master's quarters. Though centrally situated the space is limited, the two bedrooms being only about 6 feet 6 inches in height. They are separated from the dormitories by only thin wooden partitions; also in case of fire this part of the house is situated in a most difficult place for escape.

2. The nursing staff is insufficient, there being only one nurse for forty-three infirmary cases and in addition occasionally one or more lying-in cases.

3. Some of the windows are unsuitable, only opening in the lower half; these are the swing windows with iron frames. This causes draughts immediately about the patients, and at the same time an outlet for heated and vitiated air does not exist at the top.

In addition to the above points, the want of day-room accommodation for the sick wards appears to be a decidedly objectionable feature. No mention is made of any small wards for cases requiring to be kept apart, and the absence of such accommodation must I think, be very inconvenient, though one of the dormitories is used for an isolation ward when necessary.

Synopsis of Cubic Space.

Fareham, per bed.	Cubic feet.	L.G.B.'s minimum recommendations per bed. Cubic feet.
9 beds. Ward A - - -	578	600
8 " " B - - -	573	600
9 " " C - - -	595	600
8 " " D - - -	660	600
9 " " F - - -	793	600
7 " " H - - -	439	600
4 " Lying-in - - -	688	900
<i>Dormitories (deserving)—</i>		
8 beds. Men's No 1. - - -	392	360
7 " First floor No. 2 - - -	443	360
12 " No. 1 second floor - - -	317	360
7 " Second floor No. 2 - - -	388	360
<i>Dormitories (not deserving)—</i>		
7 beds. Men's No. 1 - - -	360	360
8 " " No. 2 - - -	378	360
5 " " No. 3 - - -	378	360
4 " " No. 4 - - -	411	600
12 " Women - - -	430	360
9 " " - - -	337	360
7 " " - - -	439	360
<i>Nursery bedroom—</i>		
7 beds. No. 1 - - -	357	500
7 " No. 2 - - -	357	500
4 " Women's tramp ward	336	324
Cells - - - - -	10 × 4½ × 8½	8 × 4½ × 10

In the infirmary the wards with two exceptions show less than the minimum amount of space per bed, viz.,

600 cubic feet. This is for the ordinary sick, but as cases in a workhouse infirmary are very often bedridden and offensive or dirty, the cubic space under such circumstances falls a good deal short of what is required, viz., 960 cubic feet.

The lying-in ward gives about 688 cubic feet against 960 cubic feet the minimum necessary. But it may be mentioned that the ward is measured for four beds. It is very unlikely that more than two women at the most would be in at the same time. The cubic space would then be sufficient.

The nursery bedrooms fall below the minimum allowance.

Amongst the dormitories there is on the second floor a ward for twelve male occupants; the cubic space is 3,808 cubic feet. This gives only 317 cubic feet per bed; the minimum allowance is 360 cubic feet as shown in attached table. The workhouse is often full so that inmates have sometimes to sleep in the lunatic ward.

The various defects noted with regard to the workhouse and infirmary point to the need for additional accommodation, and in such a combined institution this is usually best provided by the erection of a new infirmary.

OUTDOOR MEDICAL RELIEF.

There are two relieving officers' districts and five medical relief districts. In No. 1 relieving officer's district there are two medical officers, and three in No. 2. No account was found of difficulties in obtaining medical orders, or in delivering medicines to the sick poor. Each medical officer is furnished with a permanent list, and urgent cases are attended until an order is obtained. There is also much gratuitous medical work, and not all of such work done by the Poor Law medical officers is recorded in their books. Midwifery orders are seldom or never given now, as the district nurse is a registered midwife, and she obtains medical help when required.

The following medical extras were ordered for each week of the fortnight ending July 2nd, 1907, by the district medical officers in No. 2 district:—

1. Two pounds mutton.
2. Three pounds beef.
3. Seven pints milk, and brandy six ounces.
4. Seven pints milk.
5. Seven pints milk.
6. Two pints milk, six ounces brandy.
7. Three pounds beef.

This is a small list and the average would be at least ten weekly. The above are in receipt of pay excepting one child, age thirteen, on medical relief only.

One relieving officer has succeeded in getting many people to join a doctor's sick club, into which they pay 1s. quarterly.

A copy of three forms in use for applications for relief is appended.

My deputy saw a large number of outdoor sick paupers. Certain of them have been transferred to the General Report. Others were the following:—

Mrs. —, aet. 62. Relief 3s. weekly for past four years. A widow five years. One son a soldier, sends a little relief occasionally. She takes in lodgers. The rent is 5s. 6d. per week. She never had the district medical officer before she had relief and has paid for medical attendance since she has been in receipt of relief.

—, aet. 32 (m.) Paralysis of lower limbs since three years of age. Upper part of body sound. Guardians apprenticed him fifteen years ago to basket making. He says he cannot earn a living by it. He is allowed 3s. weekly. He is in good health, but cannot walk. He has a tricycle. His father is a carpenter in regular employment. There are three other children at home at present, viz., girl aet. eighteen (anaemic), boy fourteen, works at brickyard, and boy thirteen, at school. There are several married daughters.

—, aet. 60. Widow twenty-six years. Consumption? Relief 3s. 6d. weekly. Lives with daughter who pays rent and does washing. Has two sons aet. thirty and twenty-one, married and with children, both working, and not contributing to mother's support. The daughter has illegitimate child, born just before relief was given. She has had relief four years. Always had medical relief and had relief during bringing up of family. Rent 3s weekly.

—, has two imbecile sons, one thirty-four, uncertified. The other, act. 19, has fits and is a hopeless case, a congenital idiot. The one act. 34 has had relief eight years. No supervision has been exercised over him. He might have had institutional treatment and teaching.

—, act. 63. (m.) Gets 3s. 6d. from parish and 2s. 7d. from Oddfellows Club. Getting relief over two years. Lives alone. Rent 2s. 3d. weekly. A neighbour looks after him. For bad ulcer of leg, dressings are supplied by district visitor. He was a pork butcher. Would be better in workhouse.

—, act. 60. (f.) Diabetes, been suffering nine or ten years. Husband was in receipt of relief. Pay 4s. weekly. Lives with married daughter who pays rent. She eats and drinks what she likes. Nine years ago she was dieted for a short time.

—, act. 76. Widower. 4s. 6d. Ceased work seventeen years ago on account of bad leg. Dressed it twice daily. Never had parish doctor for it. Youngest son pays 2s. 6d. weekly for rent. He looks after himself. Daughter comes in now and then to clean up. Her father brought up ten children on his own earnings. Was in Oddfellows Club forty years ago, but could not afford to keep up subscription.

Mrs. —, act. 62. Widowed four years ago, on parish twelve months after. Has one son a soldier, who helps now and then. Rent 5s. 6d. per week. She gets 3s. pay and makes up the rest by lodgers. She never had parish doctor before relief and has paid privately for medical attendance since she has been in receipt of relief.

Mrs. —, (deserted wife), act. 60. Has bad legs. Lives with unmarried son who is a gardener and earns 20s. per week. Also has four other sons married and all in good health and with good occupations. Her rent is 5s. weekly. She lets three rooms of house either furnished or unfurnished, getting 5s. for furnished and 3s. for unfurnished rooms. Husband deserted her seventeen years ago. One son a carpenter was ill about four years ago and had parish doctor and relief at same time. Mrs. H. had a private doctor till four years ago. Has had ulcer of right leg, gets no medicine or dressings from parish doctor. The district nurse does not come. Pay 3s. 6d. No medical extras.

—, act. 70. Ex-policeman and then workhouse porter. Bedridden for ten years. Wife act. 75 and well. Relief 9s. 6d. for both which includes nursing. Rent 4s. 6d. Has outside help and wife earns by washing 3s. or 4s. weekly. He suffers from a form of spinal disease and paralysis. The district medical officer attends him and calls about monthly. The district nurse calls and washes him when required.

Mrs. —, act. 82. Widow one year and nine months. Seizure. Has had relief about four years. Husband was act. 80 before he applied for relief, and was in Foresters' Club. Relief 6s. 6d. per week. A grand-daughter looks after her. Rent 3s. 2d. per week. Some charitable friends help now and then. She is in coal club. The district nurse comes in and sees her at times. She is not attended by the district medical officer, but by a private practitioner.

—, (f) act. 70. Bad leg. Relief four years, 3s. per week. Three sons allow 1s. each weekly. They are labourers. At Gosport, where she lived, had parish relief for five children, and this lasted till the youngest was fourteen, then she had no further relief for fourteen years. She has never been attended for bad leg by district medical officer. Two years ago had influenza, and the district medical officer attended her. Lives with only daughter who is married to a brickmaker. There are four children. Seven occupying two rooms. The old lady sleeps with little girl act. 5 years, which is bad, as the leg discharges a good deal.

—, (m) act. 26. Blind and imbecile. Was sent by mother to blind school, but learnt little. Says he can read with his fingers. Has had relief for fourteen years. Knows Brail, but has no books or literature. This lad remains shut up in the house and does not get out. Relief 4s. and 6d. by private subscription. Here there are five people sleeping in two beds: (imbecile) twenty-six, twenty, and twelve, in one bed; and two in another room. He is visited quarterly by district medical officer.

—, (f) act. 50. Paralysed on left side. Seizure nine years ago; widow for eighteen months. Never relief before that. Has had relief about seven weeks, 3s. 6d. weekly. Rent 2s. 6d. One son lives at home and pays 10s. weekly for board, and a daughter act. 15 lives at home and

looks after her. The district medical officer attended her after the attack. She buys medicine from a chemist and district medical officer does not attend.

—, (m) act. 46. Heart disease. Ill three years. Labourer. Wages 16s. weekly. Rent 3s. weekly. He is quite unfit for work, and he gets 9s. parish pay. He has seven children, from 15 years to 1 year. He is taking medicine from the district medical officer. His first wife died in confinement, and he had obtained a medical order for her, but she died almost suddenly from accidental hemorrhage. His present wife is a young woman and may have children still.

—, (m) act. 20. An imbecile. Case that has had no attention and ought to have had institutional treatment. He gets 4s. weekly (for four years). The mother has rheumatism and fixed fingers. The husband earns 15s. weekly. One son, act. 15, gets 3s. 6d. weekly. The bedroom of imbecile is dirty and ill-kept. He sleeps with brother, act. 15. Rent 3s. 6d. weekly. He is visited now and then by district medical officer. The lad never goes out for fear of being laughed at.

—, (f) act. 34. Widow three years. Out nursing at a confinement. Relief began last January, when she was allowed 7s., then 5s., and now she gets 1s. 6d. only for child act. 9. Lives with father and mother in good house. The child was well dressed and healthy looking. Rent of house 5s. 6d. weekly. Called and saw her. She has private medical attendance.

Boarded-out Children.

1. W. B., act. 10.

2. C. B., act. 6.

Boys, orphans. They have been here one year. Both look clean and, being Saturday, had just had their bath, and this was evident by the hair. Nice home and evidence of plenty and cheerfulness.

3. G. M. H., girl, act. 12. The child seemed clean and tidy, but dull and apathetic. The woman, though fond, seemed depressed and wanting in spirit. She told me the following. She had a girl B. R., adopted from the — Union, supposed to be 7 when she came here. She was with her five years. On March 4th, 1907, she was removed without warning by a committee of ladies, the reason given being that the list of her things was not kept fastened to the lid of her box. The reason the woman gave for not attaching the list was that she did not want the child to know any difference from her own child. The woman certainly was grieving at the loss of the child.

G. W. and J. W., act. 13 and 12. Two fine lads, well grown and doing well at school. Very clean home and desirable place in every way. Been four years here. 4s. weekly; 7s. 6d. quarterly for clothes each.

N. L., act. 5. Lives with widow. Goes to school. Has separate bed. Child is clean, healthy looking, and is being brought up as an adopted child. Pay as above. The foster mother is a young widow and is a dressmaker. House clean and tidy.

E. A., act. 9. Girl. D. A., act. 3. Girl. Each 4s. weekly and 7s. 6d. quarterly for clothes.

These children appeared happy, fat and contented. When visited they were not at school, but were assisting their foster-mother in the garden, strawberry picking, which at this season is in full swing. The beds and rooms were passably clean, but owing to the stress of work very little housework had been done that morning. A favourable impression was made on my mind by the healthiness and cheerfulness of the situation and the apparent content of the children.

V. B., act. 5. Been an orphan for ten months. Same money payment and allowance for clothing as above. The house where this child is living is a large one and there is a grocer's shop attached. The child was out enjoying the garden which was a nice one; everything pointed to good management and prosperity.

Dr. Gill has noted the following points calling for comment in the out-relief of the Fareham Union:—

1. The guardians are liberal, and never oblige old and deserving people to enter the House.

2. Certain cases of imbeciles and idiots, who are at present obtaining relief outside, would undoubtedly be better off had they been or were they now properly controlled and cared for in a proper institution. The refusal of a fond parent to part with a monstrosity or imbecile may be construed as parental affection; but proper attention cannot be given at home, and personal cleanliness is neglected.

Form No. 1.

FAREHAM UNION.

Parish _____ Date _____ 19__

APPLICATION FORM BY MARRIED COUPLES.

All Applicants must attend before the Board unless Medically unfit.

NOTE.—Persons obtaining Relief by means of false representations are liable to imprisonment.

- 1. Name of Applicant _____ Age _____
 Name of Wife _____ Age _____
- 2. Address _____
- 3. How long have you been living in any of the Parishes in this Union? _____
- 4. Calling or Occupation _____
- 5. Reason of applying for Relief _____
- 6. Names, Ages, and Earnings (if any) of children under 16 at home.

_____	Age _____	Earnings _____	per week
_____	" "	" "	" "
_____	" "	" "	" "
_____	" "	" "	" "
_____	" "	" "	" "
- 7. Names, Addresses, & Occupations of Sons and Daughters not living at home (if any)

_____	_____
_____	_____
_____	_____
_____	_____
- 8. What assistance (if any) do you receive from your children or otherwise

_____	_____
_____	_____
- 9. Are you In or Out of Employment? _____
- 10. What are your Present Weekly Earnings? _____
- 11. What are the Total Weekly Earnings of Family at Home? _____
- 12. Rent of House per Week _____ If any Lodgers what they pay _____
- 13. If a Member of any Friendly Society or Benefit Club, and the Weekly Amount receivable in case of Sickness.

_____	_____
_____	_____
- 14. If Life Insured, Amount, and Weekly Contributions

_____	_____
_____	_____
- 15. Name of Company, and who holds the Insurance Policy?

_____	_____
_____	_____
- 16. Have you ever had Relief before, if so, when, where, and for what reason?

_____	_____
_____	_____

Signature of Applicant.

N.B.—This Form must be Signed by the Applicant.

Form No. 2.

FAREHAM UNION.

Parish _____ Date _____ 19__

APPLICATION FORM FOR SINGLE MAN OR SINGLE WOMAN.

All Applicants must attend before the Board unless Medically unfit.

NOTE.—Persons obtaining Relief by means of false representations are liable to imprisonment.

1. Name of Applicant _____ Age _____

2. Address _____

3. How long have you been living in any of the Parishes in this Union? _____

4. Calling or Occupation _____

5. Reasons for applying }
for Relief. } _____6. Name and Address of }
Parents if living } _____

7. Are you In or Out of Employment? _____

8. What are your Present Weekly Earnings? _____

9. What assistance do you receive? _____

10. Rent of House or Lodging per Week _____

11. If a Member of any Friendly Society or Benefit Club, }
and the Weekly Amount receivable in case of Sickness } _____

12. If Life Insured, Amount of Weekly Contributions _____

13. Name of Company, and }
who holds the Policy } _____14. Have you ever had Relief }
before, if so, when, where, }
and for what reason } __________
Signature of Applicant.*N.B.—This Form must be Signed by the Applicant.*

Parish _____ Date _____ 19__

APPLICATION FORM FOR WIDOWER, WIDOW, OR DESERTED WOMAN.

All Applicants must attend before the Board unless Medically unfit.

NOTE.—Persons obtaining Relief by means of false representations are liable to imprisonment.

1. Name of Applicant _____ Age _____

2. Address _____

3. How long have you been living in any of the Parishes in this Union? _____

4. Calling or Occupation _____

5. Reason of applying for Relief _____

6. Names, Ages, and Earnings (if any) of children under 16 at home.

	Age	Earns	per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. What assistance (if any) do you receive from your Children or otherwise } _____

8. Names, Addresses & Occupations of Sons and Daughters not living at home (if any) } _____

9. Are you In or Out of Employment? _____

10. What are your Present Weekly Earnings? _____

11. What are the Total Weekly Earnings of Family at Home? _____

12. Rent of House per Week _____ If any Lodgers what they pay _____

13. If a Member of any Friendly Society or Benefit Club, and the Weekly Amount receivable in case of Sickness. } _____

14. If Life Insured, Amount, and Weekly Contributions } _____

15. Name of Company, and who holds the Insurance Policy? } _____

16. (a) Date of Death of Husband _____
 (b) Date of Death of Wife _____
 (c) Date of Desertion _____

17. In case of his or her Insurance or Club, what amount did you receive? } _____

18. Have you ever had Relief before, if so, when, where, and for what reason? } _____

Signature of Applicant.

N.B.—This Form must be Signed by the Applicant.

APPENDIX XIII

GLOSSOP UNION—DERBYSHIRE.

This union was inspected by deputy. I have arranged my deputy's notes in the general order followed in the unions which I visited personally, and have added a little information obtained from other sources.

The area of Glossop Union is 20,943 acres; it contains four parishes, which are represented by twenty-five elected guardians.

The Population of the union at the Census of 1901 was 25,677, and for three inter-census periods it was:—

1885.	1895.	1905.
24,849	26,349	25,248.

The population of the borough of Glossop in 1901 was 21,526, and it was estimated for 1906 to be the same.

The population of Glossop Rural District in 1901 was 4,151. In the union the number of persons aged sixty and upwards per 1,000 of population was 76, which is identical with the number for England and Wales as a whole. The number in rural* England and Wales was 111, but Glossop Union is not really rural, though so grouped for the purposes of my inquiry.

The chief industries of the neighbourhood are cotton-weaving, paper-making, cloth-printing, and iron-founding.

There are about 5,000 cotton-weavers, and about 850 paper-makers.

Farm labourers earn about 20s. weekly and live out; cotton-weavers, men, 20s. to 25s.; cotton-weavers, women, 20s. to 25s.; operative spinners, 30s. to 50s.; card-room hands, about 15s.; and paper-makers a little over £1.

Friendly societies have the following membership:—

	Members.
Independent Order of Oddfellows	1,420
Ancient Order of Foresters	1,074
Sons of Temperance	108
Grand United Order of Oddfellows	250
Other societies	125
Total	2,977

The exact number of juvenile members cannot be given, excepting in the Foresters, who had in 1907, 639.

There is a local hospital named the Woods Hospital. A local charity distributes about £50 annually on St. Thomas' Day, and another gives clothing once a year.

Nurses.

There are at present two district nurses. These are not sufficient, but there is to be a convalescent home and nurses' home in Glossop, built by Captain Partington, and this will give ample provision.

Registered midwives are available, but some of them are not well trained.

In the Hadfield district of the union several wealthy people are very charitable to the poor, and diminish the need for Poor Law relief.

Statistics of Pauperism.

The total number of paupers (excluding lunatics and vagrants) was 407 on January 1st, 1905. On July 21st, 1907 (the time of inspection), there were 107 paupers in the workhouse and infirmary, and 229 on the relieving officer's outdoor list.

The number of paupers per 1,000 of population, as given in the Royal Commission's statistical books, is remarkably low:—

	1875.	1885.	1895.	1905.
Glossop	8	12	12	16
Manchester District	18	17	17	20
England and Wales	32	27	25	24

I understand that thirty years ago outdoor relief was exceptional, the offer of the workhouse as a test of destitution being the rule, and that though outdoor relief is now considerably greater in amount even when

trade is good, the guardians are a competent body of careful administrators.

The percentage of outdoor pauperism to total pauperism was:—

	1875.	1885.	1895.	1905.
Glossop	66	72	68	71
Manchester District	62	56	51	55
England and Wales	80	74	71	69

The annual cost per pauper in 1904-5 was £12 6s. as against £15 17s. in England and Wales. The expenditure per head of population was:—

	1881-2.	1891-2.	1901-2.	1904-5.
Glossop	s. d. 2 5	s. d. 2 1	s. d. 4 1	s. d. 4 4
Manchester District	4 5	4 4	5 9	6 10
England and Wales	6 4	6 1	7 11	8 7

The rateable value of the union at March 31st, 1907, was £119,844.

* See footnote p. 14.

WORKHOUSE AND INFIRMARY.

The workhouse and infirmary are situated in grounds of about 4½ acres. There are also rented about ten more acres. The total area is farmed by the master with the help of the inmates. Cows and pigs are kept and afford healthy employment and instruction for the children.

The total accommodation, as stated in Knight's Local Government Directory, is 144 beds. At the time of inspection the number of inmates in the house was 107, made up thus:—

Males	33
Females	56
Children :	
Boys 8-16	3
" 3-8	4
Girls 8-16	3
" 3-8	3
Infants under 3	5
	— 18
	— 107

Before paupers are admitted to the workhouse they are examined by the medical officer in the waiting-room attached to the relieving officer's room, which has been used as a receiving ward.

INFIRMARY.

The total accommodation is forty-one beds; sixteen for males, sixteen for females, five for children, and four for maternity cases.

The infirmary is comparatively new, having been built in 1897, and stands quite separate from the workhouse itself. It faces south-west, though more in the direction of south than west. Standing on high and rocky ground, the position should be extremely healthy. It overlooks the town of Glossop and has extending in front a large area of garden in which vegetables are grown sufficient to supply the institution.

The central portion of the building contains the nurse's quarters, and those of her assistants; on either side are the male and female portions respectively. The infirmary is built on modern principles, and is in every respect suitable for the purpose it serves. In the east wing the females are placed, on the west are the males.

There are two male wards: one on the ground floor and one above. The female wards are also two in number and are similarly situated. On the ground floor is the lying-in ward, and above this the children's ward.

Each ward is a complete unit in itself, having its bathroom, closets, and wash basins complete; and an exit in case of fire. Electric bells are fixed in each ward to communicate with the nurse's quarters. Gas is the illuminant, incandescent mantles being used. The male and female infirmary wards are heated by a central fireplace with flue passing out beneath the floor, with shutters conveniently placed for sweeping. The lying-in and labour wards and also children's ward are heated by means of open fireplaces, well guarded, as also are the centrally placed fireplaces in the other wards.

Female Ward No. 1: ground floor; polished floor; well painted and smooth walls, and rounded corners, 24 feet by 24 feet by 12 feet = 6,912. Eight beds = 864 cubic feet each.

There is ample cross ventilation by two large windows on each side, which open top and bottom. All lockers are clean, and contain no food, but brush and comb and a few small articles of clothing. The beds are of iron and the mattresses of straw in ticking.

Opposite the entrance door is another door leading to the lobby for hand basins and beyond this is the bathroom. The bath is iron, enamelled, with hot and cold water, and safety key in charge of nurse. The room is well ventilated. Bathing regulations hung up. The water closet is in a separate compartment and is a wash-down with good flush. Slop sink is also good.

The ward above this, for females, is identical in shape and size and fittings.

The male wards are similar.

The rooms are light, airy and pleasant.

The nurses have no separate sanitary conveniences of any sort at the infirmary, the nurse and her assistants having to use those intended for patients, which is obviously an objectionable arrangement.

The Maternity Ward receives about two or three cases yearly. It is a complete unit, with efficient sanitary arrangements as before described. The labour ward is separated from the lying-in ward by means of double doors to prevent noise passing. There is space for two beds and the room has a good open chimney. It seems, however, that this useful room is not used, as there were no preparations for a patient who is daily expecting to be confined. Her bed was prepared in the lying-in ward as follows:—

- (1) Iron bedstead, 3 feet 6 inches (Lawson Tait).
- (2) Flock mattress.
- (3) Mackintosh.
- (4) Blanket.
- (5) Sheet.
- (6) Mackintosh.
- (7) Draw Sheet.
- (8) Folded draw sheet.
- (9) Ordinary bed covering.

Linens.—The lying-in linen is kept in a press in the ward, and everything is in good order and readiness, each article stamped L.I.W. The list of articles is included in the general inventory which is kept by the nurse for the infirmary as a whole, and is as follows:—Bedding and house linen: 387 sheets; 133 blankets; 55 quilts; 101 pillows; 169 pillow cases; 50 bed ticks; 40 waterproof sheets (mackintosh); 22 table covers; 244 towels; 12 curtains; 1 mantel cover; 9 flock mattresses; 1 water bed; 1 air bed; 3 air rings; 2 air cushions.

The mackintosh sheets are kept hung over a towel horse and not rolled.

Cooking.—All cooking for infirmary is done in the workhouse kitchen and cookhouse, where very complete arrangements exist; the work being done by inmates supervised by the matron. Such articles as beef tea and other medical comforts are made in the infirmary kitchen.

Dispensary.—There is on the first floor a very well-equipped dispensary well supplied with drugs and necessaries. The medical officer has to provide all surgical appliances. The poison press is kept locked, and the keys kept charge of by the nurse.

Nursing Staff.—The nurse who is in charge is trained and certificated, but though trained as a nurse, has not the certificate of the Central Midwives Board. She has an assistant nurse and two ward maids to help her.

Offensive Cases.—There is no provision in the infirmary for noisy and dirty cases.

At present, the children's ward being unoccupied, a noisy and offensive old woman is isolated there.

Infectious Diseases.—There is also no provision made for isolation of infectious or contagious cases. The sanitary authority's isolation hospital admits scarlet fever, typhoid and small pox, diphtheria being treated outside in nearly all cases.

Padded Room.—There is a padded room, but it is in the body of the workhouse, not in the infirmary.

Phthisis Shelter.—In front of the infirmary, and well situated, is a revolving shelter for the treatment of tubercle, and the medical officer states that he has had good results, but the patients leave too soon.

Cases.—The inmates of the infirmary on July 20th, 1907, were as stated below. Mention is also made of their visitors.

Female Ward. Ground floor, eight beds.

1. A. C., aet. 73. Paralysis, chronic case. Single woman. Visited weekly by daughter in Glossop.
2. H. H., aet. 70. Paralysis. Brother visits weekly (Glossop).
3. R. H., aet. 64. Neuritis. On water bed. Husband visits monthly.
4. E. H., aet. 73. Paralysis. Visited every week by two sisters (Glossop).
5. S. H., aet. 64. Rodent ulcer. No visitors. Weak-minded.
6. W. T., aet. 63. Bronchitis. Visited weekly by daughter (Glossop).
7. A. M., aet. 62. From house. In one week. Suffering from debility. Blind. Put on No. 4 diet and is getting better. No visitors.

8. E. W., aet. 76. Old age. Visited every week by sister (Glossop).

These are all bedridden cases. There are no bed sores and all are clean.

No. 2 Ward is the lying-in ward and is on the ground floor. At present unoccupied.

No. 3 Female Ward. Second floor and over No. 1.

1. J. D., aet. 80. Senile. In infirmary one week. In house five years. Visited by daughter monthly (Glossop).

2. E. W., aet. 89. Old age and heart. Visited weekly by friends (Glossop).

3. A. H., aet. 76. Rheumatoid arthritis and phthisis. Spittoon used with lysol in it. Niece and her sister visit her weekly (from Glossop).

4. J. C., aet. 85. Senility. Niece visits her weekly (Glossop).

5. H. B., aet. 82. Senility. Friend from Glossop visited her once since July 4th.

6. S. G., aet. 54. Disability. No visitors. Certified imbecile.

7. E. H., aet. 76. Senility. Visited by daughter weekly (Glossop).

8. M. W., aet. 31. Pregnant. Daily expecting to be confined.

No. 5 Male Ward. Eight beds; five occupied.

1. M. S., aet. 65. Ulcer of leg. Single. Visited by friends weekly (Glossop).

2. W. K., aet. 60. Heart disease. Single. No visitors.

3. M. W., aet. 76. Heart disease. Married. Wife visits him weekly (Glossop).

4. P. M., aet. 52. Aneurism. Single. No visitors. Friends live at Marple Bridge, 9 miles off.

5. R. W., aet. 63. Fibrochondroma of face. Widower. Daughter comes when sent for. Lives at Stalybridge, 8 miles off.

No bedridden cases here.

No. 6 Male Ward. First floor, eight beds. Three occupants.

1. W. S., aet. 78. Ulcer of leg. Visited about once in three months (Glossop).

2. J. D., aet. 39. Cancer of stomach. Relatives visit weekly (Glossop) (married).

3. J. C., aet. 63. Cardiac disease. Single. Been five years in infirmary. Was a spinner. Not visited.

All the above infirmary patients were questioned as to their condition and circumstances before admission, but no satisfactory answer was obtainable as to medical relief being the beginning of their pauperism.

Medical Attendance.—The medical officer lives less than a mile from the workhouse. He visits the infirmary daily, and oftener if necessary. He has a deputy to act during his absence. His house is not connected with the institution by telephone.

Medical Officer's Report Book.—In this book I observed the following remarks, some referring to the workhouse, some to the infirmary:—

July 8th, 1899.—The main lobby in body of house is very dark, and considerable improvement might be made in lighting from the upper story.

January 19th, 1903.—A want of small wards for each sex for noisy and dirty patients.

February 11th, 1907.—Many cases which are sent in here might be treated at, and are suitable cases for, Woods Hospital. Deeds of Woods Hospital state that it is intended for the sick poor of Glossop. It is endowed with £20,000. The infirmary will be found much too small.

July 3rd, 1907. *Men's Day Room.*—Much overcrowded.

Infirmary and Sick Ward.—The number of women patients is considerably in excess of accommodation provided. This necessitates the use of the children's ward for women; and many cases in the body of the house should be in the infirmary, but there is no room.

The *Alcohol* book shows the following quantities used:—

	oz.	
June quarter, 1906	24	brandy
September quarter, 1906	153	"
" " " "	152	whisky
(6 cases of pneumonia that quarter.)		
December quarter, 1906	22	brandy
" " " "	21	whisky
March quarter, 1907	1	"
June quarter, 1907	36	brandy

My deputy noted the following points in connection with the infirmary:—

(1) Want of room for isolation of infectious, noisy and dirty cases.

(2) The communication between the male and female sides is, perhaps, too limited for convenient nursing. The only door joining the two parts is between the nurses' kitchen and a passage on the male side. On the first floor there is a balcony with opening French windows by means of which communication is established. This is very nice in summer and fine weather, but the infirmary stands high and is in the Peak district of Derbyshire, and the balcony makes an insufficiently protected means of communication for nurses in winter.

(3) The labour ward might be used for the object it was built for.

I gather that since the opening of the present infirmary cases have been admitted to it which would formerly have gone to the Woods Hospital, and that the latter institution rejects some cases which it would formerly have accepted, and that the infirmary accommodation is now by no means in excess of the requirements.

WORKHOUSE

The Workhouse is a two-storied building with an attic floor which, during the cotton famine, was converted into dormitories. These dormitories are now used for the less deserving inmates. The central rooms on the ground floor and first floor are occupied by the master and the matron. On either side of this extend on the ground floor day rooms for women and girls and also for men and boys. The dormitories are on the first floor, and the male and female inmates are completely separated.

Female Dormitories.—Attic dormitory for females. Dimensions: 61 feet by 18 feet by 8½ feet = 9,333 ÷ 22 beds = 428 cubic feet. Air movement is much obstructed by a thick wall almost dividing the room, and various beams and thick rafters. The room is lighted and ventilated by sky-lights with windows opening by pulleys. A fire escape door has glass panels. In this ward in one bed sleep a woman and baby beneath an unprotected gas jet. There is also sleeping in a cot a child of eleven months old. The bed was unmade and dirty at 4 p.m. July 20th.

2. Female dormitory. Opening off central passage. First floor (for deserving). Dimensions: 15 feet by 12 feet by 10 feet = 1,800 cubic feet ÷ 4 = 450 cubic feet per bed.

One window, sash, only top half hung. Ventilating grating over door. No chimney. Single beds.

3. Female dormitory. Opening from central passage. Dimensions: 30 feet by 17 feet by 10 feet = 5,100 cubic feet ÷ 13 = 384 cubic feet.

Two windows, top sash only sliding, on one side of room; also two ventilating gratings into passage. A door at each end opening into same passage. Chimney-place blocked up by bricks and mortar.

4. Dormitory for girls under sixteen and boys under three. Dimensions: 18 feet by 15 feet by 10 feet = 2,700 cubic feet ÷ 8 = 337 cubic feet.

One sash window, one side of room. Two ventilating gratings into passage. Open chimney.

Male Dormitories.—Attic floor corresponds to female, side, but not so large. Dimensions: 37 feet by 16 feet by 9 feet = 5,328 cubic feet ÷ 16 = 332 cubic feet.

Deduction must be made for rafters and beams. Very insufficiently lighted by skylight and fire escape door.

2. Boy's bedroom. Dimensions: 33 feet by 10 feet by 10 feet = 3,300 ÷ 12 = 275 cubic feet.

Two windows on one side of room. Two doors into central passage. Chimney bricked up. This was once the board room. At present occupied by eight boys and two men.

3. Old men's dormitory (for aged and deserving). Dimensions: 33 feet by 15 feet by 10 feet = 4,950 cubic feet ÷ 13 = 383 cubic feet.

Chimney completely bricked up. Two gratings opening into passage and there are two doors. The lights consist of two windows in the side. The windows, as before, only single-hung.

4. Old men's dormitory. Dimensions: 15 feet by 15 feet by 10 feet = 2,250 cubic feet: 6—390 cubic feet.

One window, single-hung. There is no ventilator, and chimney completely bricked up.

In that portion of the building which used to be the infirmary is a *Privilege Ward* and separate day room, all on the ground floor. This is separated almost entirely from the rest of the house, and here are quartered five old women who, on account of their specially good characters, have these rooms. The day room, which is fairly large and roomy, they also use as a kitchen and make their tea or any other little thing which they can have in addition to their usual meals.

The dormitory is 16 feet by 16 feet by 10 feet = 2,560 cubic feet ÷ 5 = 512 cubic feet per bed.

The beds are of iron; single and well covered. Lath bottoms and clean straw mattresses. The old ladies seem happy and comfortable.

The Day Rooms for men, boys, girls and women, all appear to be inadequate. In fine weather many can get out, but when cold and wet keep them in the space is undoubtedly too little.

The Children's yard is a prison-like place, but as the children go to school by day and the master allows them in fine weather to go into the fields of the farm, this is no great defect; still, the high walls and bare appearance must make for depression among those using it.

The Laundry is quite new and is an up-to-date place; the inmates under the direction of matron using it and doing all work belonging to it.

The Kitchen is well provided with boilers and arrangements for cooking, and is situated quite conveniently to the dining hall, which is a large room and fairly well adapted for the purpose, and is so arranged that the males and females have separate entrances.

Imbeciles.—There are two imbeciles in the institution who mingle with the other inmates. One is a harmless man; and the other is a harmless female who at present is in the infirmary.

Padded Room.—A padded room adjoins what was once the imbecile ward, but now serves as a tailor's shop. It is in an unsuitable place; but is found to be useful, as the county asylum is some 60 miles away, and violent cases have occasionally to be placed here till subsequent removal. It has been used as a place of ordinary punishment in one or two cases.

The board-room offices are situated in front and on the west wing on ground and first floor.

Children's Department.—The children are clean. The babies under three years of age are generally nursed by the inmates, but are under the supervision of the matron and her assistant. No foster-mother or other person is specially appointed. They are dieted according to printed table.

The boys use the male bathroom and the girls use the female bathroom.

They are not provided with tooth brushes and nail brushes, and have not separate hair brushes.

The medical officer supervises and examines the children frequently for adenoids, squint, cough, nail biting, etc.

Sanitary Conveniences.—Throughout the house earth closets are used and cleaned out once a week. I detected no smell; but the facilities as to water supply, and proper drainage (which is well carried out in the infirmary) should be extended without delay to the house itself.

Bathrooms.—Inside the workhouse itself there is but one bathroom and this is on the male side. The door is usually kept locked. It is a big room, containing an iron bath with hot and cold water. There is no safety key. In the house, there is no water-closet.

The women's bathroom is situated in the old infirmary yard, across an open passage. There is hot and cold water wash-basin; but the room appears to be not as clean as it might be. There are two big windows. It is a most unsuitable place for old women. Bath regulations are not hung up.

The Mortuary is a stone building about 15 feet by 10 feet by 10 feet. There is one window and around the walls are stone slabs. There is no water supply. The

door opens directly into a back road, and, in case of *post-mortem* examination, washings would have to drain into the open road before reaching the drain. The light is insufficient. There is no table for *post-mortem* examination.

Visitors.—Of the 109 inmates the large majority have visitors weekly. Nine have no visitors at all; ten have visitors about monthly; nine have visitors quarterly. Those who have no visitors, or only one occasionally, would have their home at such a distance that their friends could not conveniently come. The main number of the inmates are from Glossop, and Tuesday is the visiting day. The master told me that the place is so overrun with visitors on that day that he has been obliged to limit the length of their visit to twenty minutes.

Cases noted in the Workhouse.

1. H. B. (F.), aet. 82. Had been on parish relief, medical and otherwise, for fifteen years before her admission to the workhouse some eighteen months ago. Owing to an accident by burning the district medical officer suggested her removal to the infirmary. This was done. Among her rags, etc., was discovered the sum of £73 hoarded.

2. S. J. D. (P.), aet. 40, and three children aged seven two and one. This woman was deserted by her husband. She has had three illegitimate children; two before admission, viz., those aged seven and two; twins since, the child aged one surviving.

4. K. N. (F.).—Deserted child; has no visitors. According to master the child is curious in her behaviour. She goes to school with the rest. On several occasions she has failed to return, and has been taken charge of by policeman or otherwise. She will give her name but not her address.

Inquiry was made of several old men and women as to whether they had before admittance been in the habit of obtaining medical relief. They all uniformly answered No, but they may have misunderstood the drift of the meaning, or, being old and weakminded as most of the inmates are, they may have forgotten the facts.

Dr. Gill calls attention to the following points as open to criticism in the workhouse:—

(1) Defective sanitary arrangements. Only one bath within the house. Only one bath outside for old women.

Closets, perhaps sufficient in number, but not at all fit for the poorest institution where people are congregated.

(2) *Day-rooms* too small and often overcrowded.

(3) *Dormitories.*—Attic, though clean cannot be described as suitable. The chimneys in many places are built up and there is also a want of cheerfulness about the place.

VAGRANT DEPARTMENT.

Glossop was the first union, I am told, that adopted the cell principle.

For male vagrants there are seven cells. Dimensions, 9 feet by 4 feet by 10 feet = 360 cubic feet.

Large windows in each; but only small panes opening in this and covered by close-meshed wire gauze. Also a small brick removed over door into central passage.

There are also two large cells which the master says can take from one to three inmates. These cells are:—

No. 8.—Dimensions: 9 feet 6 inches by 5 feet 6 inches by 10 feet = 522½ cubic feet.

Lighted by one big window with one small opening pane. A ventilator also opens into central passage.

No. 9.—Dimensions: 10 feet 6 inches by 4 feet 8 inches by 10 feet = 490 cubic feet for either one or three inmates. Lighted by large window and well ventilated.

Associate Ward.—This room is only used when all cells are occupied. Dimensions: 7 feet by 9½ feet by 9 feet = 348½ cubic feet ÷ 4 = 87¼ cubic feet per head. This would mean remarkable overcrowding.

Lighted by skylight, which opens for ventilation by pulley. There is an unprotected gas bracket.

The whole department is heated by hot water. There is a receiving room and bathroom, also a hot-air chamber for disinfection and drying.

On the women's side of the vagrant department there is one single cell, 9 feet by 4 feet by 10 feet = 360 cubic feet, and one associate ward for three, size 11 feet by 4½ feet by 10 feet = 495 cubic feet = 165 cubic feet per head—again overcrowding if all beds occupied.

There are also separate bathrooms for the sexes, one bath on each side. All the beds are of iron, with wooden bottoms. Although this was the first union to initiate the cell method, it does not seem to have perfected it.

Vagrants for the year ending March, 1907, arranged in the different quarters, divided into men, women, and children were as follows:—

	Men.	Women.	Children.
June, 1906 - - -	1,282	62	18
September, 1906 - - -	1,121	51	14
December, 1906 - - -	1,133	29	7
March, 1907 - - -	839	27	9
Totals for year ending March, 1907 - - -	4,375	169	48

The vagrants are rarely kept in for more than twelve hours, and the task of stone-breaking (the only task given) seems to be performed in a desultory way. The whole department calls for stricter attention to details of cleanliness and bathing.

Synopsis of Cubic Space in Infirmary, Workhouse, and Vagrant Department.

Glossop.		Minimum recommended.	
	Cubic ft.	Cubic ft.	
Female ward, No. 1 - - -	864	600	
Female ward, No. 2 - - -	860	600	
Male ward, No. 1 - - -	864	600	
Male ward, No. 2 - - -	864	600	
Lying-in ward - - -	1,485	960	
Children's ward - - -	1,113	—	
<i>Dormitories.</i>			
	Beds.		
1. Attic, female - - -	22	428	360
2. Female - - -	4	450	360
3. Female - - -	13	384	360
4. Female (girls under 16 & babies under 3)	8	350	360-500
5. Dormitory attic, male	16	332	360
6. Boys - - -	12	275	360
7. Old men's (1) - - -	13	383	360
8. Old men's (2) - - -	6	390	360
9. Privilege for old women - - -	6	512	360
<i>Vagrants.</i>			
Single cells - - -	360	324	per head
Associate cells (1) for 1-3 people	522	—	
Associate cells (2) for 1-3 people	490	—	
Associate dormitory for 4 people	348	—	

OUTDOOR MEDICAL RELIEF.

There is one relieving officer for the union, and there are three district medical officers. The relief list at the

time of inspection consisted of 44 male, 144 females, and 41 children; a total of 229. None on the list got medical relief only. There are no boarded-out children. A good deal of gratuitous medical work is done, and some of it is not recorded on the Poor Law books.

I append Dr. Gill's notes of the following outdoor cases:—

—, —, act. 42. Widow two years. Husband died of rupture. There are five children, two at school, one at work, act. 15, weaving, two playing. They live in four-roomed house, rent, 3s. 6d. per week. The baby, 1 year and 10 months, had a "comforter," but the child seemed fat and well cared for. House clean. Husband was a cotton spinner earning 35s. per week. They have, according to relieving officer, grandparents who are comfortably off. Relief, 10s. weekly.

—, —, act. 71 (M.). Widower. No children. Occupation, roadman. Has been in a friendly society, one of the old village clubs which broke up. Had on waistcoat but no shirt. Has been in workhouse several times. Is now being removed to Tideswell Workhouse.

—, —, act. 73. Mother of —, —, (M.), act. 50. Single. The son seems to be deficient mentally owing to injury to his head received abroad. The mother gets 2s. 6d. and the son 2s. per week. The house and people are dirty.

—, —, —, (F.), act. 56. Ovarian tumour. Single woman. Worked in cotton mill till her illness. She gets 4s. per week. Her sister keeps house and works at cotton mill, twisting, earning about 20s. per week. The district medical officer visits and the district nurse attends and nurses her. Rent, 3s. 6d. per week.

—, —, —, act. 36. Deformed and congenital idiot. Spinal curvature.

—, —, —, Widow, act. 43. Six children, 5 to 15 years old. Husband died of phthisis. After his death house was disinfected, and bedding burnt. Husband worked at paper-making. Relief, 10s.; 2s. for each dependent child. She herself does washing, earning about 4s. weekly. A daughter (act. 15) works at cotton mill and earns about 6s. weekly. The children whom I inspected were looking well.

—, —, —, act. 64. Single woman. Six months on parish. Used to work as a 4-loom weaver (earning 20s. to 25s. weekly). Left mill eleven years ago owing to ill-health. Since then has done washing. Lives with an illegitimate daughter, and this daughter has an illegitimate son, who is said to be a clever boy and has gained some free scholarships at a secondary school. This woman get 2s. 6d. weekly. Daughter pays rent, and she earns her living by sewing. District medical officer attends this woman.

—, —, —, Widow, act. 41. Five children, 6 to 16 years. Son (act. 16) employed at printing works and earns about 8s. weekly. She herself earns 2s. 6d. by washing. Daughter works at mill and earns 5s. per week. Husband was a baker, act. 46. Died from accident five years ago. Never had relief before, medical or otherwise. Rent, 3s. 6d. per week.

—, —, —, widow, act. 42. Husband died five years ago of apoplexy. She has five children:—(1) son, act. 19, married; (2) girl, act. 12, school; (3) girl, act. 9, school; (4) girl, act. 7, school; (5) boy, act. 5, school.

This woman does washing and earns about 3s. weekly. She is allowed 2s. each for the four children. Her rent is 2s. 2d. per week.

The woman appears clean. The children, being at school, could not be examined. The house was dark and not suitable for growing children. This family could with great advantage be visited occasionally by the sanitary authority.

PART II.

URBAN UNIONS.

APPENDIX XIV

KING'S NORTON UNION, BIRMINGHAM.

This is the first urban union which I inspected. It presented many interesting and striking contrasts to the rural unions.

The area of the union is 28,916 acres. It comprises seven parishes and the Board of Guardians has 28 members. The population at the census of 1901 was 187,087, and as estimated in 1907, it is 229,107. The population has been rapidly increasing for a long time. The rate of increase in the ten years 1891-1901, was no less than 46.9 per cent. The following is the estimated population at intercensal periods:—1885, 108,653; 1895, 151,312; 1905, 222,184.

Statistics of Pauperism.—The number of paupers in 1907 was 3,986, being at the rate of 17 per 1,000 of estimated population.

The number of paupers per 1,000 of population was as follows in past years in King's Norton Union, the Birmingham District, the Midlands, and Provincial Urban Unions.

	1875.	1885.	1895.	1905.
King's Norton	17	16	15	16
Birmingham District	25	28	23	23
Midlands Total	24	26	23	23
Provincial Urban	25	24	21	22

The amount of pauperism is thus very low in King's Norton; but only 61 per 1,000 of the people are over 60 years old. The rapid growth of the union has had the customary effect of increasing the proportion of population at the earlier ages of life when pauperism is less common. This rapidity of growth, however, is not confined to King's Norton; the proportion of population over 60 years old is small in all the unions in the Birmingham District. In Birmingham it is 60, in West Bromwich 62, in Wolverhampton 64, in Dudley 66, in Walsall 57, in Aston 54, and in Stourbridge 71. Independently, therefore, of age distribution, King's Norton has an exceptionally small amount of pauperism. The explanation is to be sought for partly in the fact that included in the aggregate is the population of two high-class residential districts in Edgbaston and Moseley, amounting together to about 35,000, with a very low rate of pauperism. The absence of cheap lodging-houses from the district must also be regarded as playing a part. Among the accessory causes may be reckoned good administration and frequent revision of cases, but I had not the opportunity of acquiring a knowledge of other unions in the Birmingham area so as to enable me to make comparisons on this point.

Indoor and Outdoor Pauperism.—The following are percentages of outdoor pauperism to total pauperism at decennial intervals since 1875.

PERCENTAGE OF OUTDOOR PAUPERISM TO TOTAL PAUPERISM.

	1875.	1885.	1895.	1905.
King's Norton	81	81	74	73
Birmingham District	79	76	70	69
Midlands Total	79	77	73	72
Urban Total of England and Wales.	74	68	64	64

Cost of Pauperism.—In 1904-5, each pauper in King's Norton cost £15 5s. per annum, the Birmingham district figures being £13 6s. and the Midlands total £13 8s. It may be noted that the cost of official salaries per pauper varies remarkably in the District. The average is £2 5s., but the figures run from a maximum of £5 11s. in the Birmingham Union to 16s. in the Walsall Union. In King's Norton the amount is £2 17s.

The annual expenditure per head of population in King's Norton in 1904-1905 was 6s. 4d., as against 6s. 11d. in the Birmingham District as a whole, and also in the Midlands as a whole. As elsewhere the cost per head of population has considerably increased in recent years, the amount being in 1881-2, 3s. 6d., in 1891-2, 4s. 2d., in 1901-2 5s. 1d., and in 1904-5, 6s. 4d.

Local Industries.—The occupations in the King's Norton Union do not diverge greatly from those of Birmingham generally. It is a manufacturing district, and the employees are skilled artisans and unskilled labourers.

The principal manufactures differ somewhat in different parts of the union. Smethwick has two breweries, and glass, iron and bedstead works. Selly Oak has cycle, metal, enamel, and cocoa works. In Stirchley are ammunition, metal, and paper works; and at Balsall Heath there are bedstead and general hardware works.

Charities.—Birmingham has the usual public charities of a large and thriving city—great general medical and surgical hospitals, and special hospitals for special diseases. The following list of subscriptions by the King's Norton Guardians shows incidentally the nature of the principal charities:—

	£	s.	d.
Workhouse Magdalen Charity (B'ham)	26	5	0
*The Queen's Hospital, Birmingham	10	10	0
The General Hospital, Birmingham	10	10	0
Birmingham Crippled Children's Union	10	10	0

* For years 1905 and 1907, £21.

	£	s.	d.
Birmingham and Midland Eye Hospital	7	7	0
Institution for the Blind, Edgbaston	7	7	0
Birmingham and Midland Ear and Throat Hospital	5	5	0
National Society for the Prevention of Cruelty to Children	5	5	0
Middlemore's Emigration Homes	5	5	0
Mary Magdalen Home, Edgbaston	5	5	0
Royal Orthopædic and Spinal Hospital	3	3	0
Birmingham and Midland Homœopathic Hospital	3	3	0
Bath Row Free Registry and Home	3	3	0
Birmingham Working Boys' Home	3	3	0
Rhyl Convalescent Home	2	2	0
Smethwick District Nursing Society	10	10	0
Birmingham District Nursing Society	5	5	0
King's Norton District Nursing Society	5	5	0
Selly Oak District Nursing Society	5	5	0
Selly Hill, Dogpool and Ten Acres	5	5	0
Harborne District Nursing Society	2	2	0
King's Heath District Nursing Society	2	2	0
Northfield District Nursing Society	2	2	0

In Smethwick—one of the poorest districts in King's Norton Union—annual sports yield a balance of about £180, which is distributed amongst charities.

The above subscriptions must, of course, be far from adequate to pay for the relief received by the pauper population in supplement to rate-paid charity. The hospitals do a great deal in this way, so that the poor have alternative resources in the matter of medical relief. In addition there are medical dispensaries, some free, some partly supported by persons applying to them for benefits. No doubt the existence of such alternatives tends to overlapping, but there is also some co-operation. The Poor Law infirmary receives from the hospitals many cases on their way to convalescence—fractures in plaster of Paris for example—and so sets free beds for patients under active treatment.

It will be noted that the guardians subscribe to various nursing associations.

In one district I noticed a medical dispensary at which about half a dozen medical men give free service to the poor. This dispensary, therefore, constitutes a further supplement to Poor Law medical relief. As the medical men give their services without payment it is not to be expected that their work should be under any supervision, but in that respect it resembles the paid work of the district medical officers. That the dispensaries are recognised by the guardians is clear from their rules and regulations as to the administration of outdoor relief. Rule III. is as follows:—"Medical Relief.—Applicants for and recipients of medical relief—other than those in receipt of outdoor relief—shall be supplied by the relieving officers with the addresses of the local provident dispensaries."

R. O.'s District _____
No. in A. & R. Book _____

Case No. _____

KING'S NORTON UNION.

SPECIAL REPORT BY RELIEF VISITOR.

Name of Applicant _____ Age _____ Relief allowed _____
Residing at _____
State if Occupier _____ Rent _____
If in lodgings, what accommodation and rent? _____

OUTDOOR MEDICAL RELIEF.

There are five out-relief districts whose acreage and census population are as follow:—

	Area in Acres.	Population 1901.
1	1,181	21,429
2	748	33,110
3	454	38,827
4	10,039	57,366
5	16,155	36,353
	28,577	187,085

The number of medical relief districts is eight. Their acreage and population are as follow:—

Name.	Area in Acres.	Population 1901.
Harborne	2,806	11,461
Smethwick	1,882	54,537
Edgbaston	2,606	26,486
Beoley	4,477	565
King's Norton and Stirehley	2,335	12,981
Wythall District	2,837	850
Moseley	3,000	59,332
Northfield	7,513	20,889

In King's Norton there is a female relieving officer who has certain duties in all the districts. Her duties include, but are not restricted to, the visiting of widows with children. She inspects the house as regards cleanliness and structural defects. If she finds such defects she sends notice to the female health visitors of the sanitary authority. If there is want of cleanliness either of the house or of the children, she reports to the Guardians. She does not take the liberty to examine the feet or bodies of children living with widowed mothers, as she thinks the parents would object, but she makes an examination of this kind in the case of boarded-out children. She gives advice about cleanliness, ventilation, clothing, dieting, and schooling. She sees all important cases before their admission to the infirmary unless there is great urgency. The results of her visitation are reported to the Guardians, and in the absence of destitution an order for admission to the infirmary is refused.

Excepting in cases of great urgency the district medical officer is never sent to attend unmarried women in childbirth. All such must go to the infirmary. Registered midwives attending married women outside may call in any medical man, and he is paid by the Guardians.

Where the female relieving officer suspects overcrowding, or deception as to income, she often visits late at night, when all the household are at home. She also visits non-resident paupers belonging to the King's Norton Union, if these do not live at too great a distance. This is in addition to the visits made by the relieving officer.

The following are the forms of report made by the relief visitor to the Relief Committee:—

Date of visit _____ If previously visited _____

_____ 190 _____

_____ Relief Visitor.

Case considered by Relief Committee

_____ 190 _____

Order made _____

_____ Chairman.

In addition to the above particulars, the Visitor makes in her report any general remarks that the case may require

In the case of the "aged and deserving poor" a different form is used, as follows:—

R. O.'s District _____ *Case No.* _____*No. in A & R Book* _____

KING'S NORTON UNION.

SPECIAL REPORT by relief visitor as to aged and deserving poor.

Name _____ aged _____ and

_____ aged _____

Residing at _____

_____ How long? _____

1. Married, Single, Widower, or Widow? _____

2. If Widow, give date and place of Husband's death _____

3. How long Resident in King's Norton Union? _____

4. How long on Relief List? _____

5. Relief allowed at present time _____

6. Names, Addresses, and Condition of all Children living, giving Sons first _____

7. Are there any Relatives legally bound to contribute to his or her support? _____

8. If alone or living in own house:—

Name of Landlord _____ Rent _____

Is Landlord any Relation? _____

Whose is the Furniture? _____

PARTICULARS OF PERSONS LIVING IN HOUSE :

Name and Age.	Occupation and Wages.	General Remarks.

9. If alone, state if able to attend in every way to own wants, and keep house clean _____

10. Income of Applicant _____

11. If living with Relatives :—

Name of Occupier _____ Rent _____

What Relation to Occupier? _____

Particulars of Persons living in House :—

Name and Age.	Occupation and Wages.	General Remarks.

12. Income of Family _____ Amount given to Home _____

13. Is Applicant of any help in the Home? If so, what? _____

14. If Living with Friends or in Lodgings :—

Name of occupier _____ Rent _____

What rent does applicant pay? _____

Is he or she of any help in the house? If so, what? _____

Particulars of persons living in house _____

Name and Age.	Occupation.	General Remarks.

15. Are the occupier and his family respectable? _____

16. What is the general condition of the home? _____

17. Where does applicant sleep? _____

18. What is known of applicant's character past and present? _____

19. Is he or she suffering from any infirmity of mind or body? _____

20. Is he or she properly attended to? _____

21. If working now, give employment and wages _____

22. If not working, how lived since last employed? _____

23. Date of last employment _____

24. Name and address of last employer _____

25. Occupation and wages _____

26. Is applicant (or has he or she been) a member of any Friendly or Trade Society? _____

27. Is anything received from Charity? _____

28. Total Income, including Poor Relief _____

General Remarks and further particulars, if any _____

Date of Enquiries _____

Relief Visitor.

Decision of Sectional Relief Committee No. _____

Date _____

Chairman.

Confirmed by Relief Committee _____

Chairman.

Date _____

Cross Visiting.—Concerning widows with dependent children there is a system of "cross visiting," the visitor being outside her own district while occupied in this work. The form of Report is given below, from which it will be seen that questions are asked concerning the condition of the house in various sanitary respects.

KING'S NORTON POOR LAW UNION.
 DESERVING WIDOWS WITH DEPENDENT CHILDREN.
 SPECIAL REPORT BY CROSS VISITOR.

As to _____ aged _____ with _____ Children
 Residing at _____
 since _____ previously at _____

1. Late Husband's Name _____
2. How long a Widow _____
3. How many Children has Applicant had? _____
4. Names, Addresses, and Condition of all Children living away from Home :—

5. Is Applicant living in her own house? _____

If so,

6. Give Name of Landlord _____

Rent, including Gas _____ Has she any Lodgers? _____

Particulars of Persons living in house other than dependent Children :—

Name.	Age.	Relation to Applicant.	Occupation.

7. If working, state where employed and amount of wages last week - - - - -

Other income, and from what source _____

Name, &c., of Children living with Applicant :—

Name.	Age.	Occupation.	

Wages of each Child last We. k.

Income of Applicant from all sources - - - - -

8. If living with Friends, Relatives, or in Lodgings:—

Name of Occupier _____

What Relationship to Occupier? _____

What does Applicant pay for Lodgings? _____

Particulars of Persons Living in House:

Name.	Age.	Relationship to Applicant.	Occupation.

9. Is the Occupier Respectable? _____

10. Is the Home healthy? _____

11. Not overcrowded? _____

12. Are the surroundings good? _____

13. What is the condition of House and Beds? _____

14. Where does Applicant sleep? _____

15. Where do Children Sleep? _____

16. How has Applicant's Income, whether relief or other, been spent? _____

17. Has it all been spent for the relief of her family? _____

18. Has Applicant led a decent and deserving life? _____

19. Does Applicant suffer from any infirmity of mind or body? _____

20. What character has her husband? _____

21. Was he insured? If so, for what amount? _____ How has the money been spent? _____

22. Where was Husband last employed? _____

What were his wages? _____

23. Amount of Previous Relief, if any? _____

Date of Enquiries __________
*Cross Visitor.**Considered by Relief Committee:*_____
150*Order made.*_____
150_____
Chairman of Committee.

I had interviews with two of the District Medical Officers, one of the two being visiting medical officer to the infirmary and the children's homes.

The medical officer of health has written to the district medical officers quite recently asking for voluntary intimation of phthisis. I understand that no fee is proposed.

One officer whom I saw at his dispensary informed me that in a year he had made over 5,000 visits to paupers, and had seen at his dispensary over 500, and had given over 9,000 bottles of medicine. His salary is £175 per annum. The drugs cost him more than £50, and he pays a rent of £23 10s. for the dispensary. This leaves practically £100 in payment for considerably more than 5,000 visits and consultations, which works out at something less than 5s. for each attendance. The District Medical Officer is also public vaccinator, and his fees have amounted to nearly £400 annually, but under the new Vaccination Order they will be reduced to about £250 or £300. He hopes that his salary as District Medical Officer will soon be increased. The Guardians pay for cod-liver oil and quinine, and the Medical Officer of Health provides antitoxin.

Medical attendance cards are given to paupers in receipt of other out-relief, and they last until 1st April or 1st October, at which dates they require renewal. Medical orders as distinguished from cards are for persons who are not getting other out-relief. They are given not for a fixed period, but until the case recovers. The District Medical Officer intimates to the Relieving Officer when the patient is better, and then ceases to attend until a fresh order is obtained.

With regard to the granting of orders, in most cases information obtained from the applicant decides for or against. When the orders are granted (as is usually the case) the Relieving Officer visits and investigates as soon as possible afterwards, and if the statements are found incorrect the order may be withdrawn. Employers are often communicated with in order to ascertain wages.

The policy of the Guardians is to deal with cases at once, and settle the responsibility later.

Outdoor Cases Seen.—Accompanied by the relieving officers I visited a number of houses where sick paupers resided in two of the districts, Smethwick, No. 1, and Balsall Heath, No. 3. In Smethwick there is a good deal of overcrowding, and many houses have lodgers or are occupied by more than one family.

Phthisis.—There is a large amount of phthisis under treatment at home. When the new infirmary (as under-noted) is built, no doubt its phthisis wards will be fully occupied, and the cases at home will be correspondingly diminished.

At present among the outdoor paupers 36 cases are chargeable to the Guardians as the result of phthisis in families, and the total number of persons affected by the chargeability of these 36 is 137.

Phthisis is voluntarily notifiable in Birmingham, and part of the area in which my outdoor inspections were made is within the city boundaries. Within this area, I met with two phthisis cases which had not been visited by any of the public health staff, and on communicating with the medical officer of health I was informed that no notification had been received with regard to the cases. A third case, where the home conditions were very bad, had been notified by one of the medical officers of the General Hospital, but at a wrong address. The case was discovered, however, but on being visited the patient absolutely refused to go to the infirmary.

All the more interesting of the outdoor cases seen in King's Norton Union have been noted in the General Report. The following may be given in addition, though they present no special features:—

Mrs. —, (f.), 38. Suffers from uterine trouble, and was operated on in the General Hospital, Birmingham, a year ago, but is ill again. She gets medical relief only. Her husband is a bricklayer, and there are seven children in the house, aged five to eighteen. The husband's earnings are said to be as little as 12s. weekly, and the children earn 12s. amongst them. The house consists of three small apartments, and is badly overcrowded.

—, (m.), 33. Chronic pneumonia and rheumatism. This is a stableman with a wife and five children. He was in the infirmary for seven months, but was told there was no prospect of restoration to health, and that he might as well live at home with his wife and family. The Guardians give 5s. and five loaves

weekly. A club gives 2s. 3d., and his wife does charring.

—, (m.), 80. Suffering from senile decay. Lives with a married daughter and four children in a house of four apartments. The house is dirty.

Mrs. —, (f.), 48. Widow with three dependent children. She suffers from a tumour of some sort, perhaps cancer. Attended a dispensary, but did not appear to have been well examined there. Went to one of the hospitals, and was carefully examined, but refused to go as an indoor patient, and still refuses. The family earn about 15s. a week. She receives 2s. and two loaves from the Guardians weekly. The dependent children, aged 11 and 15, are at school. Their breakfast consists of bread and margarine; mid-day, some meat and potatoes or bread and butter; five o'clock, bread and jam. A pennyworth of skimmed milk is bought daily.

—, (m.), 36. Rheumatic fever. A labourer with a wife and six children—has been ill for nine weeks; in bed for the first six weeks, and now recovering. This is his first attack. He has been treated at home, and would have refused the infirmary. The question of going to a general hospital was not mooted. One of his children is in the Birmingham Hospital with chorea. His ordinary pay is 24s. weekly. He has received 6s. weekly and a supply of milk from the Guardians during his illness.

Mrs. —, (f.), 38. Widow with six children, of whom two are working. It is proposed to send two of them to the cottage homes. One child, aged nine, has suffered from chronic eczema of the head for some years, but the mother objects to send it to the infirmary at Selly Oak. She states the reason to be that her husband died there.

Mrs. —, (f.), 59. Pleurisy and lumbago. This woman has medical relief only. Her husband used to earn as much as £4 weekly, but is intemperate, and has been off work for two years. Two sons live with them, one separated from his wife and the other unmarried. The married son earns 21s. a week, and the other 14s.

—, (m.), 48. Heart disease. This man has medical relief only. He was in the Selly Oak Infirmary for a fortnight, but felt very restless, and came out again. The district medical officer attends him when necessary. He lives with his mother, who is a very old woman, receiving 2s. 6d. weekly from the Guardians. The man was a plasterer, and has been off work since Whitsuntide this year.

Mrs. —, (f.), 69. Suffers from internal cancer and is blind of an eye. She has dropsy of the lower limbs. She lives with her husband. The doctor frequently visits, and has recommended half a pint of whisky weekly as an extra. The amount of money relief is 5s.

Mrs. —, (f.), 29. Ulcerated leg. Medical relief only. The husband is a labourer who suffers from epilepsy. He earns 17s. weekly and the rent is 5s. There are two children. A lodger pays 1s. weekly. Ulceration of the leg began 13 months ago. It is being treated by iodoform ointment spread on linen rags, and is mending.

—, boy, aged 6. Choreia. The disease began in spring and is mending now. The house is clean, but the child could be better dealt with in the infirmary.

INDOOR MEDICAL RELIEF.

In the King's Norton Union there are three Poor Law institutions—the Workhouse, the Infirmary, and the Cottage Homes. The two former are situated at Selly Oak, a working class and manufacturing district outside the city of Birmingham.

INFIRMARY.

The King's Norton Infirmary was built about ten years ago to accommodate 250 patients, and is now being extended so as to provide for 430 patients, exclusive of the Isolation Hospital. In various respects it differs widely from anything I had seen in the rural unions. It is a handsome range of buildings, equalling in general appearance a good modern hospital, and in most respects it is managed on similar lines. It adjoins the workhouse, but is not situated within the same boundary walls. It has communication with the workhouse by a gateway, but its principal entrance is directly from the public road. It is under entirely separate government, having a resident medical superintendent and a matron, apart from the master and matron of the workhouse.

The relation of the patients to the workhouse is little more than nominal. When the relieving officer has a case requiring infirmary treatment, as certified by the district medical officer, he telephones to the workhouse master, because the ambulance is at the workhouse. The master telephones to the infirmary matron, who sends a nurse to the patient's house to accompany the ambulance with the patient to the workhouse lodge, where particulars are taken from the relieving officer's order-form and entered in a book, then the ambulance proceeds along a public road to the infirmary gate, and the patient is taken into the receiving ward, where the resident medical officer or the matron sees the case. A new order was under consideration at the time of my visit (September 9th, *et seq.*) with the view to admitting urgent cases directly to the infirmary without any delay at the workhouse gate.

When cases are being discharged from the infirmary they usually require to go to the workhouse receiving wards, where a note is made of their discharge, and they resume their own clothing. But if the patient is weak the clothing is brought to the infirmary, and the case is dismissed direct, though, of course, the discharge has to be entered in the workhouse books.

The patients received into the infirmary appear on the whole of a better social class than I had seen in the rural unions. They certainly do not consist to anything like the same extent of senile persons, but include many belonging to the earlier ages of life. As indicating the class from which some of them are drawn it may be mentioned that shortly before my visit the matron had observed among a patient's correspondence the envelope of a withdrawal note of the Post Office Savings Bank, and on inquiry it was found that the patient was withdrawing £16 to give to executors, and that she had an income of £18 per annum from property. She was 71 years of age, and was admitted to the infirmary on 27th February, 1907, suffering from a fractured thigh, and from a fistula following a colotomy done in a general hospital. After discharge from the hospital she needed institutional care, and the guardians had agreed with her son that she should be maintained at the infirmary at a cost of 10s. 6d. weekly. When it was discovered that she had an income as above the guardians called upon her son to make up the weekly payment to 15s., which is the standard inclusive cost per case. He at once agreed to do this as from the date of her entry to the institution. This case is exceptional. In 1906 the total amount received from "relatives or property of paupers in respect of in maintenance" was £502. This refers both to workhouse and infirmary inmates, exclusive of lunatics. Whether a larger sum could be recovered I do not, of course, know.

Accidents are admitted as emergency cases to the infirmary. As already stated, fractures put up in plaster of Paris at the general hospitals often come into the infirmary afterwards to lie till recovery in order to make room for more urgent cases at the hospital. The cases so transferred include respectable working men and women and domestic servants temporarily destitute or homeless.

I was anxious to obtain an impression of the general nature of the cases received into the infirmary. On the date of my visit there were 249 patients in the wards. The matron stated that they were about equally divided between medical and surgical, and that about half of the medical cases could be described as acute and the other half as chronic. Of the surgical cases the great majority were chronic. No surgical operations are performed in the infirmary, and there is no operating theatre, but new accommodation at present being provided is to include an operating theatre. This is likely to necessitate an addition to the staff through the appointment of a surgeon, either visiting or resident. I obtained, through the kindness of the steward, the following statistical statement of the cases on September 10th, 1907. It will be seen that they embrace all ages, but that about half—125 in a total of 247—are over 60 years of age.

SEPTEMBER 10TH, 1907.

PATIENTS IN INFIRMARY—

Men	-	-	-	104
Women	-	-	-	124
Children	-	-	-	19
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TABLE OF AGES.

Under 2 years of age	-	-	-	9
From 2 " to 5 years	-	-	-	2
" 5 " to 9 "	-	-	-	4
" 9 " to 16 "	-	-	-	4
" 16 " to 20 "	-	-	-	8
" 20 " to 25 "	-	-	-	17
" 25 " to 30 "	-	-	-	10
" 30 " to 35 "	-	-	-	6
" 35 " to 40 "	-	-	-	10
" 40 " to 45 "	-	-	-	14
" 45 " to 50 "	-	-	-	13
" 50 " to 55 "	-	-	-	11
" 55 " to 60 "	-	-	-	14
" 60 " to 65 "	-	-	-	29
" 65 " to 70 "	-	-	-	18
" 70 " to 75 "	-	-	-	26
" 75 " to 80 "	-	-	-	28
" 80 " upwards	-	-	-	24
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TABLE OF AGES AND DISEASES.

Children under 2 years—9, viz.:

Debility	-	-	-	2
Gastric catarrh	-	-	-	2
Eczema	-	-	-	1
Birth	-	-	-	4

Children 2 to 5 years—2, viz.:

Imbecile	-	-	-	1
Eczema	-	-	-	1

Children 5 to 9 years—4, viz.:

Imbecile	-	-	-	1
Eczema	-	-	-	3

Children 9 to 16 years—4, viz.:

Tubercular	-	-	-	2
Cardiac	-	-	-	1
Eczema	-	-	-	1

16 to 20 years—8, viz.:

Imbecile	-	-	-	1
Pleurisy	-	-	-	1
Debility	-	-	-	2
Tubercular	-	-	-	2
Cardiac	-	-	-	1
Injury	-	-	-	1

20 to 25 years—17, viz.:

Gastric	-	-	-	1
Impetigo	-	-	-	1
Syphilis	-	-	-	1
Epilepsy	-	-	-	1
Tubercular	-	-	-	3
Pregnancy	-	-	-	8
Pneumonia	-	-	-	1
Cardiac	-	-	-	1

25 to 30 years—10, viz.:

Epilepsy	-	-	-	2
Myelitis	-	-	-	1
Tubercular	-	-	-	1
Rheumatism	-	-	-	1
Pregnancy, etc.	-	-	-	2
Cardiac	-	-	-	2
Ascites	-	-	-	1

30 to 35 years—6, viz.:

Pregnancy, etc.	-	-	-	1
Imbecile	-	-	-	1
Gastric	-	-	-	2
Syphilis	-	-	-	1
General paralysis	-	-	-	1

35 to 40 years—10, viz.:

Cerebral	-	-	-	1
Cardiac	-	-	-	1
Tubercular	-	-	-	3
Ulcer	-	-	-	1
Pregnancy, etc.	-	-	-	2
Debility	-	-	-	2

<i>40 to 45 years=14, viz.:</i>	
Ulcers - - - -	1
Nephritis - - - -	1
General paralysis - - - -	2
Rheumatism - - - -	2
Cardiac - - - -	2
Tubercular - - - -	4
Varicose - - - -	1
Cerebral - - - -	1
<i>45 to 50 years=13, viz.:</i>	
Rheumatism - - - -	1
Ulcers - - - -	3
Delirium tremens - - - -	1
Cardiac - - - -	2
Diabetes - - - -	1
Lumbago - - - -	1
Bronchitis - - - -	1
Tubercular - - - -	2
Debility - - - -	1
<i>50 to 55 years=11, viz.:</i>	
Ulcers - - - -	2
Rheumatism - - - -	1
Epilepsy - - - -	1
General paralysis - - - -	2
Cardiac - - - -	2
Carbuncle - - - -	1
Gout - - - -	1
Injury - - - -	1
<i>55 to 60 years=14, viz.:</i>	
Cardiac - - - -	3
Cystitis - - - -	1
Bronchitis - - - -	3
Ulcers - - - -	3
Cerebral - - - -	1
Rheumatism - - - -	2
Cancer - - - -	1
<i>60 to 65 years=29, viz.:</i>	
Ulcers - - - -	5
Epilepsy - - - -	2
Diabetes - - - -	1
Cancer - - - -	2
Cerebral - - - -	7
General paralysis - - - -	3
Cardiac - - - -	4
Rheumatism - - - -	2
Tubercular - - - -	1
Injury - - - -	1
Abscess - - - -	1
<i>65 to 70 years=18, viz.:</i>	
Eczema - - - -	1
Injury - - - -	1
Bronchitis - - - -	3
Ulcers - - - -	3
Cerebral - - - -	2
Epilepsy - - - -	1
Cardiac - - - -	2
Abscess - - - -	1
Rheumatism - - - -	3
Cripple - - - -	1
<i>70 to 75 years=26, viz.:</i>	
Ulcers - - - -	5
Fractures - - - -	2
General paralysis - - - -	2
Senility - - - -	1
Cancer - - - -	3
Cardiac - - - -	8
Cerebral - - - -	2
Psoriasis - - - -	1
Bronchitis - - - -	1
Abscess - - - -	1
<i>75 to 80 years=28, viz.:</i>	
Paralysis - - - -	4
Senility - - - -	4
Cardiac - - - -	8
Cerebral - - - -	1
Bronchitis - - - -	2
Ulcers - - - -	3
Injury - - - -	1
Fracture - - - -	1
Gangrene - - - -	1
Furunculosis - - - -	1
Tonsillitis - - - -	1
Nephritis - - - -	1
<i>80 years and upwards=24, viz.:</i>	
Fracture - - - -	1
Cardiac and senility - - - -	23

Cases noted.—In the course of my visits to the infirmary I interviewed various patients, but none of the cases call for very special remark. The story told me by one woman, aged 57, suffering from cancer of the womb, suggested that if she had been brought earlier under Poor Law medical relief operation might have been useful.

Another woman, aged 67, suffering from cancer, was admitted to the infirmary, where operation was proposed, but she would not consent, and went out. She returned to the institution later, but the disease was too far advanced by that time to permit operation.

As is to be expected, many cases drift into the care of the Guardians after their means have been exhausted by illness.

A married woman, aged 48, who has had thirteen children, fell into ill health about six years ago, beginning with an attack of pleurisy. She continued to pay 5s. a week for medical attendance for two years, and then got the District Medical Officer. Her disease is entered as diabetes and nephritis.

A girl, aged 23, suffering from Graves' disease, had been employed in a warehouse. She fell ill about Whitsuntide, 1906, and had medical attendance, for which she paid. Then she went into Queen's Hospital, Birmingham, in August, 1906. After treatment there for two months she was sent to a convalescent home at Stratford-on-Avon for three weeks. Afterwards she returned to her own home, and finally she came into the workhouse infirmary last week.

A married woman, aged 28, had rheumatic fever at the age of 14, and has suffered from heart disease for the past seven years. Her husband is at sea. She was first attended privately at Portsmouth, then in a workhouse infirmary, then in a general hospital at Portsmouth, and then at home. Next she lived with a sister, and attended the dispensary of the Queen's Hospital. She has been in the workhouse infirmary here for about a month, and is feeling better again.

A married woman, aged 25, is suffering from a severe attack of cardiac dropsy. The visiting physician to the hospital, who is also a District Medical Officer, saw her in her own home, and had her brought into the infirmary. Her illness is very serious. She is requiring and receiving skilful and careful treatment and nursing, without which she would almost certainly have died before now.

Examples of the co-operation between general hospitals and Poor Law infirmaries already referred to are—two women, one aged 22, the other 42, who were operated on by laparotomy and nephrotomy respectively in the Queen's Hospital. Their illnesses now being chronic, they have come into the infirmary.

Medical attendance.—The staff consists of a visiting medical officer and a resident or whole time medical officer. The visiting medical officer lives about half a mile away, and is connected with the institution by telephone. Owing to want of accommodation, the resident medical officer does not live within the precincts of the infirmary. His house, however, is only 200 yards away, and is connected by telephone. The resident medical officer does all the dispensing. It is true that there are no operations, and that one half of the patients are over 60 years of age, and that the visiting medical officer attends thrice per week, between the hours of eleven and one, and does all the work when the resident is on holiday, yet the total medical work is more than sufficient to occupy the whole time of the resident without his requiring to make up drugs. In this connection it is necessary to bear in mind that the workhouse inmates, including children, infirm persons, and insane, and numbering perhaps 500 on an average, are also under the care of the same official. I formed the opinion that under present conditions there is employment here for two resident medical officers. When the hospital extension is completed the staff will perforce have to be increased, the addition of the operating theatre above referred to necessitating this.

No medical case books or ward journals are kept by the medical officers or by the nurses. The only records of treatment are on the diet cards. Post-mortem examinations are made, but not fully recorded.

Nursing.—The staff consists of a matron, two assistant matrons, a midwifery charge nurse, a superintendent of night nurses, four sisters, and 19 probationers. The total staff, therefore, is 28, or, excluding the matrons and midwifery nurse, 24, being one nurse to every ten patients, which is quite fairly satisfactory, though the number of trained nurses is hardly sufficient to allow for leave of absence, illness, and holi-

days. Each probationer gets two months' tuition by the matron before entering the wards. After she has been a month in the wards it is decided whether she is suitable. If so, the medical officer takes charge of subsequent tuition.

The conditions on which probationers are admitted are the following:—

Before being accepted as a probationer for training in the wards, applicants must pass a satisfactory course of preliminary instruction and practical work, such course extending for a period of six weeks. The preliminary course includes lectures on anatomy and physiology and instruction in such household duties as it will subsequently be necessary for the probationer to share when admitted to the wards, such as sweeping, dusting, etc., but not scrubbing. They are also expected to become efficient in the art of bandaging and in such details of practical nursing as can be taught by way of preparation for the actual attendance on the sick.

The fee payable for training is £5, but this sum will be refunded to those probationers who satisfactorily complete a course of training in the wards extending over three years and six weeks.

If any candidate so prefers, she may, instead of paying such sum, provide a satisfactory surety for the forfeiture of the sum of £10 failing her duly completing such course of training in the wards.

The matron may at any time terminate the engagement of a preliminary probationer, and in such a case a due proportion of the £5 paid for training will be refunded.

At the end of the course of preliminary training it rests with the matron whether the probationer shall be allowed to continue under training.

No separate certificate is given for the course of preliminary training.

Probationers must submit to a medical examination by one of the medical officers, and may also be required to verify age by producing a certificate of birth.

After three years the nurses are examined by an outside medical examiner, and certificates are given in accordance with his advice. There are always abundant applicants, and the nurses obtain good situations afterwards.

Both day and night nurses enter their notes of cases in a report book. The night nurse signs the day nurse's notes, and the night superintendent signs the night nurse's notes. The report book is taken to the matron's office in the morning, she reads it, and tells the medical officer about any points of consequence. The day nurses also report to him verbally.

With regard to the salary of the nurses, probationers used to get for the three years a salary of £16, £18, and £20 with uniform, but this has been reduced to £5, £10, and £15 with uniform, and the reduction of salary is said to have raised rather than lowered the character of the staff, salary being the principal object of applicants under the old scale, and desire to nurse the principal object under the new.

There was every indication that the patients were being well treated. At the time of my inspection there was only one case with bedsores—an old patient with paralysis, admitted three years ago. She was lying on a water-bed.

All the work of the infirmary is done by paid officers, excepting that the gardener has the help of pauper labour. The women scrubbers are outdoor poor, who would probably otherwise require relief from the rates.

The following statistics, taken from the official Handbook of the Union, show the number of cases dealt with in the infirmary in the past five years:—

INFIRMARY.

NUMBER of Cases dealt with, and Average Weekly Cost per head of In-Maintenance (Provisions, Necessaries, and Clothing):—

Year ending	Number of Inmates at Commencement of Year.	Admissions during the Year.	Births during the Year.	Discharged during the Year.	Deaths during Year.	Number at end of Year.	Weekly Average Number.	Number of Public Funerals.	Weekly Average Cost per head.
Ladyday, 1903 -	210	864	47	778	110	233	218	56	s. d. 6 11½
" 1904 -	233	985	45	856	165	242	217	71	6 10½
" 1905 -	242	1,158	50	999	191	260	253	95	6 9½
" 1906 -	260	1,050	49	922	154	283	256	50	6 9
" 1907 -	283	1,197	43	1,070	203	250	260	97	6 8½

BUILDINGS.

The buildings were opened in 1897, and, as noted above, are on modern lines, and of good appearance. The entrance hall is handsome, but it cannot be alleged that there has been much extravagance in construction, excepting perhaps in respect that the lowest floor of each pavilion is raised from the ground on low arches with an open space underneath. This space is needless, and permits accumulation of dust.

The buildings are of red brick, two storeys high, and are constructed on the usual pavilion system, the width being only that of a ward containing a row of beds along each side. Though built so recently as 10 years ago, the walls internally are of the regular workhouse type—brick lined and painted to a height of 4 feet, and distempered above. But the brickwork has been good, and yields a fairly smooth and clean surface. The wards on the ground flat are floored with "terrazo," and the passages have pavement brick of good quality. The heating is by steam coils and Shorland grates. There is good cross ventilation by properly opening windows, and each ward has a verandah at one end, facing north or south, according to the situation of the ward. The upper and lower verandahs are connected by stairs, to serve as fire escapes.

In the ordinary sick wards the cubic capacity is reasonably sufficient. A ward 75 feet long by 24 feet wide and 12 feet high has 24 beds, allowing 825 cubic feet per bed. The iron bedsteads are fairly good. The newer are higher than the older, and the wire mattress has a wider mesh, more easily cleaned. For some very old and infirm inmates, bedsteads with protecting sides are used to prevent falling out of bed.

The wards have good bathrooms and water-closets. The hot-water taps of the baths have safety keys, which are kept in charge of the nurse.

The existing infirmary wards have no day rooms, but these are being provided in connection with the new blocks.

Phthisis Wards.—Two small side wards are used for phthisis, one for males and one for females. The total cubic capacity is 4,704 feet, and at the time of my inspection one ward had six patients, and the other five patients. They have no verandah, and are without sufficient cross ventilation, though there are three windows in each ward. All the patients are in an advanced stage. The amount of accommodation for the disease is small at present, especially for men. Women suffering from phthisis do not come in for treatment so readily as men, because they can go on doing some amount of house work whilst suffering

from the disease, whilst men in the same condition have in many cases to give up work entirely. The guardians send an occasional case to a sanatorium. Seven cases have been sent in five years. Greater provision is to be made for phthisis in the new buildings, and the wards are to have verandahs.

The Infectious Diseases Hospital is a separate building, containing four small wards, two for children, one for adult males, and one for adult females. The two latter wards are recent additions. The dimensions of each of the children's wards are 24 feet by 16 feet by 13 feet, giving a total capacity of 4,992 cubic feet. Each ward is intended for six patients, so that the cubic capacity is only 832 feet per case, instead of 2,000, the standard requirement for infectious diseases. The wards are fairly well ventilated by large windows at the two ends. In the bathroom belonging to the larger wards the safety key for the hot-water tap was not detached. The new wards have a movable bath on wheels. My own experience is that these movable baths, excellent in theory, are seldom used.

The diseases intended to be received in this block are whooping cough and measles, the patients coming direct from outside. The Urban District Council take scarlet fever and enteric fever.

The nurses' bedrooms in the infectious disease block might have been better ventilated. Their window tops are about 3 feet from the ceiling.

Maternity Department.—This is in a two-storey building at the north end of the women's wards, with which it is connected by a vestibule. Its accommodation is in every respect satisfactory. It contains 2 labour wards and 2 general wards of 5 beds each, and as far as possible the pregnant women use one ward. The babies sleep in cribs, and not with their mothers.

Training in midwifery is given, and regular lectures are delivered by the medical officer and the matron. The workhouse medical officer is not sent for to confinements except in difficult cases. The sister in charge is a certificated and registered midwife. During the 5 years ending Lady Day 1903-7 inclusive the births have been 47, 45, 50, 49, and 43 respectively.

Linen.—The infirmary linen stores are well stocked, and the sheets are the full size, 6 feet by 9 feet.

There is an excellent laundry. Laundry work is done by women from outside, who would otherwise have to be relieved out of the rates.

Mortuary.—The infirmary has a good mortuary and post-mortem room.

New Infirmary.—I had an opportunity of inspecting the new infirmary buildings in course of construction. They are of three storeys. They adjoin the present infirmary. They are quite equal to those of a first-class modern hospital. I took note of the dimensions of one of the wards intended for twenty-four beds. It was 92 feet long, 24 feet broad, by 9 feet 6 inches high, giving a total capacity of 20,976 cubic feet, allowing 832 cubic feet per bed. The heating is to be by hot-water pipes. The extension, as already stated, will increase the total accommodation of the infirmary to 430 beds, exclusive of the Infectious Diseases Hospital.

New Home for Nurses.—This is being built on the opposite side of the road from the infirmary, no better site being available. It appears to me a very comfortable and suitable building, erring on the side neither of extravagance nor of parsimony.

Deterreny.—A question to which I gave attention was whether any deterreny existed with regard to indoor medical relief in King's Norton Union—whether the handsome and well-conducted infirmary is viewed with less favour than the general hospitals of Birmingham—whether, in short, any Poor Law stigma attaches to the infirmary.

While deterreny is not altogether absent, certainly it does not exist to anything like the same extent in King's Norton as in the rural unions which I had previously inspected. There is nothing here to compare with the abhorrence of indoor relief which is found in the rural unions.

The reasons for the difference appear to be multiple. The institution has all the appearance of a general hospital. It is as well built and, subject to what I

have said about medical attendance and nursing, well managed. Also the institution, though adjoining the workhouse, is not within the workhouse grounds. Again, the workhouse tradition does not appear to exercise so strong a deterrent influence in cities as in the country, and the imaginary distinction drawn between the degradation attaching to indoor, as distinguished from outdoor relief, is much less heard of in cities. Such deterreny as remains appears to be due partly to the propinquity of the infirmary to the workhouse and partly to the fact that it is ruled over by the Guardians.

These remarks apply to the deterreny of the deserving poor who ought to accept institutional aid in illness. In the case of the undeserving, the discipline and cleanliness of the life, the need for regular bathing, and the want of opportunity for drinking, have a very useful deterrent influence.

On the other hand, I did not form the opinion that the infirmary is unduly attractive, or, at least, if it is so, reasonable care appears to be exercised to prevent its wards being filled by persons not requiring its aid. In the necessarily brief visit which I was able to pay the cases generally seemed to be such as were proper for institutional treatment.

COTTAGE HOMES—SHENLEY FIELDS.

A visit to these homes opened my eyes to what is already being done by some Boards of Guardians for the better rearing of pauper children. The ages dealt with here are three years to sixteen. The homes consist of ten handsome cottages, in grounds of 13½ acres, at Shenley Fields, a pleasant country district, a mile or two from Selly Oak, where the workhouse and infirmary are. The grounds contain, in addition, schools, infirmary, workshops, swimming bath and drill hall, superintendent's house, large garden, and play field. The water supply is from an artesian well, and is very hard.

The total accommodation is for 240. Each of eight homes can receive twenty-four children, and the other two take in twenty-eight and twenty children respectively.

The two last referred to were opened only in 1905, but the institution was opened in September, 1887, and up till Lady Day, 1906, 914 children had been admitted.

On admission, children are housed in a probationary home until it appears whether they are free from infectious disease.

Each home contains a good kitchen and offices, a public room and dormitories. They are used respectively for boys and girls, and in each the ages vary, to make the life more like that of a family. In some homes of other unions, visited subsequently, I found this principle followed still further, younger boys being in the same homes with girls of all the ages received into the institutions.

Each home is under the charge of a foster-mother appointed and paid by the Guardians. In some cases the foster-mother is a married woman whose husband is also employed at the homes in shoemaking or tailoring, or in some other of the trades which are taught to the boys. But it is often difficult to get a perfectly suitable foster-mother, and the difficulty is increased if it be a further requirement that she shall have a husband suitable to train boys to a trade, so that the policy now rather is to have unmarried foster-mothers, whether single or widows, and to employ tradesmen on their own merits.

For each home the only paid service is that of the foster-mother. The elder children give her all help that is required. An exception to this rule is that in each of the boys' homes a paid washerwoman comes once a week.

All the children are provided with tooth brushes. Each has a towel and a comb and brush. These were very clean.

The children are bathed weekly, sometimes oftener.

Dentistry.—From the medical point of view the homes offered much interesting study. In visiting rural unions I had been impressed by the great want of supervision of children living with widowed mothers, and had made a note to recommend strongly that there should be for pauper children systematic examination and attention to the teeth. I was glad to find this the actual practice at these homes. A dentist was appointed several years ago. He was at

first paid by fees, but is now paid by salary. He lives in the neighbouring village, and makes inspection of all the children several times a year, and notes those requiring attention. His work, of course, is not con-

fined to extraction of teeth, but extends to regulation of their development and to filling of decaying teeth. The dentist's report for four years is tabulated as follows:—

	Year ended Lady Day, 1903.	Year ended Lady Day, 1904.	Year ended Lady Day, 1905.	Year ended Lady Day, 1906.
Examination of Mouths	178	194	183	290
Extractions for Toothache	33	26	20	17
Extractions for Regulation (chiefly temporary teeth).	19	30	50	33
Extractions under Nitrous Oxide Gas	13	14	10	11
Extractions under New Local Anæsthetic	—	—	—	13
	— 65	— 70	— 80	— 74
Teeth filled	50	37	43	48
Treating of Gums and Scaling	5	4	2	—
Mechanical Work	—	1 crown.	—	—

Medical Attendance.—The visiting medical officer of the infirmary at Selly Oak is also medical officer for the homes. The distance from his house to the homes is two miles, and telephonic communication exists. He calls weekly as a rule, and also when sent for by telephone. If necessary, he operates for enlarged tonsils. He sees children with defective eyesight, and sends them to the Birmingham Eye Infirmary to be examined for spectacles, which are provided by the Guardians. The school teachers also have a duty of noting cases of defective sight or hearing, and these are seen by the medical officer, and may be sent for institutional attention to Birmingham.

The superintendent or the foster-mothers call the medical officer's attention to any observed defects in the children—want of appetite, pallor, or other evidence of illness. The children, of course, are examined by the medical officer in connection with their admission, but there is not any periodical medical examination corresponding to the dental examination. Such examination would be very desirable, notwithstanding that it would occupy more time than is involved in mere inspection of a child's mouth. Medical examination would not need to be so frequent as dental examination. No doubt the manifest convenience of inspecting a mouth, and the fact that such inspection completes the dentist's work if the conditions are found satisfactory, has led to regularity in the one case rather than in the other. A system of weighing children and recording their ages has just been begun. The heights are not recorded.

Infectious Diseases.—I inquired about outbreaks of infectious disease, and was told that four or five years ago there had been an epidemic of scarlet fever amounting to 30 cases or thereabouts, and that most of the cases had been sent to the District Council's fever hospital, but that it had ultimately been found more suitable to treat them in the infirmary belonging to the cottage homes.

The cottage homes are always prepared to deal with measles, but the superintendent informed me that during his 14 years in the homes there had been only one outbreak—about five years ago. The number of cases was 45, and the total children in the homes at that time were about 180. No doubt many of the others had already suffered from measles. None of the cases were fatal.

In a triennial report issued by the Guardians for the three years ended Lady Day, 1906, the medical officer states that there were 64 cases of illness in 1904, 47 in 1905, and 32 in 1906, a total of 143 cases. The principal items in the 143 cases were:—Ulcerative tonsillitis, 42; eczema, 15; ringworm, 9; debility, 8; scarlet fever, 7; iritis, 6; whitlow, 4; mumps, 3; fractures 3; "gathered finger," 2; abscesses 2; sore

throat, 2; squint, 2; rheumatism, 2; bronchitis, 2; struma, 2.

The seven cases of scarlet fever constituted the end of the outbreak already referred to.

The total visits paid by the doctor during the three years were 268. He examined all the children who were about to emigrate and certified on the usual forms.

The total number of deaths at the homes in twenty years has been three, of which two were from phthisis and one from heart disease. The total number of admissions in twenty years has been 1,261, representing 914 children.

Dietary.—Separate portions of food are not weighed out for each child. The total quantity required is weighed and is used according to appetite. Breakfast is at 8 a.m. The ordinary articles are porridge, bread and milk, bread and butter. The older children have bacon. At midday, dinner ordinarily consists of joints, stew, cottage pie, vegetables, milk, and fruit when it is in season. At six o'clock tea or cocoa is served with bread and butter or dripping, and cake. Supper is given to the elder children only, the younger being in bed. Each child under 10 is allowed one pint of milk daily; over 10, half a pint.

Cleanliness and Physique.—I saw the children in the schools. They were very neat and clean, much more so than the school children of the non-pauper labouring classes. Their physique varied, but looking to the origin of many of the children and to the kind of upbringing most of them must have had before coming to the homes, their condition appeared to me very satisfactory.

Elementary Education.—The schools are now under inspection by the Board of Education. The inspector's report in March, 1904, was "excellent throughout." The same remark is made in 1905. In 1906 he says:—

"The work of the children in the standards is in most respects very creditable, remarkable proficiency being shown in drawing and physical exercises. The number of children in Standard I. is, however, unduly large, and there are only two scholars who have been taught in a standard higher than the fifth. More rapid promotion from class to class might well be attempted, and increased attention should be given to the training of the intelligence by means of mental arithmetic. The children's behaviour under examination was faultless. Their clean and tidy appearance was also most gratifying."

Intelligence, Conduct, etc.—I inquired as to the average intelligence of the children. The superintendent, who had previously been a teacher, has arrived at the conclusion that pauper children contain a greater than normal proportion of dull and backward individuals. Excluding these, intelligence is quite up to ordinary standards. The same conclusion applies to qualities of truthfulness, honesty and perseverance.

He believes that imitation has more effect than heredity in these directions.

After-Life.—The triennial report for the three years ended Lady Day, 1906, from which the previous statistics are taken, contains other useful information. During the three years 44 boys and girls were adopted by the Guardians under the Poor Law Act of 1899. Sixteen boys entered the Navy, one the merchant service, and ten were apprenticed to the sea-fishing service at Grimsby. Occasionally when application is made to the Navy the height is below the standard, but the chest measurements are always satisfactory.

It is a very commendable feature of the work done in the homes that inquiries are made and reports received respecting children sent out to situations, etc. In the triennial report data are given regarding 107 of these. The girls have usually gone to domestic service; the boys to various occupations—blacksmiths, shoemakers, bakers, tailors, fishing service, Navy or Army, farming, etc. Only one is entered as a labourer, but perhaps nine who have gone to farmers may also be regarded as labourers.

The trades taught in the homes are—for girls, needlework and housekeeping; for boys, there are four departments—(1) tailors, (2) shoemakers, (3) carpenters, and (4) engineers, smiths and fitters.

Of the 914 children admitted up to Lady Day, 1906, 236 children have been placed in situations, and only six of these returned to the workhouse in trouble, or out of work, or for treatment. In addition, nine children were sent to the workhouse or infirmary by order of the committee, as being mentally or physically unfit, five of the nine having been tried in situations. Thirteen children were emigrated to Canada, five girls and eight boys, and all had done well, with one possible exception. The institution of a system of inquiry by "history" or "record" sheets has resulted in relieving the Guardians of the charge of three children owing to responsible relations being found.

Cost.—A table is given of the cost of maintenance, which for 1906 works out at 6s. 7½d. per child per week, but if principal and interest on loans, etc., be added, the amount is 9s. 1d.

With reference to the additional homes, opened, as already stated, in 1905, one having accommodation for 28 and the other for 20 children, the cost of buildings and drainage was £3,702 1 11
 Feuing and laying out - - - 43 5 0
 Furnishing - - - - - 415 16 4

£4,161 3 3

The cost was therefore a little over £87 per bed, but of course nothing is included for price of land nor for any share in all the other parts of the institution—infirmary, workhouse, swimming baths, etc.

Staff. The resident staff consists of a superintendent and matron (husband and wife), ten foster-mothers, a supplementary foster-mother, a probationary home mother, a nurse, two industrial trainers (husbands of two of the foster-mothers), a drill instructor (husband of a foster-mother), and a servant at the lodge. The non-resident staff consists of chaplain, medical officer, dentist, schoolmaster, four assistant school mistresses, three industrial trainers (gardener, engineer, and shoemaker), and two labourers. The total resident staff is 19, and non-resident 11. In the total weekly cost of 9s. 1d. per inmate, as above mentioned, the cost of salaries, rations for officers, labourers' wages, etc. (less grant) is included, and amounts to 2s. 7d. per week.

Buildings.—The buildings are of brick. The walls are brick-lined and painted over to a height of about four feet, and are colour-washed above. None of the walls are lathed and plastered. I measured one of the dormitories in a boys' home. Its dimensions were 20' x 16' x 10' = 320 ÷ 12 = 266 feet per boy. The cubic space is too small, but the dormitory was clean and has good cross ventilation by windows whose tops reach nearly to the ceiling. The bedsteads are of iron, with tubular sides and wire mattresses. No other mattresses are used. Sufficient blankets are laid on the wire to make ordinary beds unnecessary.

The kitchen is used as a sitting-room in the evenings after the younger children have gone to bed. In one of the newer homes there is a small sitting-room in addition. The cubic space per child in the dormitories of the two newer homes is satisfactory. The dimensions in one dormitory are 18' x 17' x 10' = 3060 ÷ 8 = 382 cubic feet per sleeper.

In the other dormitory in the same home the dimen-

sions are 26' x 17' x 12' = 4,420 ÷ 12 = 368 cubic feet per head.

In the bathrooms the hot water taps were furnished with safety keys, and these were duly kept apart.

The *Infirmary* is a two-storey building, the upper story being a half attic, and used for isolation of infectious diseases. This flat is without a bathroom; an earth closet would be used if there were a patient. The infirmary was built fifteen years ago. On the ground flat it has sixteen beds in two wards of six beds each, and two wards of two beds each. The dimensions of the six-bed wards are:—

20' x 20' x 12' = 4,800 ÷ 6 = 800 cubic feet per bed.

One of the gables of the infirmary gave evidence of damp. The walls are of brick, 14 inches thick, plastered over, but not lathed nor strapped.

WORKHOUSE.

The Workhouse is situated at Selly Oak, adjoining the Infirmary. The buildings are of brick, and have a very good appearance. The number of inmates at the end of the week previous to my inspection was 450. These were made up as follow:—

Not able bodied*—		
Men	- - - - -	229
Women	- - - - -	166
Able bodied—		
Men	- - - - -	14
Women	- - - - -	18
Aged 8 to 16 years—		
Boys	- - - - -	1
Girls	- - - - -	1
Aged 3 to 8 years—		
Boys	- - - - -	0
Girls	- - - - -	2
Aged 0 to 3 years—		
Infants	- - - - -	19
Total		450

* The not able bodied include a number of imbeciles.

Mental Cases.—The presence of imbeciles in the institution is objectionable here as elsewhere.

Cases of *delirium tremens*, or alcoholic insanity, are kept in as long as possible so as to save them being sent to the Asylum.

Nursery.—In the nursery there is no routine dietary for babies, but the medical officer sees them daily; and if unhealthy they are taken into the Infirmary and treated there. I was surprised to find that in a place so satisfactory in most respects the very objectionable practice of quietening the babies by means of com-forters, or dummy teats, was in vogue in the nursery.

Cubic Capacity of Dormitories.—I obtained from the Master a note of the cubic capacity per inmate of all the dormitories in the workhouse. These are given below, but it is to be explained that the height of the ceiling is counted as only 10 feet. Nothing is allowed for splay roofing above that height, but in Block I. the window tops are nearly 3 feet from the wall head, and there is no ventilation above, so that the omission from the calculation of the unventilated space close to the ceiling is quite proper. The window tops in Block II. reach to the wall head, above which there is a space of about 1½ feet of splay roofing.

Block I., Male Imbeciles' Dormitories:—

Room		cubic feet.	cubic feet per bed.
6	- - -	2,433 ÷ 5 =	486
" 10	- - -	4,500 ÷ 10 =	450
" 12	- - -	4,500 ÷ 10 =	450
" 13	- - -	2,430 ÷ 5 =	486

Female Imbeciles' Dormitories:—

Room 22	- - -	2,430 ÷ 5 =	486
" 26	- - -	7,245 ÷ 14 =	517
" 28	- - -	4,500 ÷ 10 =	450
" 29	- - -	2,430 ÷ 5 =	486

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Block II., Old and Infirm Dormitory:—

Room		cubic feet.	cubic feet per bed.
4	- - -	4,800 ÷ 10 =	480
" 9	- - -	4,800 ÷ 10 =	480
" 13	- - -	4,800 ÷ 10 =	480

Block III., All Males:—

Room 14	-	-	5,950 ÷ 13 = 457
" 16	-	-	2,600 ÷ 5 = 520
" 17	-	-	2,600 ÷ 5 = 520
" 28	-	-	10,750 ÷ 24 = 447
" 30	-	-	5,300 ÷ 11 = 481
" 9	-	-	2,600 ÷ 4 = 650
" 21	-	-	9,700 ÷ 23 = 421
" 22	-	-	4,800 ÷ 10 = 480
" 23	-	-	2,550 ÷ 6 = 423

In the Nursery, Room 7, the cubic space is 4,050 feet. It contains 11 cots and 4 beds. The space for the number of cots and beds recommended by the Local Government Board's rule is 4,520 feet, made up of $(4 \times 500) + (7 \times 360) = 4,520$.

Block V.—Female Dormitories:—

Room 2	-	-	4,635 ÷ 10 = 463
" 15	-	-	6,750 ÷ 16 = 421
" 17	-	-	6,750 ÷ 17 = 397
" 26	-	-	4,828 ÷ 10 = 482
" 27	-	-	5,953 ÷ 15 = 396
" 32	-	-	5,953 ÷ 15 = 396
" 33	-	-	4,828 ÷ 11 = 439
" 35	-	-	6,703 ÷ 16 = 419
" 42	-	-	6,750 ÷ 16 = 421
" 44	-	-	6,750 ÷ 16 = 421

Main Block:—

Males.

Room 54	-	-	5,760 ÷ 18 = 320
" 44	-	-	3,600 ÷ 10 = 360
" 66	-	-	5,580 ÷ 18 = 310
" 68	-	-	6,300 ÷ 19 = 331
" 69	-	-	5,580 ÷ 16 = 348
" 58	-	-	5,670 ÷ 16 = 354
" 57	-	-	3,375 ÷ 10 = 337
" 51	-	-	3,420 ÷ 10 = 342

Females.

Room 24	-	-	Married Couple — Large
" 38	-	-	4,905 ÷ 14 = 350—not in use
" 36	-	-	5,040 ÷ 12 = 420
" 37	-	-	4,815 ÷ 13 = 370
" 28	-	-	3,465 ÷ 6 = 577
" 29	-	-	1,920 ÷ 1 = 1980
" 20	-	-	2,655 ÷ 8 = 321
" 21	-	-	2,700 ÷ 4 = 675

It will be seen from the above figures that some of the dormitories are overcrowded but that the great majority are not.

The high standard of cleanliness which exists everywhere helps to make up for want of air space where such want exists. The walls are brick lined and painted or colour washed. The resulting irregular surface is apt to collect dust but as a matter of fact there was very little dust.

VISITORS.—I enquired about visitors to the workhouse and the master kindly gave me the following synopsis, which does not lay claim to absolute accuracy:—

Number in the House	-	-	460
(1) Receiving visitors	-	-	109
(2) Going out on liberty days monthly and not receiving visitors	-	-	247
(3) Receiving no visitors, and not going out on liberty days	-	-	104
Total	-	-	460

VAGRANT DEPARTMENT.

Vagrants are housed in a good modern building, adjoining the workhouse, but having its own entrance from the public road.

The accommodation is very good. There are twenty five cells for men and ten for women. Old women and women with children sleep on iron bedsteads. Other women get hammocks as the men do.

The baths are good, but have no safety keys.

Electric bells are fitted up, which continue to ring until an attendant comes to the switchboard.

If necessary, in winter, the men's day room is used as an associate ward, but with separate hammocks.

The usual difficulty about regular tramps becoming expert at stone-breaking, and so getting off with what for them is a very easy task, is overcome by giving them a time task of wood sawing or gardening, the work continuing till 5 p.m.

The women tramps are usefully occupied in doing washing for the tramp department, not only for their own section of it, but for that of the men, washing nightshirts and bath towels, and cleansing the wards. They do no oakum-picking.

Only a minority of tramps come in in a filthy condition, say from common lodging houses, or after sleeping out.

In the week previous to my visit there had been 163 occupants of the Vagrant department—145 men, 9 women and 9 children.

The amount of use made of the tramp wards is indicated by the following figures for the past six years:—

Year.	Men.	Women.	Children.	Total.
1901	5,558	667	328	6,553
1902	5,507	656	326	6,485
1903	6,269	728	287	7,284
1904	11,619	1,069	422	13,110
1905	12,959	1,125	501	14,585
1906	9,722	993	359	11,074
Grand Total	51,634	5,234	2,223	59,091

The remarkable excess in 1904 and 1905 compared with previous years is said to be explained by the fact that the Guardians at that time adopted the practice of giving an additional diet of gruel night and morning.

This proved so attractive as to bring tramps in crowds who otherwise would have patronised adjacent Unions, and when the practice stopped the numbers immediately began to fall again.

APPENDIX XV.

PONTYPRIDD.

PONTYPRIDD UNION.

Area 75,387 acres. Population (1901) 204,824; parishes 7. Guardians 56.

Pontypridd Union is in the great coal-mining district of South Wales. It does not consist of one large town, but contains several important centres of population, the principal of which is Pontypridd. The well-known Rhondda Valleys (there are two, the great and the little),

with their numerous coal mines and mining towns, are within the Union. The rapid growth of the population is shown in the following table of parish data :—

	Census Population.			
	1871.	1881.	1891.	1901.
Eglwysilau	8,201	8,934	15,795	11,800
Llanfabon	2,262	2,660	3,037	4,035
Llantrisant	8,085	13,358	19,702	10,090
Llantwit-Fardre	5,024	5,829	8,845	1,755
Llanwonno	11,423	18,652	30,710	31,063
Ystradyfodwg	16,925	44,040	68,726	113,735
Pontypridd	—	—	—	32,316
Total	51,920	93,473	146,809	204,824

At inter-census periods the population has been calculated thus :—

1885.	1895.	1905.
114,820	168,801	235,998

A very remarkable feature of the population is the small number of persons over 60 years of age. In every 1,000 inhabitants, only 40 have reached the age of 60 years, whereas in the other urban unions visited the corresponding figures ranged from 51 to 76. No doubt the explanation in Pontypridd partly is the rapid growth of population, but in Edmonton and King's Norton the rate of increase has been about as great as in Pontypridd, and they have 58 and 61 persons per 1,000 over 60 years of age. The nature of the prevalent occupation, and the unsuitability of old men for mining work must be an important factor. It is said that insurance companies which protect employers against loss under their statutory liabilities for accident decline to undertake risks over 60 years of age, or else charge prohibitive rates, and that even under 60, defective eyesight prevents employment, so that pauperism is increased. The district is not attractive, and probably many of the men, on ceasing work (voluntarily or by dismissal), return to the part of the country where they had lived before coming to the South Wales coal fields.

Friendly Societies.—Oddfellows, Foresters, Druids, Rechabites, etc., have branches in Pontypridd, but I did not ascertain the membership. In the Rhondda Valleys many families not employed in the collieries have a club system under which they pay 13s. yearly for medical attendance.

There is a generally understood arrangement among the miners' doctors in the Valleys that each will attend for the other, miners and their families in their own neighbourhood, no matter which colliery they belong to, or which medical officer is paid. Also, a great deal of gratuitous medical work is done. The doctors' main income is the salary from the works, and they attend many poor people free, but charge those who can pay.

Ordinary sick benefit clubs in the Rhondda Valleys have no medical officers. The members are nearly all in the collieries. Any club members who are not in the collieries are attended as private patients, who may or may not pay. One medical man here has four assistants and two dispensers, and calculates that at the rate of 2s. 6d. per visit or consultation, with medicine, he does about £500 to £600 a year of gratuitous work attending non-pauper cases of the poorer classes, labourers, small shopkeepers, quarrymen, brake drivers, and roadside casuals.

House Accommodation. The housing problem is a serious one in Pontypridd and its neighbourhood. In the town itself much improvement has been effected, but slums still exist. Houses in certain back courts are dirty, overcrowded, ill-ventilated, dark and dismal.

The sides of the Rhondda and Rhondda Fach Valleys in the colliery district are very steep, and the houses are terraced row above row on the hillsides. They have little or no background, and the steep roads leading up the hillface appear to serve as water-courses in times of rain. Some of them have more resemblance to a dried stream than to a road intended for human traffic. There is much overcrowding of these houses, with its accompaniment of bad ventilation and general uncleanness.

No houses of less than four apartments are built, and two families live in many of the houses. In many others, lodgers are kept. Pauper widows eke out a living in this way. The rent of a four-roomed house is 18s. to 24s. monthly, including rates and water-assessment. The ground rents are 2d. and 3d. per foot, and the house becomes the property of the landlord at the end of 99 years.

The dwellings are unattractive, and without gardens, and the inmates have no pleasant surroundings. The alternative consolations to which they resort are said to be mainly two, of very different nature—religion, and drink. Many are very religious, and others are very intemperate.

I have nothing directly to do here with such questions, but, as regards housing, in many colliery districts in Scotland the custom is for the mining firms to build houses for their workmen. Large villages are in this way owned by such firms. This is a very good system, as the life of a colliery is usually limited and uncertain. When the coal is exhausted the miners leave. It cannot be expected that private persons will invest their money in building houses in villages which entirely depend on this industry. The colliery firms who reap the profit while the coal lasts should be compelled to build houses sufficient for their employees. They could forecast their income and expenditure to suit this system. Some already do so.

The Rhondda Valleys have a whole-time and energetic medical officer of health. The sanitary inspector is also busy. A health visitor here might do good work if she could speak Welsh.

Charities.—In Pontypridd there is no charity organisation society, and very little charity. A clothing guild makes about 2,000 garments annually for the poor and distributes them before winter.

Cardiff Infirmary is universally regarded in the locality as being quite insufficient for the wants of the rapidly-growing district. It is said that in presence of statutory obligations employers of labour are apt to be less willing than before to contribute to public charities, and that the infirmary suffers in consequence, so that its extension is hindered. About 500 cases it was stated, had been waiting for admission not long before my visit to Pontypridd.

The guardians subscribe to the Cardiff Infirmary, but I see from the half-yearly printed statement that the total "subscriptions to hospitals, institutions, etc." amounted only to £10 10s. Cardiff is about 12 miles from Pontypridd, and 24 miles from Treherbert (also in the Union), so that the distance is a serious consideration. Accident cases are taken to the infirmary by train, no ambulance waggon being available, but many accident cases are treated at home. As is mentioned below, operations are not infrequently performed in miners' houses in the Pontypridd Union.

There is a cottage hospital at Porth, four miles up the valley and within the Union.

Outdoor Nursing.—There is a Victoria Nursing Association for Pontypridd and district. It has a superintendent nurse and three subordinate nurses.

The miners employed at some of the collieries employ and pay nurses to attend during illnesses in their houses. In No. 1 Relieving District there are four such nurses. In addition there are many registered midwives.

Statistics of Pauperism.—On 1st January, 1905, the total number of paupers, exclusive of lunatics and vagrants, was 4,657, or at the rate of 20 per 1,000 of population. This is lower than for England and Wales (24) and for London (26), but it is not so low as might be expected, looking to the growth of population and the small proportion of old people. Of the total paupers 35 per cent. were over 60 years old, and though this is a low figure compared with England and Wales (49) and London (46), it is not so low as the remarkable age distribution of the population would lead one to expect. If the cause consists in the alleged difficulty or impossibility of getting employment over 60 years old, owing to employers' liabilities for accidents, then—

a problem presents itself which requires the serious attention of the legislature.

Rates of pauperism in Pontypridd have been the following at decennial intervals, the figures being stated per 1,000 of population:—

1875.	1885.	1895.	1905.
24	25	21	20

The rate is not high, but I think it should have been lower in the circumstances.

The proportion of outdoor to indoor pauperism has always been exceptionally high, and is so still, though there is a tendency to diminution. The percentages have been:—

1875.	1885.	1895.	1905.
93	92	89	86

One would suspect from these figures that the Guardians give out-relief too freely. But it will appear from what follows that even if they were anxious to diminish out-relief they would have great difficulty in doing so, because their institutional accommodation is so lamentably insufficient that they have no means of applying the workhouse test on any sufficient scale.

The cost of pauperism, as estimated per pauper, is very low at Pontypridd, the total in 1904-5 being only £11, as compared with £15 17s. in England and Wales and £24 17s. in London. The large proportion of outdoor paupers is naturally thought of as accounting for this, but the expenditure per head of population is also very low. In 1904-5 it was only 5s. 3d., as against 8s. 7d. in England and Wales and 14s. 4d. in London. As elsewhere, there is a tendency to increase, which is shown thus:—

1881-2.	1891-2.	1901-2.	1904-5.
3s. 10d.	3s. 5d.	4s. 1d.	5s. 3d.

OUTDOOR MEDICAL RELIEF.

There are six relieving officers' districts. In the half-year ended September 30th, 1906, the total number of paupers on out-relief (exclusive of vagrants) was 6,126, of whom 1,173 were males, 2,183 females, and 2,770 children. The total number of District Medical Officers is 11, and their salaries are from £25 to £40 a year. The relieving officers' salaries are from £110 to £160 a year. I made outdoor inspections in three of the districts. No hardship appears to exist as to distance of the medical officers from the furthest point of their district, but I am not sure that the number of relieving officers is sufficient, though there is good communication by rail, telegraph, telephone, and post.

The Pontypridd Guardians seem to regard out-relief as cheaper than indoor relief. As already mentioned, their granting of out-relief is fostered by the fact that the workhouse and infirmary are already crowded so that paupers cannot get in, and frequently the workhouse test could not be applied if it were desired. Outdoor pauperism and total pauperism are apt to increase wherever the indoor accommodation is insufficient. Applicants for out-relief are no more scrupulous here than elsewhere in the concealment of means of support.

Medical relief is seldom given without other relief. Every pauper on the list gets a ticket which entitles him to the services of the District Medical Officer. For new applicants medical orders are seldom refused, and they last during sickness.

The District Medical Officers do not wait for orders in emergency cases, and do not always trouble the people to get orders subsequently from the relieving officers.

In the town of Pontypridd, the District Medical Officer's salary is £40 for the paupers in a population of 35,000. Many men come to Pontypridd looking for work, and go to the common lodging houses, where the District Medical Officer has to attend them. These lodging houses have greatly increased. Single men and married men living in them earn good pay, drink it, become destitute, and get the services of the parish doctor. The relieving officer cannot refuse to grant orders for accident and illness in such cases. The District Medical Officer goes now to the common lodging houses without any order. He knows that an order can be got at once, so he does not wait for it. He recommends hardly any extras, not more than 5s. a month, and hardly ever orders alcohol.

The entirely gratuitous work done amongst borderland cases represents perhaps £70 a year. Permanent paupers may try to get extra relief by simulating illness and asking for extras, but the attempts are resisted.

I was told that the purpose of undeserving applicants

in applying for medical relief not infrequently is to present the orders in a law court so as to ward off the necessity for paying debts. The fact that they had a poor law order of any kind was found useful for this purpose. To stop the system the relieving officer sends these applicants to the colliery doctors, who are always willing to attend.

The District Medical Officers act also for the collieries and are paid by poundage, 3d. per £ in the Rhondda district, so that their income rises and falls correspondingly with that of the miners themselves. In good times a collier may earn £4 a week, and in moderately good times the poundage often amounts to £2 per year per family. In the Aberdare and Merthyr districts the poundage is not so high.

Accidents are frequent. Some are treated and nursed in their own homes. Others go to Cardiff Infirmary. Operations are done not infrequently in the miners' houses; amputations and even abdominal sections. A Colliery and District Medical Officer who is fond of surgery offered a contribution of £100 a year towards the maintenance of a hospital, but nothing was done. He has his own operating table, and has it carried to the miner's house. The system of district nursing makes operations at home possible. There should, however, be another hospital in the valley, but want of co-operation among the mining firms has so far made this impracticable. Some cases go to the workhouse infirmary for operation, and some fractures are taken there for convenience of nursing.

The District Medical Officers' salaries include the provision of medicines.

Boarding Out.—Some children in the union are boarded out with relatives who ask to be allowed to keep them. The Guardians give only 2s. 6d. per week per child. Some are boarded out with strangers who make applications to the Guardians. Certain cases seen in Pontypridd Union are noted in the General Report.

Outdoor Cases Visited.—I called at the houses of a large number of sick paupers. The mines are dusty, and asthma and bronchitis are common. The medical officers provide proper dressings for ulcers—lint, bandages, ointment, etc.—and the patients usually do the dressing. The miners' nurses above referred to do not attend paupers, and pauper nursing, such as it is, is mostly done by relatives. In the Rhondda Fach (or little Rhondda) Valley, with a population of 35,000, there are no district nurses. The more interesting cases seen have been transferred to the general report. The remainder noted are as follow:—

—, (m.), aged 62. Heart disease. Illness began five years ago. Has been totally off work for three years. Was in a friendly society, but stopped paying when out of work. Has four children, all grown up. One son is weak-minded, and is in the workhouse. The Guardians give 7s. 6d. weekly, and medical attendance when required.

Mrs. —, aged 48, widow, with seven children—six girls and one boy, of whom five are at home. The widow has had an ulcerated leg for nineteen years, and one girl, aged 10, has hip disease, but is said to be getting better. Both would be better in the infirmary, but it is said that the children do not wish the mother to go. She has had repeated attacks of erysipelas in the ulcerated leg, and is unable to wear an elastic bandage.

—, (m.), aged 44, wife and seven children. This man met with an accident to his chest, and was in the Cardiff Infirmary about a year and a half ago for three months, and was operated on there—probably resection of ribs. The relieving officer regards him as suffering from phthisis, and has been so informed, but the man himself declares that there is no infection and that he is getting much better. He sleeps with his wife, and three children sleep in the same room.

—, (m.), aged 30, was a brewers' drayman, and got his leg hurt. The question of statutory compensation is not yet disposed of. The man was at one time in a club, but stopped paying. He has a wife and two children, and his wife is at present pregnant. He earned 24s. a week. He applied to the Guardians for relief a month after the accident. They gave him 10s. a week and the services of the District Medical Officer.

—, (m.), aged 42. Synovitis of knee. Wife and five children. The man is a miner, and his knee was injured in the pit. He went to Cardiff Infirmary, and the joint was tapped to allow fluid to escape. He is to go back again to the infirmary for operation, but has been waiting, because at present there is no room.

—, —, (m.), aged 41. Chest injured in pit 15 years ago. Has been off work for eight years owing to disease of lungs and liver. Is attended by the works doctor, not by the District Medical Officer. Receives 5s. a week from the Guardians. Is a married man without family, and his wife is not strong. The house is clean.

Mrs. —, aged 80. This is an old widow who lives alone. She broke her leg two years ago, and is very lame, but absolutely refuses to go to the workhouse, and will allow no one who could nurse her to occupy part of the house. The house is owned by her nephew. She keeps it clean, but ought to have attendance. When she broke her leg the Guardians paid 15s. weekly for about 12 weeks to a neighbour woman to attend her night and day.

—, —, (m.), aged 57. Blindness. The man was a miner, and became blind five years ago. He went to the Cardiff Eye Infirmary, but was found incurable. He requires no medical attendance. He has a wife and five dependent children, and four sons working, of whom two are at home. He receives 5s. weekly from the Guardians, and is said to be intemperate. He has been twice in the workhouse, but prefers the freedom of outside life. It seems doubtful if this man should get outdoor relief.

—, —, (m.), aged 33. Colliery labourer. Aortic aneurism. Had accident to chest wall 18 months ago. Was in the Cardiff Infirmary for two months. Is attended by the works doctor. Is married, but has no family. Is in a club, and has had 4s. a week from the Guardians during the past month.

—, —, (m.), aged 48. Hysteria-epilepsy. This man, a miner, has been off work for eight years. He has several fits daily, does not sleep well, gets 3s. 6d. weekly from the Guardians. The works doctor attends. Hysteria is said to be not a very uncommon complaint among men in this part of the country.

Mrs. —, widow, aged 65. Heart disease. Has been ill 10 years. Receives 3s. from the Guardians, and grown-up children give aid. The works doctor visits two or three times weekly. The house is clean.

—, —, (m.), aged 67. Double hydrocele, which is tapped by the District Medical Officer every three months. His wife, aged 68, is an epileptic.

—, —, (m.), aged 40. Locomotor ataxia. Miner. Married, with two children, aged eight and four years. Illness first observed two and a half years ago. Gets 8s. weekly from the Guardians.

—, —, (m.), aged 65. Heart disease and general dropsy. Has been ailing for about seven years. Stopped work three and a half years ago. Has been in bed for a month. Is attended by the works doctor, not by the District Medical Officer.

Mrs. —, aged 80. Dropsy. Lodges in a small back room in a house occupied by her daughter and a married granddaughter. She has been bedridden for two years. She refuses to go to the workhouse, and the Guardians give her 6s. weekly, out of which she pays 2s. 6d. weekly for rent of the room and 10d. weekly for coals.

Mrs. —, aged 74. Widow. Had her breast removed for a tumour 24 years ago, and the uterus was operated on in the Cardiff Infirmary six years ago. She made a good recovery, and does sewing. She receives 4s. weekly from the Guardians, and sub-lets three of the five rooms of her house.

INDOOR RELIEF.

The Guardians possess three institutions—a Workhouse (and Infirmary) at Pontypridd, accommodating 320, a Workhouse or Home for aged and infirm paupers at Llwynypia accommodating 112, and Cottage Homes for children at Llantwit Fardro accommodating 160. In the half-year ended 30th September, 1906, the total number of paupers who received indoor relief was: In the Pontypridd Workhouse, 893; in the Llwynypia Workhouse, 111; and in the Cottage Homes, 160. Of the 893 in the Workhouse, 498 were males, 218 females, and 177 children.

Here, as elsewhere in urban areas, objection of deserving persons to indoor relief is much less than in the rural Unions, and no doubt it would be further diminished if the infirmary were quite apart from the workhouse.

PONTYPRIDD UNION WORKHOUSE AND INFIRMARY.

These are one institution within one curtilage and under one management, but the infirmary is a distinct building with its own grounds. The infirmary is not

used as a general hospital. The institution is designed for 320 inmates, of whom 60 are in the infirmary and 16 in the infectious disease hospital, which also is a building apart. The whole institution is substantially built. Everywhere its walls were clean, and enamelled or petrified paint aids the cleanliness.

INFIRMARY.

This is a two-storey building. On the ground floor there are three male wards directly connected with each other:—

- (1) An accident ward with 5 beds.
- (2) A surgical ward with 6 beds.
- (3) An operation ward with 5 beds.

The last named is provided with an operating table, but this is taken into the "Reserve Ward" when required, and the so-called operation ward is used for the treatment of surgical cases.

All the wards have good cross ventilation by opening windows.

The dimensions are:—

No. 1.—17' × 28' 8" × 14 = 3880 ÷ 5 = 776 cubic feet per bed.

No. 2.—24' × 20' 8" × 11 = 5456 ÷ 6 = 909 cubic feet per bed.

No. 3.—21½' × 20' × 11 = 4730 ÷ 5 = 946 cubic feet per bed.

The cubic space per bed in all these wards is well above the Local Government Board's minimum requirement of 600 cubic feet, provided the full height be taken into account as above.

One bathroom is entered from No. 3 ward, and serves for all three. The hot-water tap has no safety key. There is a bell outside the wards, but none within any of them.

Phthisis.—On the upper floor there is a male ward for chest diseases. Its dimensions are 42' × 20' 7" × 11' = 9509 ÷ 12 = 792 cubic feet per bed. This ward is at present occupied by five phthisis cases and five other cases, and two beds are empty. Only one of the phthisis cases is confined to bed. The phthisis cases are aged 52, 41, 58, 49, and 38 years. The other cases at present in the wards are pleurisy, two, and paralysis, three. The ages of these are 40, 50, 58, 62, and 67.

There is an open shed on the ground in front of the infirmary, where the phthisis patients sit during the day. They are provided with spittoons, into which a little carbolic acid is poured. The use of handkerchiefs is limited, but is not debarred. If used, they are boiled afterwards.

The *Isolation Ward* opens directly off the chest diseases ward. Its dimensions are: 21½' × 21' × 11' = 5023 ÷ 6 = 837 cubic feet per bed. This ward is used for wet and dirty cases, when there are any, and also for ordinary cases. The minimum cubic space per bed required for "offensive cases" is 960 cubic feet, but the cases here are mixed. The following are the ages and diseases at present under treatment in it:—"Debility," aged 36; paraplegia, aged 59; paraplegia, aged 42; bronchiectasis, aged 39; cardiac disease, aged 76; and pleurisy, aged 37.

The bathroom opens off a cross-ventilated corridor. The hot-water tap has no safety key, and no copy of bathing rules is displayed.

The *Women's Ward* is also on this floor. Its dimensions are: 42' 9" × 20' 9" × 11' = 9763 ÷ 12 = 813 cubic feet per bed. It has cross ventilation as in the other wards. The following are the cases under treatment at present, with their ages:—

- (1) Tuberculous disease of bone of leg, 14.
- (2) Ringworm, 5.
- (3) Rachitis, 1 year 7 months.
- (4) Paralysis, 46.
- (5) Ulcers and bedsores (on admission), 63.
- (6) Rheumatic arthritis, 59.
- (7) Phthisis and pneumonia, 4.
- (8) Ulcerated legs, 60.
- (9) Fractured leg, 60.

Only numbers 5 and 6 are bedridden.

One of the bedridden cases lies on a good air bed. The baby in the above list of cases was being fed on

peptonised milk, as ordered on the diet card. The bath for the female ward is similar to that for the male side.

Infirmary Day Rooms.—There are none. The whole space is used for Sick Wards. This is a serious defect.

Reserve Ward.—Its dimensions are: 25' 6" × 14' × 11' = 3927. It is intended for only four beds, for each of which the cubic space would be close on 1,000 feet, but at present it contains five beds and one crib. As already explained, if an operation were required, it would usually be done in this ward if it were available.

Maternity Department.—This is defective in respect that it has no labour room apart from the lying-in ward. The dimensions of the lying-in ward are: 24' × 20' 9" × 10' 10" = 5395 ÷ 6 = 900 cubic feet per bed. The Board's minimum requirement is 960 cubic feet.

The labour bed which was made up in this ward has only one mackintosh, but it was explained to me that patients are lifted into another bed within an hour after the birth of the child. The ward for parturient women has the following dimensions:—17' × 20' 9" × 10' 10" = 3813 ÷ 7 = 544 cubic feet per bed. This ward, though having seven beds, was intended for only four women.

The superintendent nurse is a registered midwife, and attends normal cases, sending for the medical officer only if he is required.

Receiving Wards and Lock Wards.—The female receiving ward has five beds in a fairly comfortable room. It is used for all admissions until the medical officer calls. Dirty cases are kept in it until they are properly cleansed, but urgent cases are admitted directly into the infirmary.

Female Lock Ward.—Upstairs from the receiving ward there is a female lock ward with five beds. When I visited it was occupied by three children with scabies. Its cubic capacity is roughly about 3,600 feet. The minimum requirement for five beds is 3,000 feet.

Adjoining it there is a supplementary female receiving ward with a cubic capacity of about 2,400 feet, and intended for eight beds. It should contain no more than four.

Male Lock Ward.—This has no lavatory nor bathroom.

Male Receiving Ward.—This, and the tramp ward mentioned below, are objectionably situated, in respect that they are both on the female side of the house, and that the wardsmen carrying food to these wards, have to pass through the women's yard.

Imbeciles, Epileptics, and Feeble-Minded.—There is no separate accommodation for these. They are distributed through various parts of the workhouse, in a most objectionable fashion, and there is no convenience for their separate control and supervision.

Drug Dispensary.—Drugs are provided by an outside druggist, and are dispensed by the workhouse medical officer and a nurse. The door of the dispensary is kept locked, the key being in charge of the nurse. Most poisons are kept in a press, but a laudanum bottle was not so kept.

Infectious Diseases Hospital.—The infectious diseases hospital of the workhouse is a building apart. It contains four wards—two for seven beds each, and two for one bed each. It is built in accordance with one of the model plans of the Local Government Board, having a verandah, off which the water closets open, and baths on wheels. There are no convenient hot-water taps for the baths, and water has to be carried to them in a pail.

The dimensions of the seven-bed wards are roughly about 25' × 20' × 14' = 7000, allowing 1,000 cubic feet per bed. The Local Government Board's standard is 2,000 cubic feet per bed for such a hospital. At the time of my inspection one of the seven-bed wards contained three cases of ophthalmia and a wardswoman. The other was occupied by a bedridden man, who is kept there because he swears horribly, and also by a case of injury to the eye, with an infectious discharge.

The two small wards are intended for offensive cases. Their dimensions are 12' × 18' × 14', fully 3,000 cubic feet, so that each would be occupied by three beds if necessity arose. There is a nurses' room between the

two halves of the hospital, but it was not required at the time of my visit.

Insufficiency of Indoor Accommodation.—In Pontypridd Union more than in any other urban or rural union visited, I have been impressed with the inadequacy of the infirmary accommodation, alike for patients and staff. There is no operating room for surgical cases, so that operations have to be done in a ward, the operating table being screened off from any cases which may have to remain in the room. Some tubercular cases have to sleep in ordinary dormitories, having been discharged from the infirmary to make room for more acute cases. Sick inmates—cases of ulcer, abscess, and so forth—are to be found all over the house, and the same remark applies to imbeciles and epileptics. Similarly the accommodation for nurses is quite inadequate. In the infirmary there are two very small bedrooms for the superintendent nurse and another. The rest sleep in rooms somewhere in the workhouse. What was formerly a consulting room is now used as a nurses' sitting room, and workhouse cases have to consult the medical officer in the porter's lodge.

The medical officer's half-yearly reports regularly call attention to the defective accommodation, and special reports were submitted five or six years ago, but though there has been much consideration by the guardians the defects have not been remedied. They are all the more serious in presence of the insufficiency of voluntary hospital accommodation. A new poor-law infirmary seems to me essential for the proper administration of medical relief in this union.

Medical Attendance.—There is no resident medical officer. The visiting officer lives about a quarter of a mile away, but telephonic communication between his house and the infirmary seems defective. He has a private assistant who helps in the poor-law work.

I think the amount of work required can be overtaken in this way, and it appeared to me to be quite efficiently done, but if a new infirmary were provided as it ought to be, a resident medical officer would be required in addition to the visiting officer.

Nursing Staff.—The nursing staff consists of a superintendent nurse, certificated; three day nurses, of whom two are certificated; and three night nurses, of whom one is certificated. Measured by the number of beds—60 in the infirmary and 16 in the infectious diseases block—the staff would appear fairly sufficient. But, as a matter of fact, it is not so. Various inmates who ought to be in the infirmary are to be found in the workhouse, so that not only have the nurses more than the infirmary beds to attend to, but attendance is inconvenient and wasteful of time.

CHILDREN'S DEPARTMENT OF WORKHOUSE.

There are two classes of children here:—(1) Probation children, kept for two or three weeks for observation, before being drafted to the cottage homes of the union, and (2) children too young for the homes. The ages of the second class were intended to be 0-5 years, but pressure on the workhouse accommodation is now very great, and on the other hand during the last two or three years the homes have not been fully occupied, so children are being sent to them regularly at 3 years old instead of 5 years.

The infants are fed according to a printed dietary scale. If special diet is required the cases go to the infirmary.

An imbecile girl helps to attend to the babies. She is kept in this department in order to be away from the female inmates of the workhouse who torment her.

The children's block is modern, having been built about eight years ago.

Boys' Dormitory.—The dimensions are 27' 8" × 18' 4" × 10' 10" = 5494 ÷ 14 = 392 cubic feet. At present the dormitory contains 15 beds. It is occupied by 12 children and two infants who sleep with their mothers. The lower sashes of the windows are kept fixed because the dormitory adjoins the street and the male tramp ward. The room is rather dark, but there is good cross ventilation.

Girls' Dormitory.—The dimensions of the girls' dormitory are identical with the above, and it has the same number of occupants.

There is also a dormitory for women with young babies, 15' 4" × 18' × 10' 10" = 2990 ÷ 6 = 500 cubic feet. It has good cross ventilation. In the bathroom here the hot water tap has no safety key, but the room is kept locked.

WORKHOUSE WARDS AND DORMITORIES.

I briefly inspected the accommodation here.

INFIRM WARDS.

Male Ward No. 1 for old and infirm cases. Its dimensions are $22' 6" \times 17' \times 11' = 4207 \div 7 = 600$ cubic feet per head. This dormitory is defective in respect that it has windows only on one side. Adjoining it there is a bath-room which was not locked, and had no safety key for the hot water tap.

No. 2 Ward for the old and infirm has the following dimensions: $56' \times 17' \times 11' = 10,472 \div 18 = 582$ cubic feet per head. It has good cross ventilation. The windows were open, but the inmates close them at nights, especially in winter. They should be under control by means of ventilation keys. There were no bedridden cases in this ward, but several wet and dirty cases.

Men's Dormitory (No. 1).—Dimensions: $11' 6" \times 17' \times 11' = 2,711 \div 5 = 540$ cubic feet per head. There is only one large window in this dormitory and the ventilation is defective.

Female Infirm Ward (Ward 4).—Dimensions:— $48' \times 17' \times 11' = 8,796 \div 12 = 750$ cubic feet per head. Only 11 beds were occupied. There were no bedridden cases, but several wet and dirty cases. There is good cross ventilation. The bathroom has no safety key for the hot water tap.

Old Women's Dormitory for Female Imbeciles.—The dimensions are $32' \times 19' 6" \times 11' = 6,864 \div 14 = 490$ cubic feet per bed.

There is fair cross ventilation here, but it is at the ends of the ward, not at the sides, and the ward is exceptionally wide.

Old Women's Dormitory No. 2.—The dimensions are $32' \times 22' 8" \times 11' = 8,327 \div 16 = 520$ cubic feet per head. This is another wide ward, and the ventilation is not very good. The bath here is in connection with the day room upstairs.

Able-bodied Women's Dormitory.—The dimensions are $32' \times 30' 9" \times 11' = 10,824 \div 21 = 515$ cubic feet per bed. There are two double rows of beds in this dormitory, and the ventilation is not very good.

Able-bodied Women's Dormitory.—Ward 5 on the top flat. The dimensions are $24' \times 17' 9" \times 9' = 3,834 \div 10 = 383$. There are two windows on one side, and across the ceiling a ventilating channel with a perforated zinc cover, but the dormitory is not well ventilated.

Old Women's Dayroom.—This is a fine bright room, with good cross ventilation. A bathroom adjoins it. The hot water tap has no safety key, and the room cannot be kept locked because the water closet is in the same apartment.

Men's Dormitory No. 4.—The dimensions are $70' 6" \times 17' 6" \times 9' = 11,104 \div 34 = 326$ cubic feet per bed. There are windows only on one side of this room, but all were open.

Men's Dormitory No. 5.—The dimensions are $56' 6" \times 17' \times 9' = 8,644 \div 25 = 345$ cubic feet per bed. There is excellent cross ventilation here. A lavatory and bathroom adjoin, but the men bathe in a room adjoining their dayroom.

Men's Dormitory, No. 6.—The dimensions are $80' 6" \times 32' 10" \times 9' = 23,787 \div 65 = 365$ cubic feet per bed. This is a wide ward with two double rows of beds, but there is good ventilation by windows at both sides and in the gable.

A small five-bed dormitory is used by paid servants of the institution. It has only one window. I did not measure the cubic capacity.

Bedsteads.—Some of the bedsteads have iron laths, but wire mattresses are being substituted on the old frames. The lath beds sink in the middle and the laths rust the bedding above, and insects are apt to gather where the laths cross each other.

VAGRANT DEPARTMENT.

Only male tramps are admitted, and in all cases a condition of admission is a ticket from the police. This necessity for going to the police before getting into the tramp wards is greatly diminishing the applications,

The accommodation consists of cells and an associate ward. There are ten cells which have connected with them stone-breaking cells in the usual fashion. The associate ward is provided with nine hammocks, but it is seldom used now for tramps. Three workhouse inmates sleep here on iron bedsteads and keep the place clean.

LLWYNPIA HOMES.

This additional workhouse was opened in 1903 to supplement the insufficient accommodation at Pontypridd. It is used only for the old and infirm of both sexes. It has no able-bodied inmates. It has a fine open situation on the side of the greater Rhondda Valley, about six miles from Pontypridd. The buildings are of stone, rough harled on the surface, and have a very good appearance. There are three ranges of buildings, one of them being one storey high and two of them two storeys high. The grounds extend to 25 acres and the total accommodation is 114 beds. At present the occupants are 95 men and two women.

Classification of deserving and undeserving is attended to in the use of the buildings. Block A, which has a lower situation than the others, is intended for married couples, and for the best-behaved unmarried people. It has accommodation for 12 married couples, but when I visited these quarters had no occupants. The "deserving" are those who have saved a little and been thrifty and have lived long in the union. Two old men live together here in a room, with two beds and a kitchen fire. They get their stock of provisions weekly, and make tea and cook their own breakfast and supper, but an attendant cooks their dinner. If friends provide clothing they wear it, otherwise they get clothes from the Guardians. In front there is a verandah where they can sit in good weather.

In this institution, as at the children's homes, ventilation has been to some extent subordinated to architectural appearance. To suit the style of building the window tops are a good way short of the ceiling, and above that there is splay roofing.

Though there is no infirmary, accommodation has to be reserved for the ailing. At present there are eleven sick inmates. In winter, cases must be more numerous.

The windows in the sick wards are about $2\frac{1}{2}$ feet from the wall heads, and above that there are about 3 feet of splay roofing. There are, however, two good ventilators in the ceiling. The bedsteads are of good quality. Both the framework and the wire mesh are easily cleaned.

There is no certificated nurse for these wards. The female attendant for one of the blocks does any nursing, and the District Medical Officer calls thrice weekly and also if sent for.

No. 2 ward in B 3 block has windows in only one side and a corridor on the other. One of the windows reaches right up into the splay roofing, but unfortunately the top part of this window is fixed. There are, however, two good ventilators in the ceiling. The ward has nine beds.

The water closets and baths are good, but even in this new institution the hot water taps have no safety keys. Bathing rules, however, are displayed.

The corridor or verandah is very useful in wet weather.

Looking to the ailments to which the old and infirm are continually subject it would be useful if there were better defined accommodation for the sick. A small hospital with a regular nurse would be valuable.

The meat larder is at present used as a dispensary, and a good deal of medicine appears to be regularly required.

The water of the institution is derived from springs on the hills above.

There is a good mortuary with a suitable post-mortem table.

Visitors.—In view of the fear that removal of old and infirm to institutions reserved for them at a considerable distance from their own homes would involve hardship owing to difficulties of visiting and being visited, I was interested to know the experience in this respect of these homes, which are an institution on the lines to which this objection is taken.

The inmates come from places at distances from about 6 to 12 miles from the homes.

The following are the particulars kindly supplied to me by the master:—

THE HOMES, LLWYNYPIA.

Parish.	Distance from Llwynypia Homes.	Total Number of Inmates.	Ages.						
			From 50 to 60 years.	From 60 to 65 years.	From 65 to 70 years.	From 70 to 75 years.	From 75 to 80 years.	From 80 to 85 years.	From 85 to 90 years.
Eglwysilan - -	About 12 miles	7	1	—	1	3	1	1	—
Llantrisant - -	About 9 miles	2	1	—	1	—	—	—	—
Llanwornno - -	About 12 miles	7	1	2	1	1	2	—	—
Pontypridd - -	About 6 miles	30	5	2	5	9	6	2	1
Ystradyfodwg (Rhondda Valley)	About 6 miles each way.	51	7	6	12	11	9	3	3
		97	15	10	20	24	18	6	4

The inmates get leave of absence for a few days about four times a year if they are well behaved. They are also allowed out in the immediate neighbourhood twice a week and on Sunday to go to church or chapel. Except on holidays, which occur about four times a year, there are very few visitors. The master assures me that this system involves no hardship, and that the old people make no complaint and experience no difficulty.

COTTAGE HOMES AT LLANTWIT FARDRE.

These cottages homes are situated on the south-east side of the Valley of the Taff River in a district where there is not as yet much coal working. The land is clayey, but is well drained to the river. The height above sea level is stated to be between 200 and 300 feet. The total land belonging to the homes is 10 acres. The water supply is by two wells sunk 40 feet deep into the rock. The water, which is hard, is raised by steam power. The homes were opened 16 years ago.

There are now 10 cottages intended to accommodate 16 children each, but the actual number of beds provided is 200, though the inmates on the day of my inspection were only 126. Up till two years ago there were only eight homes, but these had become overcrowded, the maximum number of inmates having been 163, so two new homes were built. Since then the numbers have decreased, owing probably to coal mining in the union being busy and well paid.

Each home contains both boys and girls, in order to imitate ordinary family life the more closely. The children in each home are of different ages. Of the 126 inmates when I visited 68 were boys and 58 girls.

The ages of the children are 3 to 16 years, and at present the grouping is as follows:—

	Boys.	Girls.
3 to 5 years - - -	4	2
5 to 9 " - - -	26	22
9 to 16 " - - -	38	34
	68	58

Many of the children enter at the age of from 3 to 10 years without previous education.

I visited several cottages. They have an attractive appearance, and are very comfortable. All the walls are plastered on the solid and are painted and varnished. Ventilation has in some of the homes been sacrificed to architectural appearance. Some window tops are too far from the ceiling in rooms where there is splayroofing, and though effort has been made to deal with this air space by ceiling ventilators these are not too effective. In most of the dormitories which I visited there were too many beds—10 beds instead of 8—but in practice only 8 of the 10 were in use. It would be better if the unused beds were removed and stored rather than kept in the rooms.

My notes on No. 4 cottage are as follow:—The dimensions of the boys' dormitory are: $16' \times 18\frac{1}{2}' \times 10' = 2,960' \div 10 = 296$ cubic feet per bed, but only eight of the beds are in use, so that the cubic space per sleeper is 370 cubic feet. The ventilation is defective.

There are two windows on one side and one on the other, but the window tops are about 2 feet from the wall heads and above that there is splay roofing about 1½ feet high. In the girls' dormitory in the same cottage, the dimensions are: $17\frac{1}{2}' \times 18' \times 10' = 3,150 \div 10 = 315$ cubic feet, but again no more than eight beds are in use, so that the cubic space is 393 cubic feet. The ventilation is better because there are two windows in the gable reaching to within a foot of the ceiling, and rising into the splay roofing. Two side windows are defective as in the boys' dormitory. The bedsteads consist of light iron frames with a canvas stretcher which is very light and can be easily removed for cleansing, say in cases of incontinence of urine. The cottage has a sick room for any case requiring it, but the room is dark and badly ventilated by a window, defective as above described.

The cottage has a good porcelain bath, but without a safety key for the hot water tap.

Six of the 10 homes are as above described.

I inspected one of the newest homes. Its sick room is no better in respect of light and ventilation than in the older homes, excepting that there is a Sheringham valve in the wall, which certainly is of some use. The dimensions of the girls' dormitory are: $16' \times 18' \times 10' = 2,880' \div 10 = 288$ cubic feet, but again no more than eight beds are occupied, so that the cubic space is 360 feet per head. The ventilation in this dormitory is very fair, though not perfect. There are two windows on each side and one in the gable. The tops of these side windows are about 3½ feet from the ceiling, but the windows have a Hinckes Bird arrangement for ventilation between the sashes, and there is a Sheringham valve in the wall and a ceiling ventilator about a foot square. This last ventilator, however, is of little use, because it is nearly blocked by a sheet of perforated zinc. The boys' dormitory in this cottage has exactly the same dimensions as the girls', but its ventilation is much worse. Instead of six windows there are only three, two on one side and one on the other. These are low down from the ceiling as in the other dormitory, but only one of the three has the sash ventilating arrangement, and the presence of a Sheringham valve and an opening in the ceiling do not atone for these various defects.

Each cottage has a large dayroom.

The children dine in the kitchen, which is quite a suitable and homely arrangement. The dieting is well managed. Common sense is exercised with regard to variety of food, which is weighed in bulk and used according to appetite.

Tooth brushes are provided only for each child over 10 years old. The same limitation applies to hair brushes and combs. Under the age of 10 the foster-mother attends to these matters.

In No. 7 cottage there were five tooth brushes, two good combs, and two hair brushes for 16 inmates.

Excepting as to teeth, the children were clean and in good condition. One girl of 15 had otorrhœa. She has been an inmate for five years and has had frequent attacks. Her present attack is getting better. She is treated by syringing with liquids prescribed by the medical officer. She has not been at an ear hospital. Her sight is also defective. Another girl, aged 11, is defective in hearing, but there is no suppurative. A boy, aged seven, is affected with squint. He does not wear spectacles.

A record of weights and heights is not kept.

School.—The institution has a school, which is taught by the master, matron, and three assistant teachers.

Exercise.—Two gardeners and a horse are kept. The boys assist in the garden in spring and autumn. There is plenty of playing ground. There is no swimming bath. School work includes breathing exercises.

Intellect and Morals.—Intellectually the children are rather dull and backward as compared with non-pauper children. Many of the parents are of a bad class, some in asylums, some often in prison. About three-fourths of the children belong to the "deserted" class. The moral character of the children is regarded as up to the average, but attention and perseverance in school work are defective.

Medical Attendance.—It is the duty of the visiting medical officer of the homes to inquire into the health of the children and report thereon monthly. He visits the institution weekly and oftener if required. He has already seen the children at the workhouse where they have been quartered for two or three weeks before admission to the homes. At the homes he sees them at school or at dinner in the cottages or otherwise according to the time of his visit. He examines their heads, eyes, teeth, throats, etc. Mouth breathing is not specially searched for by the teachers or foster-mothers, but, as already noted, school work includes breathing exercises.

Dental Attendance.—No dentist is employed. The District Medical Officer extracts teeth, but nothing is done in the way of regulating or stopping the teeth. The appointment of a dentist has been discussed, but has not yet been settled in the affirmative. As above noted, the children are not provided with tooth brushes

until they reach the age of 10 years. I examined the mouths of many of them and found many dirty and decayed teeth, and mouths going wrong for want of dental attention.

Industrial Training.—The only trade taught to the boys at the homes is shoemaking, besides a little gardening in spring and autumn. The rule is to have seven or eight boys working at a time. All the boys require to be over 14 years old, as there are no half-timers.

After Life.—Mining is the occupation to which the boys usually go on leaving. There is a constant demand for their services, and they are brought up with foster-parents who are responsible for them up to the age of 16 years, and provide clothing and pocket-money as arranged by the Guardians. Also, some part of their wage is put into a bank. Subject to these conditions the foster-parents get the children's earnings, and it is said that in good times the arrangement is very profitable. One boy, now over 16, earns £4 fortnightly.

One boy has gone to the Navy and is doing well, but none are sent to a training ship. Several have joined the Army after leaving the institution. It is stated that the children usually do well after leaving the homes. Some come back at holiday time and wait over night.

The girls go to service, and here also the demand exceeds the supply. All are occupied within the union and are supervised by "warrant officers" of the Guardians up to the age of 16. The girls readily get married.

APPENDIX XVI.

BARRY URBAN DISTRICT ACCIDENT HOSPITAL.

When in South Wales I took an opportunity of visiting the Barry Urban District, not to make a general inspection, but only to get some information about the Accident Hospital. This is maintained by the Urban District Council out of the rates. It is used for accidents occurring anywhere in the district, at the docks, or the railway, or on the street, or elsewhere, but is used for men and boys only. It consists of two adjoining half villas, connected internally by doorways. One of the two houses is mainly occupied by patients, the other mainly by the staff. The total patients' accommodation is understood to be for seven only, but when visited there were eight beds. There is no operating theatre, operations being done in any ward. The operations done in the hospital are chiefly amputations, stitching of wounds, etc. The villas are rented by the Council.

The resident staff consists of the matron, a night nurse, a day nurse, a cook, and a housemaid or wardmaid.

The patients pay nothing personally, but sailors are paid for by the shipowners. Also another institution, known as the Cardiff Hamadryad Seaman's Hospital, pays annually to the Urban District Council a contribution, as noted below, towards the maintenance of the Accident Hospital. In return for this the District Council receives urgent accidents from the ships in the docks. These cases are sent on to the Hamadryad Hospital so soon as convalescent, so as to keep the Accident Hospital available for urgent cases.

The Hamadryad Hospital serves Cardiff and Barry Docks, the latter being within the port of Cardiff. The Urban District Council have tried to get a share of the ship contributions to this hospital, seeing that they treat cases in their Accident Hospital, but the matter has been compromised by an annual payment of £200, which is said to be not nearly enough to represent the amount of work done by the Accident Hospital for cases which otherwise would go to the more distant Hamadryad Hospital.

The railway company do not make any contribution

in respect of accidents to their workmen treated in the Accident Hospital, but the company pay more than half the total rates levied by the Urban District Council.

The following are examples of cases treated at the Accident Hospital:—

- A greengrocer knocked down on the railway, fractured ribs.
- A schoolboy, aged six, fractured ribs.
- A shunter, fractured pelvis.
- A coal tipper, injured knee.
- A ship carpenter, bruised side.
- A schoolboy, fractured femur.
- Labourers with scalp wounds, concussion, crushed arm, etc.

Medical attendance at the Accident Hospital is undertaken in turn by the medical men practising in the locality. They receive no payment. This unpaid attendance has probably developed out of the fact that a similar system exists with regard to the fever hospital, also belonging to the Urban District Council. In it the patients have their own doctor, and any who cannot pay are attended by the district medical officer.

The above is the existing condition of matters, but the hospital has been found so useful that the District Council is about to build a new one. Plans have been prepared and a site obtained. At the same time, the scope of the work done in the hospital is to be extended. Females, as well as males, are to be treated, and not merely accidents, but acute cases requiring surgical operation are to be admitted, cases such as appendicitis or strangulated hernia. The accommodation in the new hospital is to be for 22 patients—a male ward with 14 beds, a female ward with four beds, and side wards with four beds.

The public approve of the District Council's Accident Hospital, and also of the new scheme, but it is said that a general hospital on the same lines would meet with no favour, because it would cost too much.

APPENDIX XVII.

SALFORD UNION.

Area, 6,068 acres; population (1901), 229,450; parishes, 4; Guardians, 20.

For an industrial centre, the population of Salford has not increased at an exceptionally rapid rate. It has been estimated thus:—

1885	1895	1905
190,784	214,493	240,610

In 1901 the persons aged 60 and upwards per 1,000 of population were only 51, which is lower than all but one of the urban unions visited, and contrasts with 65 in London and 76 in England and Wales.

The population of the Salford Union is almost entirely urban. The poorer people are housed almost uniformly in brick dwellings ranged in many miles of monotonous "mean streets." Though in appearance the houses are dull and drab and depressing, yet the fact that they are only two storeys high makes the density of population much less than in cities in Scotland, where the buildings are usually double that height and the poorer dwellings have only one or two apartments, as contrasted with three or four in Salford. A large part of the working population is engaged in unskilled or casual labour, the Manchester Ship Canal giving a good deal of such employment. The leading industries of the locality are too well known to require mention.

Statistics of Pauperism.—The total number of paupers, exclusive of lunatics and vagrants, on 1st January, 1905, was 6,223, and on 1st January, 1907, it was 5,324. The number of indoor paupers at these two dates was almost identical—2,695 and 2,695—but the outdoor paupers, who numbered 3,527 in 1905, were only 2,629 in 1907. The figure for outdoor pauperism in 1905 was quite exceptionally high—higher than in any year since 1881.

The number of paupers (less lunatics and vagrants) per 1,000 of population has been in

1875	1885	1895	1905
19	21	18	26

The rate of pauperism, therefore, is increasing, and for 1905 it is identical with that of London.

The percentage of outdoor paupers to total paupers has been in

1875	1885	1895	1905
67	59	42	57

A rapid decrease in the proportion of outdoor to total pauperism has been followed by a rapid increase, but, notwithstanding the increase, the ratio was still, in 1905, lower than that of any other urban union which I inspected. Dealing with actual numbers, not ratios, the low-water mark of outdoor pauperism in Salford was reached in 1895, when the total was only 1,567. On 1st January, 1907, the numbers of indoor and outdoor were not far from identical—2,695 and 2,629 respectively.

The expenditure per head of population has been:—

1881-2	1891-2	1901-2	1904-5
5/4	5/5	6/4	7/10

The expenditure of 7s. 10d. in 1904-5 is represented by a rate of 1s. 8d. per £ of assessable valuation.

Charities.—In addition to Friendly Societies and Sick Clubs, and the ordinary organised outdoor charities of a large city, there is in Salford an endowed Fund called the Booth Charity, which distributes about £1,600 a year to poor people who have had no Poor Law relief other than medical in or out relief. Participants in the Charity require to have resided in Salford for 20 years, and the age must be not less than 70 years.

The principal institutional charities are conveniently indicated in the following list of subscriptions by the Salford Guardians for the year ended March 1907:—

	£	s.	d.
Salford Royal Hospital	5	5	0
Manchester and Salford Sick Poor Nursing Institution	10	0	0
Royal Eye Hospital	10	10	0
St. Mary's Hospital	5	5	0

	£	s.	d.
Girls' Friendly Society	20	0	0
Henshaw's Blind Asylum	5	5	0
Salford Corporation—Ladywell Sanatorium	485	2	9
Pendlebury District Nursing Association	2	2	0
Manchester Jewish Board of Guardians	25	0	0
National Society for the Prevention of Cruelty to Children	5	5	0

The Salford Royal Hospital is being extended, so as to increase its indoor accommodation from 135 to 200 beds. Its outdoor work includes not merely a dispensary for out-patients, but a visitation of cases in their own homes. The total home-patients visited range from 3,000 to 4,000 annually. The hospital employs three medical officers for this work. They are each paid £80 a year, and one is paid £30 extra for attending at a dispensary which is situated about a mile away from the hospital. The patients require to make a statement of income, and the principle is that for a man and his wife any income less than 21s. a week entitles to attendance. For each child 1s. 6d. is added to the calculation, so that a man and wife with five children would get relief if the wages were under 28s. 6d., provided none of the children were working. Single men are attended if their wage is less than 16s. weekly.

The hospital is maintained by voluntary subscriptions and endowments. It is understood that no persons are to be attended who receive Poor Law relief. The charity is for those who are immediately above the pauper class. How far in practice this limitation can be enforced I am not prepared to say, but in my inquiries I was struck by what appeared to me the frequency of resort to voluntary medical charities by persons of the pauper class.

Doctors' accounts for private attendance among the working people are paid to collectors at the rate of 6d. and 1s. weekly. A visit, with medicine, is charged 3s. 6d., consultation and medicine 2s. 6d. or 2s., medicine for babies 1s., confinements 21s., but these are chiefly attended by midwives.

In one rather outlying part of the union, where the main industry is coal mining, the miners do not, as in most parts of the country, pay by poundage or other wise for entire medical attendance on themselves and their families, but an accident club is contributed to by employers and employed, and provides medical attendance and sick pay for accident cases. For ordinary illnesses among the miners it is said that very many bad debts are incurred, perhaps only 60 per cent. of the medical work being paid for. This is partly due to the migratory habits of the population.

Co-operation of Poor Law and Public Health Authorities.—At the Salford Town Council's Public Health Office I learned that there is no arrangement for intimation from the district medical officers or relieving officers of insanitary houses or cases of overcrowding or other nuisances observed by them in the course of their work. At the same time, it is impracticable for the sanitary staff to see every dirty or badly-ventilated house, so that the knowledge of insanitary conditions possessed by the Poor Law officers is without any proper fruition. The health office has lady health visitors in one district, who advise as to confinements and the feeding of babies and of older children, and domestic sanitation and economy.

OUTDOOR MEDICAL RELIEF.

Applicants for medical orders are interrogated at the relief offices at the workhouse, and if there appears to be destitution the orders are given without visiting the homes. The medical officer calls and reports whether the case is for out treatment or should be sent to hospital.

A labourer with a wife and two children, even if he is working himself, would get medical relief for his family on application.

Where application is made for a medical order for an apparently slight ailment, the relieving officer of the

district often sends the applicant to the dispensary of the Salford Royal Hospital. The case may be refused there if it is regarded as belonging to the pauper class. In that event the relieving officer gives a line for the district medical officer, who reports the nature and probable duration of illness. If malingering is suspected, the applicant may be offered the infirmary, and if this is accepted the case will be kept under observation there, and discharged if the suspicion is found justified.

The district medical officers have no permanent lists of paupers, but such paupers have cards renewed annually, and present these to the medical officers. Other applicants get medical orders, which the medical officer collects and files. An order lasts until the case is better. If a pauper who has recovered comes too often for bottles of medicine, he is told to get another order.

SALARIES OF DISTRICT MEDICAL OFFICERS.

In an analysis of expenditure for the year ended March, 1907, I find notes of the salary paid to, and the number of cases attended by, each medical officer. I have calculated the fee per case as follows:—

District.	Cases.	Salary.	Amount per case.	
			£	s. d.
1	600	100	3	4
2	612	100	3	3
3	939	140	3	0
4	319	120	7	6
5	479	150	6	3
6	255	50	3	11
7	150	40	5	4

The fees here seem small, though no statement of the number of attendances on each case is available to show exactly how small they are. Also, the fees range from 3s. per case in district No. 2 to 7s. 6d. in district No. 5. The salary in district No. 3 has now been increased to £160, but even this allows barely 3s. 5d. per case. There are no extra fees for midwifery.

Unrecorded relief, in the experience of one district medical officer, amounts to about 15 to 20 per cent. of the recorded relief. He never orders extras. If extras are needed, he recommends the Poor Law infirmary. In addition to these cases, there is a borderland class who don't pay. Cases of ulcer treated outside are supplied with proper dressings.

One of the district medical officers lives two miles from the relieving officer, and three miles from the workhouse, where the office is. He is in an outlying centre of population. He, however, goes to suitable cases without either card or ticket, and gives medicine without insisting on an order being obtained, though he usually mentions that it ought to be. When he finds a pauper case requiring institutional treatment he orders the ambulance van by telephone, and it arrives within an hour.

Midwifery.—The duties represented by the salaries of the district medical officer include attendance at midwifery cases, and the burden imposed in this way is greater where the district is distant from the workhouse, to which many midwifery cases are admitted. But midwifery orders are not very common, and midwives attend many cases.

The lying-in wards of the workhouse are very popular, so much so that working men's wives occasionally declare themselves deserted in order to get admission, and sometimes, to support this declaration, the husband goes off for a few days on purpose.

I saw a large number of outdoor sick paupers in Salford. In some cases it appeared to me that orders for medical relief were too readily given or continued.

Phthisis.—Notwithstanding a very considerable amount of phthisis treated in Hope Hospital or sent to a sanatorium by the Guardians (as indicated by their sanatorium subscription, already noted), there remain

many cases treated at home in unclean houses and under very unsatisfactory conditions.

I have no figures to show the comparative prevalence of phthisis in Salford and the rest of the country, but amongst the paupers the disease abounds, and it must be the cause of a large amount of pauperism. Its frequency is attributed by one medical man to bad housing, drink, and bad dieting. Another declared that drink, both among men and women, and early marriages are peculiarly the curse of the Salford population. In 1907 phthisis was made voluntarily notifiable in Salford. Nearly all the cases which I saw amongst outdoor paupers have been noted in my general report. Want of cleanliness was notable in many of the houses, and resulted incidentally in the use of condensed milk as a substitute for ordinary milk, because the latter quickly goes wrong in the houses. This absence of uncooked milk, whilst due to insanitation, will so far have the effect of preventing conveyance of bovine phthisis to children. But in my view the child would be safer in a healthy house even if it drank raw milk. A district medical officer who has paid a good deal of attention to phthisis told me that patients often neglect precautions, but that more care than formerly is now being exercised. He holds that there should be power of compulsory removal to hospital of many cases. It will be seen that many cases are already in the infirmary.

Pauper Children.—I called also at many houses of pauper widows with children. On the whole the feeding of the children seemed better than in most other unions visited. Tea meals were being given less frequently, and dinners more frequently.

The amount of medical treatment of paupers done through other than pauper agencies was very notable. The outdoor departments of the general infirmaries are largely resorted to, whilst club doctors and dispensary doctors and others do a good deal of visiting work.

Medical treatment cannot but be difficult in the slum dwellings of Salford, and underpaid district medical officers must often feel it a relief to themselves and their patients to send them into the infirmary. But the cases seen in the sick wards appeared nearly all suitable for institutional treatment, and no evidence came before me of abuse of the district officers' practice of sending paupers to the infirmary.

All the sick cases of any interest which I saw in Salford have been transferred to the General Report. The following are the mere leavings, and are hardly worth noting:—

— (m.), aged 36. Pneumonia. Has been in Hope Hospital for 17 days. Came out this morning. He is a stableman in the employment of Manchester Corporation, and earns 27s. weekly. His rent is 4s., and he has a wife and six children, aged six months to twelve years. Is in no club. Money relief 10s. weekly.

— (m.), aged 44. Bronchial catarrh. A hawker, with a wife and six young children. Usual earnings, 21s. weekly. No sick club. Has been off work for ten days, and attended by the district medical officer. Money relief, 10s. weekly; first received this morning.

— (m.), aged 27. Chest disease. Illness began five years ago with pneumonia. Says there was also phthisis, but that now there is only chronic bronchitis and asthma. The bedroom window has not been closed for four years. His wife sleeps with him, also a child in the same room, but in a different bed. He spits into rags and burns them. The house is in a dull, narrow, airless street.

— (m.), aged 28. Optic neuritis. Blind in both eyes and paralysed on one side. Has been ill for twelve months. Was sixteen weeks in the Salford Royal Hospital, and attends the Royal Eye Hospital. Has a wife and three children, aged six months to six years. Money relief, 8s. weekly.

Mrs. —, aged 33. A married woman, with a coloured husband and four children, aged nine months to ten years. Was operated on for uterine disease in Hope Hospital in August this year. Now calls on the district medical officer, who wants her back into hospital for a long rest. Has medical relief only.

— (m.), aged 49. Bronchitis. Dock labourer, with wife and two children. Wife blind. Often suffers from bronchitis. District medical officer attends. Money relief, 6s. weekly during past four weeks.

INDOOR MEDICAL RELIEF.

The Salford Guardians own three institutions—a workhouse which has now about 1,600 beds, an infirmary with 800 beds, and cottage homes with 283 beds.

THE INFIRMARY: HOPE HOSPITAL.

The institution is called Hope Hospital, because it is in Hope parish, and also, it is said, because the Guardians desired to give it a name which would not indicate any relation to the Poor Law.

It is situated in a suburban or semi-rural district, quite outside of Salford and away from the workhouse. It was built about the year 1831.

Plan.—The main buildings are three storeys high, and contain seven pavilions, each pavilion having three wards. All the pavilions are built at right angles to a long corridor which connects the whole. The administrative block occupies a central situation, with three of the pavilions on one side and four on the other. Between the administrative block and the pavilions on either side of it are an operating theatre and Protestant and Roman Catholic chapels. All the buildings already named are situated on one side of the corridor. On the opposite side are a series of smaller buildings, including a large committee room, various bedrooms, and other apartments. The common corridor, from which the seven pavilions have access, is 800ft. long.

Hoists.—There are two hydraulic hoists, giving access to the top flat of the pavilions. In addition, there is a coal lift for each pavilion, but no food lift excepting for the imbecile wards, so that food for all the rest has to be carried upstairs.

Seeing that there are seven pavilions, each with 96 beds, a greater number of hoists would appear desirable for convenience of administration.

Water Supply.—The water is that of Manchester Corporation, from Thirlmere. It is collected in a tank at the top of every pavilion, and then distributed by gravitation. If the pressure is sufficient, such tanks would be better dispensed with, as being likely to harbour dirt.

Heating and Lighting.—The wards are heated by steam and hot-water pipes, chiefly the former. There are hot pipes on one side of the ward and two open fire-places on the other.

All artificial lighting throughout the institution is by gas, except that the Nurses' Home, recently erected, has electric light. The lighting of the wards is not good, each having only six gas-jets for 32 beds, which must make examination of patients at night inconvenient. There are no adjustable lights.

Walls.—The building material is brick. The inner surface of the walls consists simply of brick, painted and varnished, or painted and varnished in the lower part and colour-washed above. The bricks used have not been of good quality, in respect that they have a very rough, irregular surface, which allows much dirt to collect. They ought to be lined with cement having a smooth and easily cleansable surface.

The staff seems insufficient to cope with dust, which is far too abundant throughout the institution. Cleaning and scrubbing are done by widows in the union who would be paupers but for such occupation. They are employed from 7 a.m. to 1 p.m., at 2s. daily.

Wards.—Five of seven pavilions have the ordinary arrangement of one row of beds down each side of the ward, with good cross ventilation by means of windows. The ward windows reach right up to the ceiling, and have the upper part hinged inwards in addition to being double-sashed and hung; but the ventilation arrangements are under control of patients, there being no window keys.

These five pavilions are used, two for males, two for females, and one for children under sixteen. The other two pavilions are of double width and have four rows of beds, so that the cross ventilation is not so satisfactory. These are used for imbeciles, male and female. The imbecile pavilions give accommodation for about 300, divided between the two sexes.

The wards on the top flat have about 2½ft. of splay roofing, but this is sufficiently ventilated by shafts in the roof.

In the children's pavilion boys from six to sixteen occupy the ward on the ground floor, girls six to sixteen the second floor, and children under six the top floor.

Bathrooms and Bathing.—In the first ward which I visited there was a good iron bath, painted over. It was not in the middle of the floor, but against a wall.

A bathman has lately been appointed for all the male patients, who are bathed once a week. This will make it certain that the patients really take a bath, which some of them cannot be trusted to do if they are sent into the bathroom alone. I heard of patients who had left the institution definitely on account of the necessity for taking a weekly bath. They had not been accustomed to cleanliness, and felt uncomfortable. A copy of the bathing rules was displayed in the bathroom.

The bathroom windows open only a few inches top and bottom, owing, it is said, to one or two inmates having committed suicide by jumping out of the windows. Iron bars inside or outside would permit of free ventilation, but are objected to on account of the prison-like appearance resulting. The bathrooms are properly separated from the wards by corridors; but the lower sash of the window in the corridor is fixed, and the upper opens only for a few inches at the top. Free advantage is not taken even of this limited opportunity for entrance of fresh air. Some of the corridor windows were closed.

The bathrooms for imbeciles have two good porcelain baths. The hot-water taps have no safety keys, but the doors are kept locked.

In the children's wards the bath is antiquated, and the hot-water tap has no safety key; but the door is kept locked.

Sanitary Conveniences.—Some wards have automatically flushed trough water-closets of iron, with wooden seats. This is not a good arrangement. Certain urinals were very bad and foul-smelling. They consisted of slate stalls, with a leaden floor, and a water-tap attached to a badly-working spray tube. The wards equipped in this defective manner include those for imbeciles and children. In one ward which I visited there were wash-out water-closets. There are also wash-out closets for some day rooms. The children's ophthalmia wards at the wooden sheds have good pedestal closets.

Bedsteads.—Many of the iron bedsteads are of good pattern, with cylinder sides and an open wire mesh. Others are more old-fashioned and defective, with iron laths instead of iron mattresses. Some beds which I looked at were not separated from the wire mattress underneath by any canvas or other sheet to prevent rusting of the bed-tick above.

Poisons are kept in a cupboard in the charge-nurse's room. Lotions and various appliances are kept in drawers in the ward tables.

Coal Storage for the wards is deficient. Wheeled metal boxes stand in the ward entrance or bathroom corridors, and are inconvenient.

Imbecile Wards.—The imbecile wards, as already noted, are of double width. There is a light wooden partition, open top and bottom down the middle of the ward, but not in such a way as to interfere seriously with ventilation. The window sashes, however, open only for 6 in. above and below, in addition to the top part of the window, which is hinged inwards. Seeing these wards are of double width, and therefore have only half convenience for ventilation, the windows should open freely, and risk of accident or suicide could be prevented by iron bars.

Receiving Wards.—The receiving wards are very small apartments, without any bed. The patient is wheeled in on a light ambulance, and awaits the doctor's visit.

There being a resident medical staff, large receiving wards are unnecessary.

Operating Theatre.—The operating theatre has rough brick walls painted over, poor light, and bad ventilation, not a very good stock of apparatus, no sterilizer, and only a wooden operating table.

Wooden Pavilions.—In addition to the main building, containing the above accommodation, there are two wooden pavilions known as the Sheds, originally erected for smallpox cases, but now used, one for chronic ulcers in males, the other for ophthalmia in children.

The Sheds also have accommodation for nine married couples. This part of the Sheds, therefore, belongs to the workhouse rather than the infirmary.

Nurses' Home.—This is in a separate block, recently built on good modern lines.

Admission of Patients.—The procedure for obtaining indoor medical relief in Salford is as follows:—

(1) Application to the Relieving Officer for a medical order. (2) An order is granted usually at once, but sometimes after inquiry. (3) The District Medical Officer visits, and reports whether the case should go to (a) the infirmary, or (b) the workhouse. (4) The Relieving Officer visits, and removes the case to (a) or (b), so that cases for the infirmary go straight there without relation to the workhouse. (5) The Workhouse Medical Officer transfers to the Hope Hospital such cases as he thinks should be so dealt with. Hardly any cases are sent from the Hospital to the Workhouse.

Cases received into the Hospital from the outside have been previously seen by the district medical officers, either at their own homes or at the Poor Law dispensaries. If a case is seen outside merely to determine whether it requires infirmary treatment, there is no attempt at elaborate diagnosis, especially as the patients may be dirty or verminous, so that the point of the district medical officers' examination really is to determine not the exact nature of the disease, but whether institutional treatment is required. If the case has been attended for some time outside, the diagnosis is much better, but no note of history and treatment is sent in to the Hospital along with the patient. It is natural to suppose that if the district medical officers are underpaid, they will be apt to suggest the infirmary for cases which give much trouble, and the conditions for treatment in the infirmary are much better as a rule than outside. But I did not observe that unsuitable cases had been sent in.

Payment for Patients.—Whole or partial payment is received for some cases admitted into Hope Hospital. The full weekly rate is about 9s., but varies with the actual cost for the preceding year. The full amount is often obtained in respect of certified imbeciles, but hardly ever for ordinary illness. In the case of a working man with an epileptic child the Board (acting through a sub-committee) would consider the circumstances and try to learn through the Relieving Officer how much he could pay, and usually arrange to admit. So also in the case of a wife bedridden with paralysis. Here, therefore, there is no such rigid practice as I met with in certain rural unions, of giving no indoor relief to dependents of the able-bodied, and the system in Salford, if confined to suitable cases, is much the more sensible. If phthisis is in question, the difficulty of isolation at home is a dominating factor in the decision, and in other diseases want of convenience for nursing and attendance is taken into account.

Detergency or Attractiveness of Hope Hospital.—Hope Hospital interested me in respect that it is built a long way from the workhouse, and that it has received the name "hospital," which in England usually distinguishes a voluntary institution from the "infirmary" of the Poor Law. And I concluded that the hospital is both attractive and deterrent.

Outside the hospital, and even apart from the union, there was reason to form the opinion that the institution is regarded with some degree of dislike or suspicion. In the course of its history it in some way acquired rather a poor reputation, which it has not yet entirely recovered from. But this is not "stigma" in the ordinary sense.

As usual, I found here that the worst class of paupers wish aid from the guardians, but object to the discipline and restrictions of institutional life, and prefer to have outdoor liberty to be drunken and dirty. But, in addition, it appears that some deserving poor reduced to destitution by illness, and willing to submit to restriction and discipline, would be willing to go into the Manchester Royal Infirmary or the Salford Hospital, but not into the Hope Hospital.

Yet some difference exists in the mental attitude as between the workhouse and the Hope Hospital. Some people would rather come to the hospital than to the workhouse, and would prefer the Salford Royal Hospital to either.

On the other hand, the hospital is not merely non-deterrent, but is attractive to many persons, and the difficulty rather is to keep them out, especially men not living in family, but in common lodging-houses.

With all its defects, the hospital is a palace compared with most lodging-houses, and exclusion of unsuitable cases requires a firm policy on the part of the guardians. The attractiveness of institutional life for some of the undeserving is curiously illustrated in the case of a man with chronic ulcers, who there is reason to think, has deliberately endeavoured to prevent his ulcers from healing. One man has been an inmate for fifteen years owing to very bad ulcers of the leg. The leg ought to have been amputated long ago, but he refuses to submit to this, and cannot be compelled, and so he spends his life in bed at the cost of the rates.

Nature of Cases Admitted.—Of the 800 inmates, 300 are imbeciles. The other 500 include about 100 old women, many of whom are on the borderland between the infirmary and the workhouse class, and need very little medical attendance. In the male wards the proportion of senile cases seems less. Many acute cases of pneumonia, pleurisy, Bright's disease, heart disease, etc., are treated.

The hospital receives many convalescents from Salford and Manchester General Hospitals, fractures in splints, or put up in plaster of Paris, and so forth.

The cases in the baby ward are chiefly of marasmus. Comforters or dummy teats do not seem to be debarred. There are good fire-guards.

Measles cases are treated in the old women's department of the infirmary, where there is no field for infection. A few imbecile children are kept in a ward by themselves. It had four inmates at the time of my inspection.

Surgical Operations.—The total number of operations is very small for so large an institution, having been only 20 and 25 for the last two years respectively. The defective equipment for operative surgical work has already been referred to. The reason for so few operations being done at Hope Hospital is that the voluntary hospitals are available, so that the interests of the paupers do not directly suffer. But in a Poor Law infirmary sick nursing must be rather monotonous work, and I think it likely that an intelligent and competent girl desirous of devoting herself to nursing would as a rule apply rather to a hospital where surgical work gives variety to the duties than to an institution where such variety is nearly absent. In that sense, therefore, a place like Hope Hospital is somewhat at a disadvantage.

Phthisis.—On the male side there are two wards for phthisis (with a total of 64 beds), one ward on the top floor and the other on the mid floor. On the female side there is one phthisis ward on the mid floor. As pointed out in my report on King's Norton Union, women with phthisis do not so readily come into or stay in hospital. Many of them are fit to do light household work, while men are more apt to be quite unfit to follow their occupation. Also, phthisis is less common in women than in men. In structure the phthisis wards differ in no respect from the other wards of the institution, but connecting the different pavilions there are open iron bridges, some of which are used for phthisis cases in suitable weather. These are not roofed over to protect against rain.

I visited one male phthisis ward on the mid floor. Of 32 beds, 22 were occupied, and of the 22, five patients were bedridden. The windows were well opened.

There are no outdoor shelters of the ordinary kind adjoining the infirmary, but on the other side of the public road the guardians own land which is let out for cricket and grazing. Room for shelters could easily be got there, or even in the grounds surrounding the existing infirmary.

Imbeciles.—The female imbeciles are under the charge of one head attendant and five assistant attendants during the day. The head attendant is not a trained nurse, but has asylum experience. For night duty there are three assistant attendants, who have not had any previous training. The imbecile wards contain both imbeciles and epileptics, some of the latter being uncertified, and yet living along with the others. This appears to me a very objectionable arrangement. These epileptics may very likely be more or less affected in intellect by their disease, but it is most improper to house them along with the certified insane.

I made inquiry about the open-air exercise available to the imbeciles. The males usually get into the grounds in good weather in summer, two hours in the forenoon, two in the afternoon, and one in the evening. They also have two country walks weekly, each for

about two hours. The female imbeciles get out one hour in the evening and two hours twice a week for country walks. They thus have a good deal less outdoor exercise than the males. The staff of attendants is probably insufficient to permit of more exercise being allowed under proper control. Both sexes have the same exercise ground, and cannot use it at the same time. It is called "The Park." In winter the exercise is somewhat less, depending on the weather. Most of the uncertified epileptics get exercise as above. A few of the more competent help the storekeeper in his work. The male imbeciles do a good deal of work in distribution of coal throughout the infirmary, riddling cinders, beating carpets, peeling and washing potatoes, and working on the farm.

The female imbeciles do their own ward work, scrubbing floors, dusting furniture, etc. Some go to the hospital sewing-room, and about ten help in the laundry. The total work available for the female imbeciles seems too little, looking especially to their limited outings. The epileptics have no special diet. No attempt is made at purin-free food, as to the value of which medical opinion is not unanimous. I am of opinion that the imbeciles would be better dealt with in an entirely separate institution with a separate staff, where more specialisation would be possible.

Medical Staff.—The medical staff consists of a visiting surgeon and two residents, one of whom is senior resident and the other junior. The appointments of the residents are renewable yearly. The visiting surgeon calls daily, except on Sundays, and remains for at least an hour and a half.

As the principal medical officer is a surgeon only, the chief responsibility for medical work rests with the senior resident.

The senior medical resident in the infirmary is to attend the guardians' meetings and to have full charge of the imbeciles as well as of the sick, excepting so far as under control of the visiting medical officer. His salary is to be £200, but he is to pay for his board.

While giving all due weight to the fact that a number of patients are merely old and infirm, and that 300 are made up of imbeciles and epileptics, I am of opinion that the medical staff is insufficient. The number of daily admissions throughout the year averages about nine. The obtaining and recording of the medical histories and the thorough examination of nine new cases ought itself to occupy very considerable time daily. The whole work at present seems bound to be "rushed," in order to be overtaken. No ward journals are kept, nor case sheets, but only diet and treatment cards, with temperature charts.

Nursing.—The nursing staff consists of a matron, assistant matron, a night superintendent, seven trained day nurses, 28 day probationers, and 12 night probationers. These 50 nurses have no duties in the imbecile wards, so that the total beds of which they have charge are 500. Looking to the chronic nature of a number of the cases, and to the limited amount of surgical operative work, the actual number of nurses appears to me sufficient. But seven trained nurses make too small a proportion of the total. Each of them of course requires to get the usual time off duty—a whole day monthly, half a day once a week, half a day every alternate Sunday, a quarter of a day weekly, two hours every alternate day. The result must be that a pavilion is sometimes without a single trained nurse.

I made inquiry into the previous training of the seven nurses. Five of them were probationers in Hope Hospital itself. It is very proper to promote deserving members of a staff in this way, but a little more variety in the training would be beneficial.

The hospital itself is a recognised school for the training of nurses, but perhaps the raw material may not be so good as in a general hospital, looking to the number of chronic cases and the small number of operations. The insufficiency of the medical staff must react detrimentally on the nurses' training.

In each ward there are two nurses' report books, one for the day, and one for the night nurse, which are submitted to the resident medical officer daily. Also the day nurse sees the night nurse's book and vice versa.

SALFORD WORKHOUSE.

Hope Hospital being the principal institution with respect to medical relief, my visit to the workhouse

was not prolonged, and referred mainly to the maternity department and the children's department.

The walls in the workhouse are brick lined as in the infirmary, and are equally irregular in surface, so that dust very readily collects.

Maternity Department.—The number of midwifery cases last year was 75. The average is about 80. There has been only one puerperal case in three years, and the patient recovered. The nurse in charge is a certified and registered midwife, and sends for the doctor only in difficult cases. The doctor lives about 300 yards away, but his house is not connected with the workhouse by telephone.

The labour ward is a room which has evidently at one time been devoted to some other purpose. It has a very lofty ceiling, and the unventilated space between the top of the windows and the ceiling must be 9 ft. or 10 ft. high. The labour bed stands against one wall, so that access to it can be had only from one side, which may be a little inconvenient sometimes. A straw mattress is used for confinements, and is burned after use. The labour bed is properly made up with three mackintosh sheets.

The other wards—one for pregnant women and the other for lying-in after leaving the labour ward—are large and roomy. The lower three-fifths of the windows are fixed, only the upper part opening.

In the bath rooms all the hot-water taps have safety keys.

Stores Mackintoshes are kept folded up, not on a roller as they ought to be. All linen for the lying-in department is properly kept and labelled. The bed sheets are about 7½ ft. long by 5½ ft. wide.

Nursery.—In the nursery there is a dormitory for babies whose mothers are away, and another for babies who are nursed by their mothers. At the time of my inspection there were 12 babies of the former class and 14 of the latter.

The dormitory for the former has 12 cribs. It has windows on one side and at the gable. These windows are sashed and double hung, but only one was partially open, and that in the lower part. On my calling attention to this an attempt was made to lower some of the upper sashes, but it was found that they were all fastened by paint. They evidently had not been opened since the place was last painted.

In the dormitory for mothers with babies there were no cribs for the babies, all sleeping in the same beds with the mothers. This dormitory has five windows on one side and two on another. The only part of these windows that opens is an upper corner about 18 in. square in each.

In the children's probationary department there were 46 inmates. They are in charge of an old female attendant with the help of six inmates. I had the shoes and stockings removed, and saw the feet of a number of the children. Many of them were dirty. They are said to be bathed twice weekly.

SALFORD UNION COTTAGE HOMES.

These homes are situated quite in the country, near Kenyon Junction. They cost about £70,000. Each child costs about £20 a year, not including interest on loans, which raises the cost to about 15s. per child per week. The total area of ground belonging to the Guardians at the homes is 45 acres, but 25 acres are let out.

There are 24 homes, of which 23 are in use. Each is built for 12 children, so that the total accommodation is for 288. One-half of the accommodation is for boys, the other half for girls. The highest number of inmates at any time has been 285, and when I visited there were 265, of whom 142 were boys and 123 were girls. The regular ages of the children are from three to fourteen, and each home has children of all ages and both sexes. Each is under the charge of a foster-mother, and, in addition, there are five relief mothers to allow the foster-mothers to get holidays and occasional free evenings, etc. The foster-mothers are active women in the prime of life.

There is a small hospital and a small home for nurses, but they are not required, and the latter is used for the relief mothers, sewing mistress, laundress, etc. One ward is used as a sewing-room.

The water supply is pumped from a spring. It is very hard, and is artificially softened for all purposes. The buildings are lit by electricity and are heated by open fires.

In addition to the master, there are three resident male officers—a gardener, a shoemaker, and a baker. Their wives are foster-mothers.

Each home has a day-room, and the kitchen is used as a dining-room. Each child has a toothbrush and towel, but hair brushes and combs are used more or less in common, there being about six brushes and combs in a home. There are good iron baths, of which the hot-water taps are protected by safety keys. The children are bathed twice weekly, and are kept clean. The dimensions of a dormitory which I visited were 19 ft. x 15 ft. x 10 ft. = 2,850 ÷ 6 = 475 c. ft. per inmate. It had very fair cross ventilation, but the window-tops were about 18 inches from the ceiling, and only a small part of the windows was open. Each home has a spare room for a fractious or sick child.

Each child gets a pint of milk daily, porridge twice or thrice weekly, potatoes, vegetables, and meat daily, soup thrice weekly during winter, twice weekly in summer, suet weekly in puddings. Milk costs a penny per pint, so that the amount for each child is 7d. weekly. The children are obviously much better fed than they would be with widowed mothers, and this feeding cannot but have an important effect on their physical health, and indirectly even on their mental and moral health.

School.—The children attend school in the institution. Their life differs from that of a public school in respect that they come here at an earlier age and have no homes to go to at holiday time.

Exercise.—The children get school drill, cricket, football, swings and swimming exercise, but there is no systematic examination of the hearts of children practising these exercises, and there is no periodic weighing of the children in general.

In six weeks some children show a marked improvement. The regular sleep, food, washing, exercise, and fresh air soon make a great difference.

Dentistry.—The institution has a dentist, who visits fortnightly, and examines every child three times a year. He does extractions, stoppings, regulation of teeth, etc.

Medical Attendance.—The medical officer lives within a quarter of a mile. He comes whenever sent for. The foster-mothers report to the superintendent cases requiring medical attention, and he intimates to the doctor. Defects of sight and hearing are noticed by the teachers and foster-parents, and spectacles provided if necessary. But here, as elsewhere, there is no systematic medical examination of the children corresponding to the systematic dental examination.

Mental and Moral Condition of the Children.—Intellectually the children are slow, owing to the usual causes—partly bad stock, partly want of home training before coming to the institution. That the defects are not wholly due to want of such training is indicated by the fact that children born in the workhouse and coming to the homes at three years old are, on the whole, defective.

Lack of application and of perseverance are noticeable among a proportion of the children. They do their work well under immediate observation, but not otherwise.

The homes have been open for only four years, and many of the children were in the workhouse for years previously, where they had more or less opportunity

of mixing with workhouse inmates of bad character. There has not, therefore, been time for the homes to show their full effect.

Yet the moral character is remarkably good as regards absence of falsehood and theft and malicious mischief. In these respects they are quite as good as ordinary working class children. The superintendent and his wife, the matron, were both teachers, and so are able to compare the institutional conditions with those of ordinary schools.

Endeavour is made to teach the children self-respect and respect for their foster-mothers, and good manners and cleanliness.

Industrial Training.—The shoemaker's workshop has always six boys under tuition—half-timers. In the carpenter's shop there are two half-timers; in the plumber's shop none. The baker has usually six boys as half-timers. Some boys are taught gardening.

Half a dozen girls are half-timers for laundry work and half a dozen for sewing. All the girls' clothes are made by the sewing mistress.

The boys' clothes are contracted for at present, there being no tailor's shop nor tailor. Care is taken to avoid uniformity of clothing.

After-life.—Some boys follow the trades they have been partially taught at the Homes. Some go into the Army or Navy. Of 11 applicants—six for the Army and five for the Navy—only one has been refused.

Girls leave for domestic service at the age of 14. They are not sent directly to such service, but to a Girls' Friendly Society which has a Home in Manchester. The Society keeps in touch with the children in service and reports yearly to the Guardians. It is stated that there have been few lapses—one or two petty thefts—but none of the girls have had to go back to the workhouse.

Remarks on Salford Union Institutions.—Contrasting the three indoor institutions of the Salford Union—the Hope Hospital, the Workhouse, and the Cottage Homes—I think the Guardians must feel more pride in, and be willing to spend more money on, the Cottage Homes than on the others. In so far as this indicates appreciation of the principle that if pauperism is to be controlled a beginning must be made with the children, the policy of the Guardians is most praiseworthy. But the older institutions do not receive enough attention, and, as indicated in my general report, I am not sure that Cottage Homes are the best place in which to rear pauper children.

Evidences of loving care and skill and labour abound in the Homes at Kenyon Junction, and the life the children lead is wonderfully different from that of the slum-child. Health, cleanliness, education, and godliness are alike attended to. The contrast is startling between the upbringing of, say, four children belonging to the same family, two taken to the Homes and two left in charge of a slatternly, ignorant mother receiving a pittance from the Poor Law to eke out her earnings as a charwoman. But, notwithstanding all its many advantages, life in the Cottage Homes is a hothouse life, not best calculated to train a child to face the outer world. The imitation of family life is, after all, only an imitation, and the financial burden is heavy on the ratepayers. The whole subject of Cottage Homes is discussed in my general report, and the discussion need not be repeated here.

APPENDIX XVIII.

PRESCOT UNION (ST. HELENS).

Area 53,084 acres, population (1901) 153,648, parishes 19, Guardians 49.

I visited this Union not for the purpose of making a complete inspection, but largely on account of the interest attaching to the statement placed before the Commission by Dr. Buchan, Medical Officer of Health of the St. Helens Borough Council.

Population and Occupations.—The population of

Prescot Union is estimated to have increased as follows:—

1885.	1895.	1905.
127,047	146,015	159,194

The persons aged 60 and upwards were 51 per 1,000 of population, as contrasted with 58 in Lancashire and 76 in England and Wales. St. Helens is a busy industrial centre, the principal occupations being manu-

facture of glass and of chemicals. The closing of insanitary houses is having the effect of increasing the rents of workmen's houses from 3s. to 4s. weekly.

Statistics of Pauperism.—In September, 1903, the total number of paupers, less lunatics and vagrants, belonging to the Union was 3,154. The number of paupers per 1,000 of population was at different dates,

1875.	1885.	1895.	1905.
25	19	28	21

There has therefore been considerable fluctuation, but the rate for 1905 does not differ appreciably from that of the great urban centres with which Prescott is grouped. The percentage of outdoor paupers to total paupers has been as follows:—

1875.	1885.	1895.	1905.
87	73	70	62

The ratio of outdoor pauperism to indoor pauperism is thus steadily diminishing. The annual cost per pauper in 1904-5 was £13 9s. and corresponds generally to that of the great urban centres. The expenditure per head of population has been as follows:—

1881-2.	1891-2.	1901-2.	1904-5.
4s. 9d.	5s. 4d.	6s. 4d.	6s. 4d.

Medical Attendance in St. Helens.—In the population of 92,000 there are only 23 medical men, or one doctor to 4,000. In most towns there is a medical man to every 2,000 people or less.

Sick Clubs.—Sick clubs, works clubs and Friendly Societies exist, but they deal only with individuals, not with families.

In Haydock there was a sick club to which employers contributed £400 a year, but it has been broken up, owing, it is alleged, to the laws relating to employers' liability. The doctor was partly appointed by the masters, and was supposed by the men to be favourable to the masters in disputed cases.

There is a medical society whose minimum fees are 1s. 6d. for visit or consultation, besides 1s. or 1s. 6d. for a bottle of medicine. On these terms, for example, a baby suffering from acute pneumonia might require 14 visits at 1s. 6d. and 7 bottles of medicine at 1s., the total cost being 28s. 6d. This would be a heavy temporary burden for a labourer, and illustrates negatively the advantages of a Medical Provident Institution, where payment is by annual contribution.

Hospitals.—Institutional medical treatment is on a peculiar footing. There are two hospitals—the Provident Free Hospital and the St. Helens Cottage Hospital. The latter receives cases mainly from clubs and works, and requires an admission order. In both of them the patient must be attended by and pay for his own doctor. If a doctor were to cease attending his patient in hospital, the Guardians would need to send the District Medical Officer, or the case, if fit, would be dismissed. The Sanitary Authority's Fever Hospital is attended on the same terms. If a doctor notifies he attends, whether he is paid or not. This system of institutional attendance appears to have begun by mutual arrangement amongst the medical men when the hospitals were small.

Outside the hospitals, medical charity takes the form of excessive bad debts. Doctors' accounts are paid by weekly instalments of 6d. or 1s. to collectors who go from house to house. Many of the inhabitants are debtors to two or three doctors at once.

School Children.—The St. Helens Hospital has an Eye Dispensary, for which contributions of 1d. per head per week are kept off the workmen's wages at certain of the public works. Children whose parents belong to these works and whose sight is found defective by the education authority are sent to this hospital and get spectacles. The Town Council being the local education authority, the Medical Officer of Health sends children requiring spectacles and unable to pay for them to the Medical Officer at the Workhouse, through whom they can be obtained.

At the Town Hall, and belonging to the Borough Council, there is a dispensary to which school children suffering from ringworm come, and are treated by the Assistant Medical Officer of Health (a woman doctor) or by the school nurse. The school nurse is an official of the Borough Council. She visits absentees not medically certified to ascertain the cause and circumstances of their absence. Measles is seldom medically treated in St. Helens, and the school nurse often advises as to treatment.

Phthisis.—Phthisis is voluntarily notifiable, and the district medical officers intimate all cases. Poor people do not object to such notification, but the better off may object.

The active policy of the St. Helens Town Council in one respect bears a little unfairly on its ratepayers. The Prescott Union, which includes St. Helens, has good accommodation for phthisis cases at the workhouse. The St. Helens Town Council also isolates phthisis cases in its fever hospital, but the other districts of the Poor Law Union do nothing for phthisis outside the workhouse, so that the St. Helens ratepayers have to pay for the treatment of phthisis both in the fever hospital and in the workhouse, while the ratepayers in the other districts pay for the workhouse only.

Midwifery.—Midwives attend about 86 per cent. of all confinements. They require aid in about 6 per cent., so that 60 per cent. of children are born without medical attendance. So far as young children are concerned, this helps to account for the large percentages of uncertified deaths, referred to by Dr. Buchan, the medical officer, in his statement to the Commission.

Under a local Act, the burgh council offers to pay medical men who have been called in by midwives to assist them in difficult cases, provided they are not able to recover their fees. One feature in this scheme which is not universally approved by the medical profession in the town is that it puts into the hands of the midwife a certain amount of patronage which, it is held, she ought not to have any opportunity of exercising. A "sixpenny doctor" might make it profitable for a midwife to send for him regularly.

Nuisances.—The officer of the Society for the Prevention of Cruelty to Children reports to the sanitary authority nuisances such as overcrowding and the like observed in the course of his work, and in return the sanitary authority reports to him cases of child neglect.

OUTDOOR MEDICAL RELIEF.

In an interview with a relieving officer, he informed me that no stigma appears to attach to outdoor relief, but that there is objection to indoor relief, whether in the workhouse or in the Poor Law infirmary. In some cases there is less objection to the infirmary than to the workhouse, and after being in the infirmary, paupers prefer it to the hospitals in St. Helens.

The preference for outdoor as compared with indoor relief is partly because the former is unconditional. The pauper gets his money, and can do as he pleases with it, while in the workhouse or infirmary there is discipline and cleanliness.

The deterrence of a Poor Law institution is illustrated by the different attitude of phthisis patients and their friends towards the fever hospital and the workhouse infirmary. Many are very willing to go to the fever hospital, but strongly object to the workhouse infirmary. This is a concrete example, but local medical opinions differ somewhat on the general question. On the one hand, I was assured that even the ignorant and degraded in the population have a strong feeling against even outdoor Poor Law relief, and a still stronger feeling against indoor relief. On the other hand, I was told that the deserving poor have little objection to go to the workhouse. These are the different impressions formed by different medical men in the same town. Probably the truth lies between.

The relieving officers' hours for giving medical orders are 9 to 10 a.m. and 4 to 5 p.m. Persons desiring orders at other times may be unable to find the relieving officers, or the distance to their houses may be a consideration. The result is that the district medical officers act without orders in emergency.

One medical officer stated the amount of unrecorded relief given in this fashion as amounting to about 10 per cent. of the recorded relief. He said that there are few borderland cases in St. Helens. When bad debts accumulate the doctors drop attendance on the non-payers, and then they get medical attendance through the Poor Law. Similarly, the works doctors attend during work, but at the end of the year the men, if still ill, lose the right to such attendance, and go to the district medical officer. The district medical officers are not well paid, and, being in private practice, naturally cultivate it rather than Poor Law work.

Here, as elsewhere, the relieving officers when applied to for medical orders hesitate to refuse them,

lest, in the event of anything going wrong, they should be charged with manslaughter.

It is said that the great bulk of pauper cases medically attended do not belong to the permanent list. Of all cases seen by one medical officer it appears that only about 5 or 10 per cent. are amongst the permanent paupers, 20 or 95 per cent. being by special order of the relieving officer. These include a very considerable number of cases from common lodging houses, perhaps 20 per cent., and diagnosis of disease is difficult in such circumstances.

Sometimes when a medical order has been given too readily, and when it is proposed to send the patient to the workhouse infirmary, the doctor is told by the people themselves that they will pay if the case is taken into one of the two hospitals instead of to the workhouse infirmary.

Nursing.—There are district nurses who attend deserving paupers if desired by the district medical officer.

I saw a number of outdoor cases with the relieving officers, but nearly all of any interest have been included in the General Report, and the rest are not worth noting.

WORKHOUSE AND INFIRMARY.

The Workhouse and Infirmary are in one curtilage in the village of Whiston, Prescott.

The total accommodation is for nearly 1,000 inmates. Of these, 375 are in the Infirmary.

The infirmary beds are distributed thus:—

Male, Phthisis	23	
.. Medical	68	
.. Surgical	64	
.. Lock and Contagious	26	
		181
Female,	51 (24 cots)	
.. Medical	38	
.. Surgical	32	
Children, Medical and Surgical	37	
Lying-in Block	36 (11 cots)	
		194
		<u>375</u>

Last winter there were sometimes nearly 400 cases, so that there was overcrowding.

The accommodation is being increased by the building of two new blocks, which will have 96 beds each.

With the exception of the Isolation or Lock Block, which will be almost given up when the extension is completed, the Infirmary is a very good modern building.

The wards require re-painting and whitewashing, but this will have to be delayed until the new wards are ready, as the present ones are always occupied. The infirmary is lit by gas, but the new blocks are to have electric light.

Administration is somewhat hampered by the fact that there are no bridges or gangways between the blocks, nor any hoists to the upper flats excepting for food.

The infirmary has four principal blocks. Block A has one ward for children, one for female medical cases, and one for female surgical cases. Block B is entirely for males, and has one phthisis ward, one medical ward, and one surgical ward. Block C has a male medical ward, a male surgical ward, and a dispensary. Block D is a two-storey building for maternity cases, and has three wards, one for labour, one for women before confinement, and one for women after confinement.

The isolation block is apart from all these, and has many small wards for itch, venereal cases, and so forth. Its accommodation is cramped, and out of date.

Cases treated in the Infirmary.—The Infirmary serves to some extent as a general hospital.

Accidents occurring near the Infirmary, which is far from any general hospital, come in quite readily. Repayment for such cases is obtained where possible. Also, medical and surgical cases are admitted on payment in whole or in part, according to circumstances.

The whole cost is 7s. weekly, but all go in through the Workhouse gate and are entered in the Workhouse books on admission and dismissal.

The following is a list of urgent cases brought in during the two years preceding my visit.

URGENT CASES BROUGHT IN BY POLICE, FRIENDS, OR TRAM OR RAILWAY OFFICIALS, OCTOBER 1ST, 1905, TO OCTOBER 1ST, 1907, WITH AGES.

Apoplexy (65 and ?)	2
Uræmia (30, 44, ?)	3
Alcoholic fits (62, 69)	2
Cut throats (43, 60, 77, 49)	4
Burns (17, 34, 4, ?)	4
Fractures—	
Hip (74, 62)	2
Clavicle (52, 45)	2
Potts (27)	1
Base of skull (52 and ? (dead on arrival))	2
Ribs (72, 59)	2—9
Sprains	1
Cut head (32, 26, 72, 36, 55, 15)	6
Strangulation (23)	1
Immersion (boy, dead on arrival)	1
Machinery accidents—	
Wireworks (30), fractured base	1
Quarry (27), crushed fingers	1
Thrashing machine (56), fingers	1—3
Run over, carts, trams, trains, motor—	
Cut head and concussion (59 and 30)	2
Lacerations (37, 24)	2
Smash (69, dead on arrival)	1
Fractured ribs and sternum (46)	1
Contusions (1)	1
Falls, downstairs, off ladders, haystack, trenches—	
Concussion of spine (43)	1
Contusions (65, ?, ?)	3
Hæmorrhage into brain (52)	1
Dislocations (55, 64)	2
Sprains (27)	1
Severe thrashing (12), contusions	1
	<u>52</u>

Surgical Operations.—A very considerable amount of operative work is done. The operations for two years are tabulated thus, the ages of the patients being stated for each operation.

OPERATIONS WITH ANÆSTHETICS FOR TWO YEARS FROM 1ST OCTOBER, 1905, TO 1ST OCTOBER, 1907.

Amputations—Arm (34), 2 fingers (56)	2
Abscess opened, scraped and flushed (29, 18, 59, 19, 66, 58, 14, 66, 2, 20, 52)	11
Ankylosis—Knee (44), hip (52), ankle (56)	3
Carbuncle (72, 64, 22, 42, ?)	5
Circumcision (11, 3, 5, and two under 2)	5
Cellulitis (incisions) (51, 34, 59)	3
Cut throat—Tracheal (47), do. (49), thyroid (52), infrahyoid (72), thyroid (61)	5
Dislocations—Shoulder (59), hip (68)	2
Excision, knee joint (18)	1
Excision, varicose veins (63, 25, 47, ?, ?)	5
Excision of lip (epithelioma) (65)	1
Foreign body in urethra (34)	1
Fractures—Elbow (42), hip (75), Potts (46)	3
Gland dissection (of neck) (30) (15) (Tubercular)	2
Excision of tumours of neck (49, 56, 45, 51, 34)	5
Skin grafting (14, 16)	2
Mastoid abscess (76, 49)	2
Necrosis of tibia (56, 35, 57)	2
Necrosis of os calcis	1
Lupus (scraping) (27, 32)	2
Laparotomy for appendicitis (16)	1

Paraphimosis (54)	1	Abortion (34)	1
Re-amputation of leg (21)	1	Cephalotripsy (24, 20, 23)	3
Perineal section (68, 37, ?)	3	Forceps (37, 33, 31, 21, 28, 21)	6
Prolapsed rectum (5)	1	Version (32)	1
Internal urethrotomy (39)	1	Curettage (23)	1
Rapid urethral dilatation (36, 36, 35, 39, 37, 68)	6	Perinorrhaphy (22, 19, 26, 18, 34, 30, 26, 20, 17, 27, 21)	11-26
Strangulated hernia (55, 60, 14)	3	Ophthalmic operations—	
Ischio-rectal abscess (?)	1	Pericausis	7
Tonsillotomy and adenoids curetted (10)	1	Strabismus	4
Trephining (47)	1	Ectropion	1
Ununited fracture (?)	1	Trachoma (5, 13, 2½, 7, 8)	5-17
Cancrum oris (10 months)	1	Ophthalmic operations with local anæsthetics—	
For burn (4)	1	Hastening	18
Sebaceous Cyst (27)	1	Cataract	6
Midwifery operations—		Iridectomy	2
Accouchement for eclampsia (39)	1	For synechiæ	6-32
Dilatation for eclampsia (24, 38)	2		
			163

The following table gives a statement of the cases under treatment at the time of my visit. The cases are grouped according to ages:—

	Under 7.	7 to 16.		16 to 30.		30 to 45.		45 to 60.		Over 60.	
		F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
Abscess	1	-	-	-	-	-	-	1	-	-	-
Adenoids	-	1	1	-	-	-	-	-	-	-	-
Aneurism	-	-	-	-	-	-	-	1	-	-	-
Asthma	-	-	1	-	-	-	-	-	-	-	-
Bronchitis	3	-	-	-	-	2	4	-	10	-	17
Bone disease	-	-	1	-	-	1	-	-	-	-	1
Bursitis	-	-	-	-	-	1	1	-	-	-	-
Burns	-	-	-	-	-	1	-	-	-	-	-
Cancer	-	-	-	-	-	-	-	2	-	5	4
Cataract	-	-	-	-	-	-	-	-	-	3	4
Cellulitis	1	1	-	-	-	1	-	2	-	-	-
Cretinism	1	-	-	-	-	-	-	-	-	-	-
Diabetes	-	-	-	-	-	-	-	1	1	-	-
Diarrhœa	2	-	-	-	-	-	-	-	-	-	-
Eczema	6	-	-	-	-	-	-	4	-	4	-
Epilepsy	-	1	-	-	-	2	-	-	-	-	-
Fractures	-	-	-	-	-	2	3	3	2	1	-
Gonorrhœa	-	-	-	2	-	-	-	-	-	-	-
Gall Stone	-	-	-	-	-	-	-	1	-	-	-
Gastritis	-	-	-	1	1	-	-	-	1	-	-
Hæmorrhoids	-	-	-	-	-	1	-	1	-	1	-
Hemiplegia	-	-	-	-	-	-	-	1	4	-	-
Hernia	-	-	-	-	-	1	-	1	-	3	-
Hydrocele	-	-	-	-	-	-	-	1	-	-	-
Impetigø	7	4	-	-	-	-	-	-	-	1	-
Laryngitis	-	-	-	-	-	-	-	-	1	-	-
Locomotor Ataxia	-	-	-	-	-	1	1	-	1	-	-
Lymphadenitis	-	-	-	1	2	-	-	1	-	-	-
Morbus Cordis	-	-	-	-	5	-	2	1	2	1	2

	Under 7.	7 to 16.		16 to 30.		30 to 45.		45 to 60.		Over 60.	
		F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
Morbus Coxæ	-	1	-	-	1	-	-	-	-	-	-
Nephritis	-	-	-	-	-	-	-	-	1	-	-
Neuritis	-	-	-	-	-	-	1	-	1	-	1
Newborn	7	-	-	-	-	-	-	-	-	-	-
Ophthalmia	2	3	-	-	-	-	-	-	-	1	-
Osteoarthritis	-	-	-	-	-	-	1	3	-	-	-
Ozæna	-	1	-	-	-	-	-	-	-	-	-
Paraplegia	-	-	-	-	-	-	-	-	1	-	-
Paralysis, Infantile	1	-	-	-	-	-	-	-	-	-	-
Phagedæna	1	-	-	-	-	-	-	-	-	-	-
Pertussis	7	1	-	-	-	-	-	-	-	-	-
Pleurisy	-	-	-	-	-	-	-	-	1	-	-
Phlebitis	-	-	-	-	-	-	-	-	-	-	1
Pott's Disease	-	-	1	-	-	-	-	-	-	-	-
Psoriasis	-	-	-	-	-	-	-	-	-	1	-
Pneumonia	-	-	-	-	-	-	-	1	-	-	-
Pregnancy	-	10	-	3	-	-	-	1	-	-	-
Rachitis	-	-	-	-	-	-	-	-	-	-	-
Rheumatism	-	-	-	2	-	-	-	3	-	-	-
Ringworm	4	-	-	-	-	-	-	-	-	-	-
Renal Calculus	-	-	-	-	1	-	-	-	-	-	-
Scabies	5	3	-	-	-	-	-	-	1	-	3
Sciatica	-	-	-	-	1	-	-	-	1	-	1
Scoliosis	-	1	-	-	-	-	-	-	-	-	-
Sycosis	-	-	-	-	1	-	-	-	-	-	-
Sprains	-	-	-	-	-	-	-	-	-	-	1
Syphilis	-	-	-	-	1	-	-	-	1	-	-
Synovitis	-	-	-	-	1	-	-	-	-	-	-
Senility	-	-	-	-	-	-	-	-	-	3	12
Stomatitis	1	-	-	-	-	-	-	-	-	-	-
Stricture of Urethra	-	-	-	-	-	-	1	-	1	-	1
Trachoma	3	8	3	1	1	-	-	-	-	-	-
Ulcer of Leg	-	-	-	-	1	-	3	7	6	2	7
Tertiary Syphilis	-	-	-	-	-	-	-	2	1	1	-
Pediculosis	-	1	-	-	-	-	-	2	1	-	-
Phthisis	-	-	1	3	7	1	8	-	4	3	-
Other Tubercular	-	-	1	-	-	-	-	-	1	-	-
„ Tumour	-	-	-	-	-	-	-	-	-	1	-
„ Eye Diseases	-	-	-	-	-	-	1	1	2	-	-
Otitis Media	2	1	-	1	-	-	-	-	-	-	-
Hammer Toe	-	-	-	-	-	-	-	-	1	-	-
Totals	54	36		44		39		89		88	
Grand Total				350							

Linen Stores.—The bed sheets in the Infirmary are 7½ feet long by 5 feet wide. I inquired as to who is responsible for ordering stores of this sort, and was told that the matron of the Workhouse attends to this, not the superintendent nurse. The water beds and the mackintoshes were properly stored.

Maternity Department.—I visited Block D, the maternity block. It was built about ten years ago, and is very satisfactory. The wards are clean, with good cross ventilation. The bathrooms are good, bathing rules are displayed, and the hot-water taps have safety keys which are kept apart.

There are 30 to 40 confinement cases in a year. Formerly there were about 50, but the cases are diminishing owing to more women being attended at home by certified midwives.

The resident medical officer of the Institution is notified about every case, and usually attends. There is no certified midwifery nurse in the maternity block, but a certified nurse in another block is available if the medical officer is away. Also the night sister of the Infirmary is certified in midwifery.

The babies sleep in cribs, not along with their mothers. Babies artificially fed have the best sort of feeding bottles, and dummy teats are debarred.

In the labour ward poisons were kept along with other medicines, there being no separate poison press here. In the other wards there are poison presses, each with its own lock and key.

Phthisis.—In Block B I visited the male phthisis ward. It is an ordinary ward, but has extra air space by curtailment of the number of beds. It is on the ground flat, and is without any verandah for outdoor treatment.

Imbecile Department.—This department is in the workhouse buildings. There are over 150 imbeciles, divided into three classes: (1) epileptics; (2) the less defective mentally; and (3) the more defective. There is a padded room for maniacal cases.

At present there are 58 male imbeciles, of whom only about 9 can do any garden work. The rest have walking exercise only once a week for about one and a half hours. This is quite insufficient.

There were 23 male epileptics. They go out twice a week for two hours each time if the weather permits. This also is quite insufficient.

The whole imbecile block, male and female, has a central corridor with wards on each side, but the

corridor is wide and light, and clean and airy, so that the ventilation in the wards was quite passably good. In these wards the lower two-thirds of the windows are fixed to prevent accidents. The upper third is hinged inwards.

The dormitory for the female imbeciles was overcrowded, there being nine beds on the floor.

Medical Staff.—There is a resident medical officer, who has the aid, as anaesthetist, and as deputy during absence, of an outside medical man, who thus acts as assistant to the resident medical officer. There is also an ophthalmic surgeon, who attends on two days every month, and also when sent for. He sees out-patients as well as infirmary cases on one of the two fixed days. He does all eye and ear operations. For the infirmary with its 375 beds, and the imbecile wards with over 150 beds, and all the surgical operations excepting those for eye and ear, it is obvious that a single resident medical officer is not enough. There is certainly need for at least one other resident.

Nursing Staff is as follows:—Superintendent nurse, a home sister, who attends to the Nurses' Home, a night nurse, ten charge nurses and 27 probationers. There is, therefore, one nurse for an average of about nine or ten patients, so that the staff is quite reasonably sufficient when all are on duty, but there is little margin for holidays or illness. The proportion of charge nurses to probationers is adequate.

The Children's Department.—This is in a good building, of which the newer part was erected in 1894. It is well ventilated. The baths are excellent and the children are clean.

There are two classes of children, first those who are on quarantine before being sent to children's homes, and, second, children who live in the department until they are five years old. At the time of my inspection the total number in the department was 33, 19 girls and 14 boys. Of the 33, 14 were under five years old, and 19 were on quarantine. Detention on quarantine is prolonged where there are bad eyes or broken-out heads.

In the Children's Department there is a nurse and an assistant nurse, and help is given by three pauper inmates. The department has a schoolroom and a teacher for children over four years old.

Prescot Union has no cottage homes of its own. Children are sent to those of other unions, or to Bar-rack schools, or are boarded out with foster parents.

APPENDIX XIX.

KINGSTON-UPON-HULL.

Area, 1,114 acres; population at census of 1901, 82,245. One parish: 40 Guardians.

The Population of Kingston-upon-Hull is increasing very slowly, as the following estimate shows. The explanation is that practically the whole area available for building has been utilised long ago:—

1885.	1895.	1905.
78,112	79,666	84,058

The Poor Law relief is conducted under a local Act of Parliament by the Kingston-upon-Hull Incorporation for the Poor, but this does not affect medical relief, either indoor or out.

Statistics of Pauperism.—As is pointed out at pp. 12-14, Kingston-upon-Hull has a higher rate of pauperism than any of the other urban unions visited, the rates per 1,000 of population being as follows:—

Year 1875	1885	1895	1905
25	25	38	34

These rates are, as usual, exclusive of lunatics and vagrants.

The percentage of outdoor paupers to total paupers has varied very little. The following are the figures:—

1875.	1885.	1895.	1905.
72	71	76	71

In the adjoining Union of Sculcoates (also in Hull) the rates within the same period have ranged between

81 and 85 per cent., and in the Northern Urban District generally (comprising certain towns in Yorkshire and Lancashire, with a total population, in 1901, of 771,274) the rate has been higher than in Kingston-upon-Hull.

In 1904-5 the cost of poor relief per pauper was £12 2s. per annum, as against £12 11s. in the Northern Urban district. The cost of pauperism per head of population has increased as follows:—

1881-2.	1891-2	1901-2.	1904-5.
3s. 7d.	5s. 10d.	8s. 8d.	8s. 8d.

The total for the Northern Urban District at the same four periods was:—

4s. 1d.	4s. 1d.	6s. 1d.	and 6s. 7d.
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Excessive pauperism in Kingston-upon-Hull is not difficult to account for. The proportion of population over 60 years of age is 70 per 1,000—higher than in any of the other urban unions visited. The parish is in the older or central part of the town, from which better-class residents have departed. Their houses are now occupied by a lower grade of population, and common lodging-houses abound.

The town has two Poor Law Unions, Kingston-upon-Hull and Sculcoates, and, as pointed out by Mr. Bagenal, General Inspector of the Local Government

Board, in his report for 1905-6, three-fourths of all the common lodging-houses in Hull are in the "Town district" of the Kingston Incorporation. The Guardians have printed a return of the admissions into the workhouse from the common lodging-houses during the year 1905. The total number is 634. Of these 37 are from South Myton district, 150 from North Myton district, and 447 from the "Town district." Of the 447 there were 114 from one lodging-house, known as the Victoria Mansions.

Occupations and Charities.—Casual labour is a very important factor in Hull pauperism. Dock labourers' pay is very intermittent—15s. a week would be a good average, and for such labourers medical relief is seldom given without money relief at the same time. But independently of the Poor Law the great shipping firms—Wilsons and others—give medical orders freely for certain public dispensaries, so that only a minority come to the Guardians. The dock labourers, therefore, have a choice of medical attendance, and in the "Town district" only three or four weekly get medical relief apart from money relief.

The Hull Royal Infirmary has a dispensary at which many poor people are medically examined and treated. The Hull and Sculcoates Dispensary also has medical officers, who visit patients at their own homes. Subscribers' recommendations are needed for both charities. The medical officers of the dispensary receive a small salary or honorarium. Their prescriptions are made up at the dispensary. One district medical officer is also a dispensary officer. In the former capacity he requires to provide medicines out of his salary. The dispensary is not intended for paupers getting money relief, but occasionally this rule is not adhered to. A little overlapping may occur through attendance at the dispensary continuing after pauperism, with its medical attendance, has begun.

The following are the total subscriptions given by the Guardians to charities supplementary to the Poor Law:—

	£	s.	d.
Hull Royal Infirmary	21	0	0
Hull and Sculcoates Dispensary	15	15	0
Hull and E.R. Convalescent Home	10	10	0
Hull Hospital for Women and Orthopedics	10	10	0
Hull Jubilee District Nursing Association	31	10	0
Association of Poor Law Unions	3	3	0
Port of Hull Society's Orphan Homes	10	10	0
Donation (for one year), Dr. Barnardo's Homes	10	10	0

Poor Law and Public Health.—Phthisis is voluntarily notifiable, but there is no systematic co-operation between the Poor Law and the Public Health authorities. For the treatment of phthisis there is a charitable sanatorium at Withernsea.

The Relieving Officers see many nuisances, but there is no arrangement for reporting them to the sanitary authority.

Nursing.—There is a Jubilee District Nursing Association in Hull, to which, as above noted, the Guardians subscribe £31 10s. yearly. The nurses attend pauper cases wherever required.

Midwifery.—The great majority of the women of the poorer classes are attended by midwives. If a midwife sends for the district medical officer he is paid half a guinea by the Guardians, whatever be the nature of the case. Not more than two midwifery orders a year are granted to the medical officer in the "Town district." Such orders are not given on loan, nor are the applications made beforehand, but only in emergency, when immediate attendance is required.

Deterreny.—There is some reluctance on the part of the deserving poor to go into the workhouse and infirmary. Many would go willingly enough into the Hull Royal Infirmary, but a stigma attaches to the Poor Law institutions. The undeserving are not barred by any feeling of this sort, but they object to discipline and bathing.

OUT MEDICAL RELIEF.

In the thirteenth week of the September quarter, 1907, the total number of outdoor paupers of the Kingston-upon-Hull Incorporation was 1,975. Of these, 617 were children under sixteen years; the adults were made up of 175 able-bodied, and 1,181 not able-bodied. The 1,181 consisted of 327 males and 854 females. Of the 1,181, 27 were non-resident. There are three relieving officers' districts, designated respectively Town, South Myton, and North Myton. The first had 310 not able-bodied adult paupers, the second 548, and the third 296.

In each district there is only one medical officer, and the boundaries of the relief districts and the medical districts are identical. The "Town district" has diminished in population owing to the clearing away of slum property. The medical officers have no permanent list of paupers, and there is no relief by ticket to be handed to the medical officer at any time that illness may occur. All who desire to get relief, whether permanent paupers or not, must apply to the relieving officer.

Orders for the district medical officer are never refused at the moment of application, unless it can be proved that the applicant has money in his pocket to pay a doctor.

In the Town District the relieving officer's hours for callers at the relief office are from 9.30 a.m., till about 12, but the district medical officer would attend without an order in any urgent case. He does not live in his own district, and so has a conveniently situated dispensary, where he calls for orders at mid-day, and returns at 5 o'clock to make up medicines.

The services of district nurses are usually available for outdoor sick paupers, and are of great value. As regards medical treatment, one medical officer remarked to me that deserving cases of serious disease very often come too late to the Poor Law, and that nursing is of more consequence than the taking of medicine.

I saw a considerable number of outdoor sick cases, but nearly all of any interest have been included in the General Report. The three following are of no special moment.

—, (M.), aged 45, Cancer of Liver. Has wife and six children, of whom the eldest, aged 18, is just married. The man was in the Hull Royal Infirmary for seven weeks beginning in the middle of April, and again for five weeks recently. On the latter occasion the abdomen was opened, but no operation could be performed. The house is clean. A Jubilee Nurse attends and dresses when necessary.

—, (M.), aged 36, Muscular Rheumatism, Paralysis, and Dropsy. Wife and seven children, aged 1 to 12 years. Has been off work for four years, and two of the children have been born since the illness began. He does a little work at home, mat making, at which he says he earns a shilling weekly. His wife does charring and washing. Relief 9s. and four loaves weekly. Breakfast, tea, bread, butter, or dripping. One o'clock, usually a dinner, say a pot of stew made from 9d. worth of American meat. Other days tea, bread, and butter. Five o'clock, tea, bread and butter. Supper, porridge occasionally. Half-a-pint to a pint of milk daily.

—, (M.), aged 59, Heart Disease. Lives with his wife. Was a boiler maker. Has been ill for seven years, and off work two years. Gets 8s. weekly from the guardians, and from his club 4s. His wife earns a shilling or two by washing. The club doctor attended, but medical attendance is not wanted now, the case being chronic. He was once in a convalescent home for three weeks, but has not been in any hospital or infirmary.

WORKHOUSE AND INFIRMARY.

These are within the same curtilage. They are conveniently situated in Anlaby Road, within the town but in a fairly open area, and though not modern the buildings have a pleasant and attractive appearance. Some years ago most of them were much improved in one respect. The walls had been brick-lined internally with the usual irregular surface for harbouring dust. Almost entirely by means of pauper labour the wall surface was prepared for and covered by a smooth and easily cleaned coating of cement.

All infirmary cases pass through the workhouse, and such deterreny as exists affects both workhouse and infirmary.

The following Table shows the accommodation of the various parts of the institution:—

	No. of Beds.
Main Building. - - - - -	(Males - 211 (Females - 129)
Old Hospital or Convalescent Hospital (Including Imbeciles) - - - - -	(Males - 136 (Females - 84)
New Hospital - - - - -	(Males - 62 (Females - 53)
Children - - - - -	(Boys - 38 (Girls - 36)
Maternity Ward - - - - -	- 15
Hutton Buildings - - - - -	Males - 99
Cottages—Deserving cases and married couples—could accommodate 16 couples - - - - -	(Males - 30 (Females - 6)
Infants - - - - -	- 14
Receiving Ward - - - - -	(Males - 4 (Females - 5)
Total - - - - -	922

In the 13th week of the September quarter of 1907, the workhouse and the infirmary were occupied as follows:—

CLASSES	No. of Inmates on the last day of the preceding week.
1. Adults, not able-bodied:	
Men - - - - -	275
Women - - - - -	132
Total of No. 1 - - - - -	407
2. Adults, ordinarily able-bodied:	
Men in health - - - - -	89
„ Temporarily Disabled - - - - -	50
Women, in health - - - - -	48
„ Temporarily disabled - - - - -	56
Total of No. 2 - - - - -	243
3. Children:	
Boys from 3 to 8 years - - - - -	11
Girls „ 3 to 8 „ - - - - -	—
Boys „ 8 to 16 „ - - - - -	12
Girls „ 8 to 16 „ - - - - -	—
Infants under 2 years - - - - -	9
Total of No. 3 - - - - -	32
Total of Nos. 1, 2 and 3 - - - - -	682

Infirmary.—The new hospital has accommodation for 115 cases. This is insufficient in winter. The wards are quite satisfactory, and are well ventilated. Each window has a ventilation key, which is kept in charge of the nurse. The beds and beddings are good—beds of the Lawson-Tait pattern being in use. In the bath-rooms the hot-water taps are protected by safety keys, and the bathing rules are displayed.

Phtisis Accommodation.—Three small wards are devoted to phtisis—two for males, containing seven beds jointly, and one for females, containing two beds. It is said that this accommodation is found to be sufficient, but the apartments have not been adapted for the disease. There is no verandah nor balcony, and no special ventilation. The two male wards, which are up one stair, should be thrown into one, and a balcony provided.

Imbeciles.—There are not very many of these. At the time of my inspection there were only 23, of whom nine were males and fourteen females. All dangerous epileptics are sent to the Asylum. The imbeciles should be in a separate institution. They often disturb other inmates at night by shouting, and the

spectacle of their imbecility is bad. They do not have the regular employment and fresh air, exercise, and special treatment that should be possible in an institution for imbeciles.

Delirium tremens cases and other alcoholics have no proper accommodation. They are placed amongst the ordinary imbeciles, and cause much disturbance, especially at night.

Bathing.—Male patients are bathed by male pauper attendants, under supervision by the nurses. As already noted, all hot-water taps have safety keys, kept in possession of the nurse.

Poisons.—Poison presses are kept locked.

Medical Work.—The medical officer is not resident, but he lives about a quarter of a mile distant, and is on the telephone. If he is to be on holiday, he appoints a deputy. He visits the infirmary daily—sometimes three or four times a day.

Very few operations are done in the workhouse infirmary. Nearly all who require operation go to the Hull Royal Infirmary. After a poor patient in the Hull Royal Infirmary is convalescent, if his bed is required, he is transferred to the workhouse infirmary. These are sometimes really not paupers, but are so designated in order to regularise their admission.

Many cases in the infirmary are on ordinary diet, and, therefore, are not in the medical relief book, which contains the names only of cases on special diet or extras. Many of those whose names are in the medical relief book are simply old and infirm people on sick diet (usually milk diet), who cannot digest ordinary food. These are in the convalescent or old infirmary, not in the new infirmary. In the old infirmary (220 beds) the cases consist of people needing regular attention, but not active medical treatment nor sick nursing. They include wet and dirty cases, imbeciles, venereal disease, itch, etc. In the nature of the cases admitted, the old infirmary is mid-way between the new infirmary and the workhouse.

Medical Records.—There are no ward journals nor medical report books. Notes are entered on diet cards, and temperature charts are kept as required. There is a report book for the nurses, in which the night and day nurses enter their notes. The superintendent nurse reads these, and informs the medical officer, whom she accompanies in his rounds.

I am of opinion that the institution as a whole affords a sufficient field of work for a resident doctor, acting under the supervision of the visiting medical officer.

Nursing Staff.—The staff for this new infirmary (115 beds) consists of a superintendent nurse and four charge nurses, all certificated, and nine probationers. For the old infirmary there are a male and a female charge nurse (man and wife), a female night nurse and three assistant nurses who are not trained nor certificated, but have had experience in asylum work, and have a certificate for such work.

In the new infirmary, therefore, there is one nurse to eight patients, and in the old or convalescent infirmary one nurse to thirty-six patients. I am of opinion that the new infirmary has a sufficient staff, but in the old infirmary occasional assistance must be needed when cases of delirium tremens or the like are under detention. Otherwise not much active sick nursing is needed in the old infirmary.

Maternity Department.—The number of maternity cases for the five years has been as follows:—

1902 - - - - -	25
1903 - - - - -	30
1904 - - - - -	39
1905 - - - - -	23
1906 - - - - -	33
Total - - - - -	150
Average - - - - -	30

The Maternity Department is under charge of a nurse, who has supervision also of the Nurses' Home. Several nurses in the institution are certificated for midwifery, and the medical officer is sent for only if necessary.

Nursery.—In the nursery the children are from three weeks to three years old. They are dieted according to printed dietary tables, but if ill, then they go to the infirmary, and are specially dieted. The nur-

sery is under the charge of a workhouse nurse. Some babies are nursed by their mothers, who are employed in the laundry, and come to the babies every two hours. The workhouse medical officer visits the nursery three or four times a week. Dummy teats are not allowed.

Accommodation for Married Couples.—Married couples have good cottages adjoining the workhouse, and opening both into it and into a neighbouring street. They have small gardens at the back, but town paupers have little interest in garden work.

MANAGEMENT OF PAUPER CHILDREN.

Pauper children in Kingston-upon-Hull are dealt with in different ways. Some under three years old are in the workhouse nursery, as above stated, some are in central or receiving homes adjoining the workhouse, some in cottage homes belonging to other unions, some in scattered homes, some boarded out with foster-mothers, some with widowed mothers, some female children are sent to the Duchess of Northumberland's Training Home at Alnwick to learn laundry work and domestic service, others go to training homes at Newport, Ottershaw, Salop, etc. A superintendent and his wife (as matron) have recently been appointed to look after the central and all the other homes.

Central or Receiving Homes.—Dwelling-houses adjoining both the workhouse and a public road have been purchased by the guardians, and fitted up as receiving homes. These are used to prevent its being necessary to send children into the workhouse. The children are detained for a time, and are then drafted into the scattered homes or training homes, or are boarded out, or go out again with their parents, who have been in the workhouse. The children enter the homes from the street, and live there till disposed of in these fashions.

The duration of stay in the receiving homes varies. Some who have been admitted at the same time that their in-and-out parents have gone into the workhouse are taken away again by the parents in a day or two. If there is prospect of a prolonged stay under the charge of the guardians, they would go to the scattered homes or to the various training homes above mentioned.

All children in the receiving homes are seen by the medical officer on their admission, and at weekly intervals afterwards. Also in Hull there is medical inspection of schools, which, in the case of school children, would probably call attention to bad throats and ears and noses.

There are 20 children in these receiving homes at present. All have tooth brushes and towels.

A dentist visits the workhouse to attend to the children's teeth every Saturday, and oftener if needed. He examines their teeth periodically, inspecting six or eight every week. His salary is £40.

Scattered Homes.—There are three of these. They consist of villas in Hull, rented by the guardians. The following are notes of my visits made in the order stated:—

No. 3 home has 5 boys and 5 girls, aged 4 to 13. They are bathed twice weekly. The hot-water tap of the bath has no safety key, and the room is not locked against use. Each child has a tooth brush and comb and hair brush. The dentist has arranged to call monthly, or oftener if sent for. In this home the ventilation of the boys' dormitory is decidedly insufficient. The fireplace has been built up to prevent back smoke, and the window is not large enough. The ventilation in the girls' dormitory is good.

In No. 1 home there are 10 children, aged 6 to 14, 5 boys and 5 girls. One of the girls has had an enlarged tonsil removed by the medical officer, who calls monthly. One boy has decidedly enlarged tonsils, and breathes badly at night. The personal cleanliness of the children here is short of satisfactory. Their feet are dirty, but it is said that the older children are bathed weekly, and the others twice weekly. The hot-water tap is without a safety key. The boys wash in an earthenware scullery sink, and the girls have a wash-hand basin. A one-bedded room is reserved for any case of sickness. In the dormitories the beds were clean. The windows of the girls' dormitory were closed, but there had been fog in the morning. In the boys' dormitory, an attic room, the windows were open.

Each scattered home has a diet book, in which the details of every meal are entered. To-day in this home the diet is as follows:—

Breakfast: Boiled bread and milk.

Dinner: Hashed mutton and potatoes, and rice pudding.

Five o'clock: Tea, and bread and butter.

The diet is varied from day to day. Porridge is given occasionally. Treacle is often given with bread.

No. 2 home is for boys only. It has 10 inmates, aged 5 to 14. They had gone to school when I called. The bedroom windows were open. The hot-water tap in the bathroom had no safety key.

Boarded-out Children.—The lady who presides over the Guardians' Committee on boarded-out children was good enough to accompany me in an inspection of a considerable number of them. There is always an abundance of applicants for boarded-out children, and much care is exercised in selecting proper foster parents. The guardians never board out children with widows, because they fear that the work would be done too much for profit, and that the dieting would be limited. Married couples without family, or with a grown-up family, or with only one or two children, are selected. None are boarded out with paupers.

The boarded-out children are orphans, or have been deserted by their parents. They number about 100, of whom 4 are in the country, and 96 are in the City of Hull, either in the Kingston or in the Sculcoates Parish or Union. Those who are in Sculcoates, not being within the Union, are inspected by the lady inspectors of the Local Government Board. All are also visited by the members of the Ladies' Committee. The children are to be sent to the dentist's consulting room as often as may be thought necessary.

I was much interested in the conditions observed at my inspection. Evidently the committee exercise much care in the selection of foster parents, and the result is usually, but not invariably, good. If unsatisfactory, of course the arrangement can in any case be terminated. In most cases the children were clean. In a minority they were not. The sleeping accommodation was usually satisfactory, but not always so in respect of ventilation. The teeth of some of the children required attention, and more than one had no tooth brush. The food seemed in practically all cases sufficient, and the children looked happy and contented, and were being brought up to like and appreciate family life.

As bearing on the general question of the character and mental qualities of pauper children, the master of the workhouse showed me a letter which he had been instructed by the guardians to issue in 1896 to the teachers of elementary schools attended by the children, and the replies which had been received. The letter was in the following terms:—

The Workhouse,
Anlaby Road,
Hull.
September 30th, 1896.

To.....

Dear.....

H.M. Inspector of the Local Government Board will shortly visit this institution to inquire into all the circumstances touching the interests of our boys and girls, and as some of them are pupils of yours, the Guardians will much appreciate your kind reply to the following questions and such other information as you may be good enough to send me:—

- (1) Is their conduct satisfactory, and are they regular in attendance and punctual?
- (2) How do their capabilities and attainments compare with your other pupils of similar age?
- (3) Are they physically as fit as your other pupils?
- (4) Do you think they suffer in any way (by being workhouse children), in the eyes of the outside children? Do they mix freely and readily, and form acquaintances with the other children?
- (5) Do they, from year to year, maintain their respective positions in the class side by side with their other school-fellows? I mean, are they able as easily as other children to get through the year's work, and pass the tests at examinations, as well as outside children?
- (6) Are they generally clean and tidy in appearance?

Apologising if I am unduly troubling you,

I am, dear —,

Yours faithfully,

J. CHANCE, Master.

Answers were received from about nine schools and were, on the whole, very satisfactory, though a certain amount of reservation is indicated in some of the replies. From St. Joseph's, Anlaby Road, R.C. School, Question 2 is answered in the affirmative with regard to the children "as a rule," and Question 3, "generally speaking." Question 5 receives an unhesitating affirmative. One teacher writes, "Their capabilities and attainments are, I think, somewhat lower generally than the capabilities and attainments of the average boys of the same age." Another writes, "As regards their attainments as compared with other children of the same age, I find them rather behind, owing, no doubt, to the many changes of schools more

than to mental incapacity. Physically, I think they compare favourably with others."

These are the least favourable replies.

Other teachers write definitely in the affirmative in reply to all the questions. The replies are, on the whole, more favourable than would have been justified by what I saw of pauper children in the course of my inquiries, and they are also more favourable than the conclusions arrived at by teachers whom I interviewed when opportunity offered. But it is very satisfactory to find that the teachers in Hull were able to speak so well of the pauper children under their care.

APPENDIX XX.

SCULCOATES COTTAGE HOMES.

Sculcoates Union includes those parts of Hull outside the Kingston-upon-Hull area.

I made no general inspection in the union, but being in Hull, took the opportunity of visiting the Cottage Homes. These are situated at the village of Hessel, near Hull. They were built in 1897, and have accommodation for 120 children in 8 homes, each with 15 children. For the first time since it was built all the accommodation had been occupied on the week of my visit, the total inmates being 121. Five homes receive both boys and girls, the girls being aged 3 to 15, and all the boys being under 10. The other three homes are for boys only.

The homes are handsome cottages built along the side of, but well back from, the public road. I visited one of the homes. The dormitories were clean, and the windows open. The window tops were about 18 inches from the ceiling, and some were without cross ventilation, but their general condition was very satisfactory. The hot-water tap of the bath had a safety key, but it was not kept detached.

The dietary seemed suitable. Each child under 10 has a pint of milk daily. Those over 10 have half a pint, and get cheese and bacon instead of the other half pint.

The children have a swimming bath and a football field, and cricket and swings.

The boys are taught gardening, shoe-making, and tailoring; also one foster father is a painter, and teaches one or two boys. The tailor is a foster father. The boys usually follow up the trade they learn at the homes. They are apprenticed, and the guardians, with the aid of the Local Government Board, pay the master. Shoe-makers, however, do not take apprentices, and the boys who have been at shoe-making in the homes may go to engineering, to which they can be apprenticed. They then live in lodgings, and get an allowance which enables them to pay the lodging-house keeper, and have 6d. a week over. They are supervised there by the superintendent of the homes, who has no duty to do so, but takes an interest in the children, and does the work voluntarily.

The children cease school attendance at the age of 14, but are kept in the homes for another year, under training. Before reaching the age of 14 the boys do a little gardening or tailoring. After ceasing school attendance, the girls help in the household work of the homes, and are also taught dressmaking for six months by the dressmaker of the institution. For the last six months some go into the matron's house, and are taught domestic service. They get places very easily, and most of them come back at holiday time. Every August they have a reunion at the homes. Over 60 girls have been sent out. Three have been lost sight of. The three were got hold of by relatives. Those who have no relatives are the best off. One girl returned to the workhouse ill-behaved and destitute. All the others have done well. The boys have done well, but a few have been lost sight of in the same way.

The orphans and deserted children of the Sculcoates Board come to the homes and get clothed there, and are then boarded out. The children who stay at the homes are those of casuals or of "ins and outs," or other indoor paupers. If the parents leave the workhouse, then the children have to leave the homes, and some are in and out five or six times a year. This gives little chance of proper training. If the parents are sick and permanently settled in the workhouse, then the children are permanently in the homes, up to the age of discharge, but of the 120 inmates only about 20 have the advantage of this permanency.

Medical Attendance.—The medical officer lives at Hull, four miles away, and visits fortnightly, as well as when sent for. The distance is a disadvantage. There is no systematic medical inspection apart from illness, but the medical officer often sees the children at meals as well as when ill. Also, he has already seen all the children at the workhouse, where they go previous to admission to the homes. In cases of otorrhoea the foster mother does syringing, etc., under charge of the medical officer.

Dental Attendance.—The dentist calls when sent for, which may be about monthly. The superintendent examines the teeth of the children, and sends to the dentist all whom he thinks require his aid. The dentist does stopping and filling, as well as extractions. I examined the teeth of a number of the children. They were not in such good order as in homes where there is regular dental inspection of all children. There is a dentist's chair for tooth work in a room in one of the homes.

School.—The institution does not include a school. All the children go to school in the village of Hessel. I visited the school. The total pupils are about 800, including the 120 from the homes. One boy from the homes had his eye bandaged. He was suffering from a rather acute attack of conjunctivitis, and ought not to have been at school. It appears that he has these attacks not infrequently, which, no doubt, tends to prevent them being regarded as very important. The teacher, who has had 10 years' opportunity of comparing the pauper children with the others in his school, says there is no question that, on the whole, the former are backward in intellect and knowledge. They are stubborn, and include a more than average proportion of untruthful children. Some are mentally defective, and would be better in special schools. Their defects are partly due to heredity, and partly to bad upbringing. One or two boys aged 12 and 13 from the homes are to be seen in the same classes with other children aged 7 or 8. The "ins and outs" who come and go as their parents come and go to the workhouse, have little chance of progress, but many of the more regularly attending pauper children are very good, and some are exceptionally smart. Some mental peculiarities appear in families, two or three children of the same parents resembling each other.

APPENDIX XXI.

CAMBERWELL, ST. GILES, LONDON.

Camberwell, St. Giles, is a parish, not a union. Its area is 4,480 acres, and its population in 1901 was 259,339. The Board of Guardians has 36 members.

The following figures for inter-census periods indicate the estimated growth of population:—

1885.	1895.	1905.
206,093	244,976	270,718

The number of persons over 60 years of age was 68 per 1,000 of the population, as compared with 65 per 1,000 in London, and 76 per 1,000 in England and Wales.

The parish is partly urban and partly suburban. The nature of the Camberwell population is said to be changing. Better-class residents are going further out into the country, and their place is being taken by a poorer population. The social and moral condition of the poorest class appears not to be improving. Drunkenness, unthrift and immorality show an increase according to the observation of persons who have known the district for many years. Such conditions will obviously react most unfavourably on children, especially if the mothers are intemperate and foul-mouthed. Indiscriminate granting of relief will only do harm to this class.

Statistics of Pauperism.—The total number of paupers on 1st January, 1905, exclusive of lunatics and vagrants, was 8,484. The numbers per 1,000 of the population were as follows at different periods:—

1875.	1885.	1895.	1905.
25	16	26	31

Thus pauperism practically doubled itself between 1885 and 1905. For the whole of London the rates were:—

1875.	1885.	1895.	1905.
31	24	24	26

so that the Camberwell increase took place whilst the rest of London was almost stationary, at the same time that there was the following diminution in England and Wales:—

1875.	1885.	1895.	1905.
32	27	25	24

The percentages of outdoor pauperism to total pauperism (exclusive of lunatics and vagrants) were as follows in three contrasted areas:—

—	1875.	1885.	1895.	1905.
Camberwell - - -	66	41	56	58
London - - -	65	48	47	52
England and Wales - -	80	74	71	69

These figures show, from 1885 onwards, a great increase in the proportion of outdoor pauperism to total pauperism in Camberwell, whilst in London there has been a comparatively small increase, and in England and Wales a decrease. The increased proportion of outdoor pauperism in Camberwell will appear all the more surprising when it is learned, later on, that accommodation for indoor paupers has been increased and greatly improved.

Cost of Pauperism.—In 1904-5 the cost per annum of each pauper in Camberwell was £24 6s., in London £24 17s., and in England and Wales £15 17s. Outdoor paupers always cost less than indoor, and this is largely the explanation of these differences, besides the higher cost generally of living in London as compared with the provinces.

But the expenditure per head of population in Camberwell has grown much more rapidly, and reached a much higher point than in London, or in England and Wales, or in any one of the other urban unions which I visited.

This appears in detail in the table on p. 13 *ante*, but certain of the comparative figures are repeated here:—

—	1881-2	1891-92	1901-2	1904-5
	s. d.	s. d.	s. d.	s. d.
Camberwell - -	7 4	8 6	14 7	18 10
London - - -	9 11	10 1	14 2	14 4
Provincial Urban -	4 9	4 6	5 10	6 10
England and Wales -	6 4	6 1	7 11	8 7

Figures like these of Camberwell are of most serious import.

OUTDOOR MEDICAL RELIEF.

There are nine relieving officers' districts. In the annual statistical abstract the area and population of the districts are not stated, but as the total population at the Census of 1901 was 259,339, the average was 28,815, and it must be considerably larger now.

The total number of outdoor paupers on 12th October, 1907, was 4,252, made up of 2,253 adults not able-bodied, 532 able-bodied, and 1,467 children. Of the able-bodied 80 were temporarily disabled. A total of 287 persons were receiving medical relief only.

Three of the relieving officers attend at the Camberwell relief station, four at Pockham, and two at Nunhead. They are in attendance daily from 9 to 12 a.m., and 2 to 5 p.m., excepting Sundays. There is also a superintending relieving officer, an officer for lunacy cases, one for settlement inquiries, and one for prosecutions.

There are eight district medical officers, whose salaries are £125, £120, £110, £100, £100, £100, £95, and £15 respectively. Regarding one of these salaries I made some inquiry as to how much was received for each attendance, whether visit or consultation, and the figures appeared to show that the remuneration was 2½d. or 3d. per item. Of the eight officers three are public vaccinators.

All, or nearly all, medical orders are given on loan in the first instance, to save time and hinder imposition. Then inquiry is made, and the guardians may charge a shilling a visit, which goes into the Poor Law Fund. It is said that these charges are not very often paid.

In Camberwell medical orders, whether for attendance at one of the dispensaries or for visiting at home, last only for a month. If the patient is not better at the end of a month, the medical officer sends him to the relieving officer to get another order. Such a system, if properly wrought by the officers, and given effect to by the guardians, is useful in promoting systematic inquiry into the circumstances of paupers and in noting any new sources of income making relief unnecessary.

In one of the districts visited by me practically all applicants for medical orders get them. The relieving officer will not risk refusal, even if the applicant's wage is £2 weekly, but relief would be given on loan, or only a one day order might be given until inquiry could be made. There is no deterrence in respect of out relief. Applicants for medical aid might often go to the general hospitals, but they prefer to come to the relieving officer for a medical order, in the hope of getting medical extras.

The district medical officers attend urgent midwifery cases without an order from the relieving officer. Then the case is investigated, and if the people are regarded as able to pay, the doctor's claim for a fee is allowed by the guardians, and they try to recover it from the patients.

The district medical officers are often sent for by midwives to difficult midwifery cases, and the question whether on all occasions the doctor's fee should

be paid by the guardians appears to be a cause of difference of opinion. The Local Government Board's circular of July, 1907, had not been disposed of by the guardians at the time of my inspection.

Phthisis is not notifiable in Camberwell, either voluntarily or compulsorily.

Dispensaries.—Poor Law dispensaries are an important feature in out medical relief here. I made a brief call at one dispensary in Camberwell, and at another at Peckham.

The Camberwell dispensary adjoins the office of the guardians and the infirmary. Two district medical officers are here, excepting on Sundays. The medical officers come at 10 a.m., patients come any time between 10 and 11 o'clock, and the medical officers leave when they have seen all who come, the work being completed by 11 or later—sometimes not till about 12.30.

Patients have a very good waiting-hall—better than at many general hospitals. The medical officer has a comfortable consulting room, but there is no couch for examination of patients in a recumbent position. The room has a large window, and also electric light, including an electric table lamp. The stethoscope is the principal diagnostic instrument. Urine testing is done by the drug dispenser.

Ordinary medical cases of all kinds come to the dispensary, but phthisis cases nearly all go to the infirmary, and acute venereal cases mostly go to a Lock hospital. Eye and ear cases go to special dispensaries. Testing for spectacles is done at the Ophthalmic Hospital, and the guardians provide the spectacles. Bronchitis and catarrh of the air passages furnish a large part of the work, and cough mixtures are dispensed in enormous quantities. It is not uncommon for a patient to take away a 26oz. bottle of cough medicine every week for five years on end.

Belated Cases.—One of the dispensary medical officers stated to me that he saw many advanced cancers, and much incurable Bright's disease, and overlooked rheumatic fever in children, causing heart disease later on. A "sixpenny doctor" gets a case of sub-acute rheumatism; he does not examine the heart; the child lies in bed for a week or two; gets up and goes out, and the rheumatism returns by and by, and permanent heart disease is established. My informant was aware of three such cases in the infirmary at the time of my inspection. Another case was that of a hawker with mitral regurgitation of old standing. He came to the dispensary only in June last, and in September went into the infirmary. He is now out again, much too soon. He would not wait in, but attends the dispensary. He prefers the freedom of outdoor life.

If a case obviously requires to go into the infirmary no elaborate attempt at diagnosis is made at the dispensary. Where patients are to continue as out-cases, a difficult case may have to be sent home and visited there, in order to get proper time for examination.

Much of the work consists in giving orders for renewal of medicines already prescribed. There is a good drug dispensary.

At the Peckham Road Dispensary three district medical officers attend from 10 to 11 a.m., and the drug dispensary itself is open from 10 a.m. to 7 p.m. The present dispenser has been in office for 18 years. Lint is given for the dressing of ulcers. Many paupers continue drinking cough mixture year after year.

I had an interview with two of the medical officers. In one consulting-room there was a couch, as well as a urine stand and test solutions. There is no electric light, gas being the artificial illuminant. The district medical officer here sees on an average 20 to 30 cases in an hour, but many of these are "repeats"—mere requests for renewal of medicine. The total new dispensary cases in 1906 were 457; in 1905, 380; in 1904, 510.

For convenience, the relieving officers have two forms of medical order, one black for dispensary relief, the other red for visiting or for midwifery attendance. The number of attendances at the dispensary of each patient with a black order varies. The average is three or four. Roughly, therefore, the number of consultations appears to be about 2,000 in a year, only one-fourth of these being first consultations. This means six or seven consultations daily, and the work should not be oppressive. In addition there are the orders for "repeats."

Outdoor Cases Visited.—My inspection of outdoor medical relief was not elaborate, indoor being much

more important. All cases of interest have been inserted on the General Report.

INDOOR RELIEF.

The guardians have four institutions, (1) Camberwell Infirmary, accommodating 819 patients; (2) Constance Road Workhouse, with 889 beds, many of them for sick or infirmary cases; (3) Gordon Road Workhouse, with about 870 beds*; and (4) the Children's Central or Receiving Homes, with 84 beds. The scattered homes should also perhaps be included with the institutions.

CAMBERWELL INFIRMARY.

The Camberwell Infirmary is a handsome hospital, thoroughly modern in its arrangements and equipment, and in all structural respects quite up to the standard of a first-class general hospital. It can accommodate 819 patients, and the number on 12th October, 1907, was 811. The oldest part of the infirmary is a square block, which was built in 1872, and was modernised and re-opened in 1905. This block contains 272 beds. A circular building, containing 96 beds in three wards, was added in 1885. The most modern part of the institution is dated 1903, and contains 451 beds.

The infirmary is not near the workhouse, but is an institution by itself. It is situated at Brunswick Square, Camberwell. Its main front faces the square, which itself is a small public park, with grass and flowers and shrubbery. The guardians' offices and one of their medical dispensaries and relief stations are within the same curtilage, the office frontage being towards Camberwell New Road. The pile of buildings has a fine appearance, enhanced by an ornamental wall and railing enclosing the whole.

The infirmary is three miles or more from the nearest general hospitals (Guy's and St. Thomas's), and there is no general hospital within five miles of some parts of the union. Accidents and urgent cases are received freely without an order and independently of pauperism.

The institution has good installations of all the most modern appliances used in medical treatment—X rays, Finsen light, electric baths, etc.

Cases Admitted to Infirmary.—The question of the class of cases admitted depends, of course, on the policy of the guardians, and there seems no doubt that the exceptionally good accommodation has attracted to the institution many patients above the ordinary pauper level. The place is more a general hospital for medical and surgical cases requiring active treatment than an infirmary for the old and debilitated. These, as we shall see, are to be found mainly in another institution, the Constance Road Workhouse. Coincidentally with the extension and improvement of the Camberwell Infirmary, its wards have come to be occupied by cases which one would rather expect to find in St. Bartholomew's or Guy's. Not wholly so, however, because of the 800 patients perhaps 300 are ordinary infirm cases, whilst the other 500 are to be looked on as "hospital" cases.

It need not be doubted that there still exists in the minds of a few people a certain feeling of deterrence, but attractiveness is the main feature. Undue attractiveness has to be counteracted by firm dealing with unsuitable cases. Malingerers and inmates not requiring hospital treatment are quickly expelled after admission. Also the district medical officers are careful not to send in to the infirmary unsuitable cases—unsuitable, that is, in the sense of not requiring institutional treatment.

The great majority of infirmary patients come directly from the outside, always through the relieving officer and the district medical officer. Only a few are drafted from Gordon Road Workhouse into the infirmary.

Emergency Admissions.—In the admission of cases to the infirmary preliminary inquiries are not allowed to cause delay. If the case is urgent it comes in at once, and inquiry is made later. The clerk submits to the guardians a statement of all who can contribute. Letters from medical men regarding urgent cases—hernia, appendicitis, etc.—are immediately acted upon. Telephone messages, however, are not accepted. If less urgent the relieving officer investigates, and then sends them in without waiting for any recommendation from the district medical officer, this being regarded as unnecessary, because there is usually a letter from the medical attendant, and invariably examination on entry by the workhouse medical officer.

* I did not visit this workhouse, but the Guardians' return for 12th October, 1907, shows 869 inmates.

Paying Patients.—The admissions are about 3,000 annually. In the year which ended on Lady Day last, the total who contributed to their maintenance were 233. The majority were accident or urgent cases. Only 5 of the 223 paid the full rate of 21s. weekly, and this they did, not voluntarily, but by requirement of the Guardians. Three of these five were accident cases. Money found on patients admitted is impounded, and retained so far as necessary.

The total amount received in respect of patients in the infirmary from themselves and their relatives was £650 last year.

Examples of paying cases are the following:—

A single man, E. R., aged 23, was admitted on September 17th, owing to an accident. His wage is 29s., and he receives 12s. from the Oddfellows' Society. He maintains his mother, and the contribution which he is asked by the Guardians to make to his maintenance in the infirmary is 7s. weekly. W. G. (m), aged 45, was admitted on October 9th. He is a married man, a coachman, whose own wage is 27s. weekly. He is in two sick clubs, from which he receives 10s., and he has three children, aged 19, 17, and 15. The two elder earn 5s. weekly. This man also was admitted on account of an accident, and he is required to pay the full 21s. weekly for his upkeep in the infirmary.

Case Records.—For ordinary, or non-urgent, cases, the diagnosis made by the district medical officer is revised either in the receiving ward or in the infirmary. The relieving officer's order is entered in full on the first sheet of the patient's record. The record is on foolscap, and is continued sheet after sheet till the patient is discharged. The sheets are bound in volumes for reference, and constitute the case histories.

Medical Attendance.—The medical staff of the hospital are all resident. They consist of a superintendent medical officer and five assistants. Their work is not confined entirely to the infirmary. The superintendent and his assistants have medical charge also of the Children's Receiving Homes and Scattered Homes and of the Gordon Road Workhouse. Three assistants are confined to infirmary work. Another also goes to Gordon Road Workhouse, and another to the Children's Homes. The assistant who visits the workhouse has to do in the infirmary with six wards, the total beds in which are 160. The assistant who visits the homes takes 72 beds in the infirmary.

The medical officers of the infirmary begin work at 9.30 a.m. Every ward has an inspection day once a week—a day on which every patient stays in bed until he is examined by the doctor. The examination is stated to be thorough from top to toe. The day's inspection ward is visited first, then the other wards. All acute cases are the subject of daily reports.

Surgical Operations.—This is a very important part of the work. About 500 operations are performed yearly, the operating surgeon being the superintendent medical officer, with the assistance of his staff. There are two regular operating days weekly. The theatre is a very good room, thoroughly modern in its arrangements and appliances.

Laboratory and Pathological Work.—The medical staff of the infirmary have little time for bacteriology or laboratory work, such as blood counts, or the like, but they do all their own pathology, and succeed in finding time for it.

Insufficiency of Medical Staff.—Looking to the work done in the infirmary, and to their duties at the other institutions, I am of opinion that there ought to be two additional medical assistants, so that there should be one doctor for every 100 beds. It is said to be doubtful whether the Local Government Board would approve of such an increase, looking to the staff in other Poor Law infirmaries in the Metropolis. In sanctioning expenditure, regard has to be had to the Metropolitan Common Poor Law Fund, so that one authority shall not receive too great a share as a result of having an extra large staff.

Salaries.—The salaries of the medical staff are as follows:

The medical superintendent, £500 and dwelling house, but without board, also £50 for the Children's Homes, and £75 for the Gordon Road Workhouse; senior assistant, £175, rising to £200, and all found; second assistant, £140, and all found; third assistant,

£120, rising to £130, and all found; fourth assistant, £110, rising to £120, and all found; fifth (lady), £110, and all found. The salary of assistants in Camberwell Infirmary is better than in some other Poor Law infirmaries, but is hardly up to the level of the Metropolitan Asylums Board. A natural consequence is a tendency to change of staff.

Nursing Staff.—The nursing staff is as follows:

Matron, £120 to £150; three assistant matrons, each £45 to £50; two night superintendents, each £36 to £40; fifteen head nurses or sisters, each £30 to £36; forty-three staff nurses, with three years' training, each £26 to £28; fifty-five probationaries, each £10 to £14; two male nurses, each £26 to £28. The total staff given above is 121, but it now amounts to 125, so that there is one nurse for about seven cases. The proportion is high compared with the ordinary Poor Law standard, but the work is very largely that of a general hospital. As already noted, of 500 cases, about 300 are infirm cases, and about 500 are equivalent to the ordinary cases found in a general hospital. This mixture of hospital and infirmary cases is regarded as furnishing an exceptionally good field for the training of nurses.

Teaching of Medical Students.—I asked whether there was any loss to the public through a Poor Law infirmary of this sort not being used as a clinical school for medical students. The superintendent's opinion is that there is excellent material for fifth year students or men going up for the higher examinations, or for newly-qualified men, but that the staff have no time for teaching, and that the services of such students would be of little value to the institution. It is said that at present even teaching hospitals in London cannot get a sufficient supply of clerks and dressers, so that there is no place for the Poor Law infirmaries in that connection, and when once a medical student is qualified, he usually wants to begin to earn an income instead of continuing the study of his profession in hospitals.

Buildings.—As already stated, there are three sets of buildings, of different dates, 1872, 1885, and 1903. The main entrance is in the new building, and its design, walls, floors, and furniture are in keeping with the rest.

The two front pavilions of the new part consist of three floors, with a flat roof. The other new pavilions are four storied, with a flat roof in the adult females' division.

The wards in the new part are beyond criticism. All corners are rounded. The walls are painted or varnished on the plaster. The floors are polished. There is a balcony on the floor level of every ward. The windows reach up to the ceiling, and the ventilation is under control of the staff, by means of ventilation keys. The heating is by hot water coils and open fires. Poisons are kept in a press inside the medicine press, and so are under a double lock. The bedsteads are of the best quality, with cylindrical sides and an open wire mesh easily cleaned, the wire mattress being separated from the upper mattress by a linen cover.

The **Square Block**, with its 272 beds, on four floors, though modernised, is not brought so completely up-to-date. It has brick-lined walls, painted and varnished to a height of four feet, and colour-washed above. There is a proposal to cover these walls with cement, so as to give a smooth surface.

The **Circular Block**, with its 96 beds, in three wards, was erected at a time when circular wards were regarded as ideal. It has brick-lined walls, painted over. The windows are numerous, but the view which the nurses and attendants have of the patients is greatly obstructed by a huge central column. Circular wards are inconvenient, in respect that they have no side wards for special cases.

Day Rooms.—All the wards in the infirmary have day rooms, excepting those in the circular pavilion, and three floors in the oldest or square block.

Observation Ward.—A small observation ward is reserved for doubtful cases—suspected smallpox or the like.

Phthisis Wards.—The phthisis wards are in the new part of the infirmary. There are twenty of them, with a total of about 200 beds. Also there are open-air shelters on the flat roof of one of the pavilions. These wards have extra ventilation, by means of

supplementary windows near the ceiling, placed between the ordinary ward windows. Each extra window has an area of about eight square feet. The cubic space per patient in one phthisis ward which I visited is 1,038 feet.

Cases of phthisis are kept under observation for ten to fourteen days after admission. A prognosis is formed, and then the cases are drafted into suitable wards, more or less on the open-air system, according to their condition, or into small special wards for hopeless cases. As they improve in the wards, they are transferred to the roof shelters where they lie out both summer and winter. The so-called "cured" are sent for a month to a seaside home, the guardians paying the proprietor of the home. Then they go to work. The nature of the work is the subject of advice to the patients, but there is no actual supervision. Advice is also given as to habits, and precautions to be followed. Many cases, however, take their discharge when the disease is nearly, but not completely, arrested, and return to bad conditions, under which the disease develops again.

Children's Wards.—These are in a four-storied block in the new part of the infirmary. Children are kept by themselves, instead of being distributed through the ordinary wards, as is the case in some well-governed institutions. The arguments used against children's wards are that the presence of the young in the ordinary sick wards has a good effect all round, the elder patients taking an interest in them, and the whole ward being brightened. Also it is urged that where the children are distributed amongst adult patients there is less risk of the spread of infectious disease amongst them than when they are congregated into special wards. In Camberwell endeavour is made to overcome this latter objection by the partial prohibition of visitors. Boy patients under five years and girl patients under eight years are not allowed any visitors, and for the older children, while adult visitors are admitted, no children are allowed to come in.

Cases of infectious disease among children—measles, German measles, whooping cough, mumps, chicken pox—are treated in the top floor of the children's block. There were eight cases of measles on 12th October, 1907.

In the infirmary as a whole there were thirty cases of infectious skin disease, and thirty-five of infectious ophthalmia, on that date.

The Nurses' Home is a very good, modern building, situated as nearly as possible in the centre of the infirmary grounds, so as to be convenient for all the wards.

There is no *Maternity Department* in the Camberwell Infirmary, this being in another institution of the guardians. A few pregnant women, however, come in on account of other diseases, and are confined in the infirmary.

CONSTANCE ROAD WORKHOUSE.

It is alleged that the repeated extensions of Camberwell Workhouse have resulted in the filling up of the new accommodation by better class patients—by people who at one time would not have been regarded as proper subjects for Poor Law Relief, and that paupers of the old class have been crowded out of the infirmary into Constance Road Workhouse. Even in it there is now overcrowding.

This workhouse is largely an infirmary, used for old age and its maladies. It occupies an open, semi-rural situation in a suburb of London. Its grounds extend to 11½ acres. It was opened in 1894, and has had up till lately accommodation for 917 beds, but is often overcrowded. From Christmas to February there are sometimes 1,000 inmates and the contribution received by the guardians from the Common Poor Law Fund of the Metropolis suffers accordingly. The beds have recently been reduced in number by transforming a 64-bed dormitory into a 36-bed sick ward, so that the total accommodation is now only 889. The number of inmates on 12th October, 1907, was 910. While the place is to a great extent an infirmary, the fact that it is also a workhouse makes a difference in its management. In an infirmary so-called, everything is done by paid labour, whilst here the inmates do painting, cleaning, cooking, joinery, splint-making, etc., all under supervision by the paid officers. In the wards the inmates do all the cleaning. They help the nurse to wash a

patient by supporting him or holding the basin, while the nurse does the actual washing. They do not act as deputies for the nurse, but only assist her. They aid in the feeding of the patients.

Nursing Staff.—The fact that the place is regarded as a workhouse affects the number of nurses employed.

The staff includes a superintendent nurse, two head nurses, one for day and one for night duty, a male nurse, a bath nurse. In J block (the maternity) there are two certified midwifery nurses for sixteen beds.

The other blocks have the following staff:—

Blocks.	Beds.	Nurses.
B (Men) - - -	194	6
E (Women) - - -	189	9
I Isolation - - -	12	2 (1 day and 1 night nurse)
F { Sick Beds - - -	36	3
{ Dormitories - - -	128	
		20

These include both day and night nurses, and two whose duty mainly consists in acting for nurses who are on holiday or ill.

In A block for male lunatics there are four attendants, and in D block for female lunatics there are five attendants. In addition there is a bath-man for the male cases. Other servants of the institution are a porter and his wife, a labour master and mistress, and a van driver who aids in the lunatic wards.

C block, for infirm old men who can come to the dining-hall, has three dormitories, with 65 beds each, a total of 195 beds. This block has no nurses attached, but if necessary, nurses from the other blocks attend day or night as required.

The sick cases are practically all chronic, but acute illness, needing constant nursing, may arise amongst them, and occasionally an acute case is admitted.

Offensive Cases.—There are over 100 wet and dirty cases. At the last return to the guardians, the number was 111. These involve much attention by the nurses. Occasionally the bed sheets have to be changed a dozen times in twenty-four hours. In the whole institution there were only two cases with bad sores when I inspected, and sometimes there are none. Fifty to sixty water beds are continually in use.

It seems obvious that the nursing staff is insufficient for present requirements, but no doubt matters are in a transition stage. Two of the day nurses have each a sick ward of 54 beds to attend to, one night nurse has 104 beds in two wards, and another has 90 beds in two wards to take charge of.

Medical Attendance.—The resident medical officer has no assistant. He has been in the service of the guardians for twenty-seven years. Owing to long experience he can get through the routine work, but I doubt if any other single doctor could. Of the 900 inmates, about 400 require to be attended, more or less, by the medical officer. The sick wards are visited daily, but the majority of the patients are not in bed.

No operations are done here, excepting in trivial cases, or in connection with confinements.

The Mortuary is reasonably good, but the medical officer has no time for post-mortem work.

Bathing.—This seems insufficiently supervised. For the whole of the male inmates there is only a single bathman, aided by pauper labour, and for the females only one bath nurse, similarly aided, besides a paid assistant from the outside. Inmates should always have an attendant in the bath-room to see that they really use the bath, as a pauper if sent into a bath-room by himself will often neglect what he regards as an unpleasant operation.

The baths in the institution have safety keys for the water taps, but I am not sure that the keys are kept apart. I was surprised to find that in the most recently altered ward—the ward already mentioned

which was formerly an ordinary dormitory and has now been arranged for occupation by the sick—the two baths are without safety keys.

Phthisis.—There are few cases in the institution, usually only about half-a-dozen. Such cases as come here include patients who have been in Camberwell Infirmary, but have taken their discharge, and have come to Constance Road in preference.

There is no separate phthisis accommodation. The cases sleep in the ordinary wards, and the medical officer takes such precautions as are practicable therein.

During the medical officer's residence of twenty-seven years there have been from 300 to 400 cases of phthisis, mostly advanced cases, and he cannot recall any instance of infection having taken place, but the inmates are nearly all old people, long past the age most susceptible to phthisis. And in the earlier part of this period the medical profession were less awake to the possibilities of phthisis infection than they are now. But in recent years the whole subject has received so much attention that it is less likely a case of infection would escape skilled notice.

The institution, though open to criticism in various details, is yet better governed, better ventilated, much more cleanly, and under a more careful general régime than the homes in which phthisis patients live. If the evidence were not so seriously weakened by the age of the inmates it would support the view that similar care taken in the houses of persons affected with phthisis should result in a great diminution in the number of cases and of deaths independently of sanatorium treatment.

Maternity Department.—The accommodation and the nursing here are good. The place is in the charge of a night and day nurse, and there are only about two cases weekly—about 100 yearly. The babies' feeding-bottles in use are of the best pattern, but there are no cribs, so the babies lie in bed beside the mothers.

The linen for the department is separately stored and marked. The bed sheets vary in size. One, measured in my presence, was $8\frac{1}{2}$ feet long by $4\frac{1}{2}$ feet wide. Most of the births are illegitimate. Some married women say they are single in order to get admission. They prefer being in the workhouse here to getting medical attendance at home. The number of confinements in the institution is diminishing. Ten years ago they were about 150 yearly. The Midwives Act is probably responsible in part. Also inquiry as to applications is stricter now than formerly. Girls are often sent back to their homes in the country whence they have come for the purpose of concealment, but if the girls come in at the last moment they are, of course, permitted to wait. The workhouse medical officer sees every case, but does not wait throughout if the case is normal.

Lunacy Cases.—Part of the institution is a reception house for mental cases occurring in Camberwell. Cases are detained here for a time, in order to separate out those who require to go to an asylum, from those who will recover without having the stigma of lunacy attached to them and to their offspring. Of the mental cases who come in, less than one-half go to the asylum. Those who can be cured here without the asylum taint are cases of delirium tremens or alcoholism or hysteria. The total yearly admissions to the lunatic department are about 400, and more than 200 of these can be sent home without being certified. Of the certified, some remain in the workhouse as imbeciles. The rest go to the asylum as lunatics.

The Lunacy Commissioners allow only a limited number of certified cases to be kept in the Constance Road institution. The last return to the Government showed about 50 certified, 150 not certifiable, and another 150 certifiable, but not certified. Those included cases unfit to earn a living owing to senile dementia and the like. The weekly cost per case here is 8s. 6d., in the county asylum it is 12s. 6d., and in Camberwell Infirmary 27s. 6d.

There are always about 50 epileptics included among the imbecile cases.

In the general report I have stated my opinion that imbeciles and epileptics should have an institution to themselves.

Buildings.—The buildings are of brick. Blocks A and D are two storeys high: all the rest are four storeys. The internal lining of the walls is peculiar. Brick walls, painted over or colour-washed are a common

feature of workhouses, and the objection to them always is that the bricks present an irregular surface and harbour dust. In Constance Road the internal surface of the walls is not of brick, but of plaster, which ought to yield a smooth surface easily cleaned. But those responsible for the building have deliberately scored the plaster so as to make the internal surface resemble a brick-lined wall with all its irregularities. A first glance suggests that the walls are actually brick-lined, and therefore irregular, but on examining more carefully it is seen that smooth plaster has been intentionally scored, apparently with the idea of making it seem in conformity with the ordinary standard of building materials used for workhouses. This remark applies alike to the walls of wards, dormitories, stairways and corridors.

Ventilation.—Most of the sleeping apartments are double the ordinary width of hospital wards, or the best class of dormitories, and have therefore four rows of beds instead of two. Down the centre of some of the rooms there is a wooden partition, apparently intended to make some separation between the two rows of beds on the one side and the two on the other. So far as it exists, this arrangement is obstructive to ventilation, but in some rooms the partitions have been cleared away and light iron bars substituted, and where the partitions remain they do not reach either to the floor or to the ceiling, so that the interference with ventilation is not so great as otherwise.

In wide wards of this sort it is important that the means of ventilation should not be under control of the inmates. Such control could easily be prevented by ventilation keys in charge of the staff, but there are no such keys here.

In some of the blocks (e.g., block C) ventilation is aided by perpendicular shafts carried up the outside of the wall and communicating by gratings with each ward, the action of the shafts being quickened by a gas jet on the level of the upper floor and by a cowl on the top.

These shafts are not found in all the blocks. Where they exist there are four in the sick wards and two in the dormitories.

In block C in No. 1 dormitory on the first floor the wooden partitions remain down the centre of the floor from end to end, and there is a good deal of overcrowding, as indicated by the number of beds down the middle between the ordinary rows.

Bedsteads.—The iron bedsteads naturally vary in type according to their age. Angle iron is found instead of cylindrical sides. This is quite good enough if kept clean, but several of the bedsteads which I looked at had a decided deposit of dust.

Isolation Block.—This is an exception to the rest of the institution in having smooth plastered walls. Its window tops are about two feet from the ceiling, but this is partly atoned for by ceiling and wall ventilators.

Nurses' Home.—There is a nurses' home, but it has accommodation for only eleven persons, and many of the nurses have to sleep outside. There is plenty of room to build a larger home.

PAUPER CHILDREN.

The total number of children under the Poor Law in Camberwell on October 12th, 1907, was 2,108. Of these 641 were receiving indoor relief, and 1,467 outdoor relief. Nearly all the outdoor relief is by payment to widowed mothers, only about 68 children being boarded out. The exact figures change from day to day, and when I inspected the indoor relief system for children, the total number was 635, of whom 103 were in the central or receiving homes, and 532 in scattered homes.

The scattered homes are under supervision by the matron of the receiving homes—a very good arrangement, as carried out in Camberwell.

CHILDREN'S CENTRAL HOMES OR RECEIVING HOMES.

These are situated in Stewart Road, Nunhead, in a pleasant suburban locality. There are seven homes, each with twelve beds, so that the total accommodation is for only eighty-four, but when visited they were overcrowded. The ages of admission are three to sixteen years. Children are brought in here

and kept for a standard period of a month before being drafted to the scattered homes. If the scattered homes are full, the children have to wait longer at the receiving homes. The period of minimum detention fully covers the longest incubation period of any infectious disease. If scarlet fever or diphtheria develops, the case is notified and removed to the sanitary authority's fever hospital. Measles, chicken-pox, and ringworm go to Camberwell Infirmary. Any home where a case of infectious disease occurs is quarantined—ten days for scarlet fever or diphtheria, and three weeks for measles.

Within the last month there has been quite an exceptional increase in numbers. An ordinary increase follows the conclusion of hop and fruit picking, but this year, owing apparently to dull trade, there has been an unusual addition.

Children, on admission, are taken into receiving rooms and are examined by the Camberwell Infirmary staff. They are then bathed and taken into receiving wards for the night. Next they go into the "Central Home" part of the institution, and stay there for a few days. Then they are transferred into another part of the institution, consisting of six cottages, three for boys and three for girls. These are used as the probationary station for children about to be sent to the scattered homes. The cottages are pleasant little houses, with a garden attached to them. The doctor visits them twice daily.

The children, both in the receiving homes and the scattered homes, attend the day schools, and it is a curious fact that this association with the non-pauper class of children is a defect so far as cleanliness is concerned. The pauper children are kept much cleaner than the non-pauper children with whom they mix, and from whom they are apt to contract verminous or other diseases. But in other respects the association with ordinary children is good, and the balance of advantage is decidedly on the side of such association.

CHILDREN OF THE INS AND OUTS.

It is a principle of the Poor Law that able-bodied parents shall not receive indoor relief for their dependants, unless the parents themselves are in receipt of indoor relief. The object is to prevent the able-bodied throwing on the rates the responsibilities which belong to themselves. But the principle, while excellent, works out very badly in some circumstances.

Its effects in Camberwell are remarkable. The parents go into the workhouse or infirmary. Simultaneously their children are taken to the receiving homes for a month's quarantine before going to the scattered homes. But the parents cannot be detained against their will excepting for a very limited period of 24, or 48, or 72 hours, or 168 hours, according to circumstances. When undeserving parents have had a few days' rest and comfort inside they often determine to go out for a day or two, usually to obtain drink. They therefore take their discharge, as they have power to do. This means that their children, who in the receiving homes have been undergoing washing and cleansing of hair, and getting proper feeding, and comfortable quiet rest at night in clean beds, have also to be discharged. The children are handed over to the parents. These may go to their old haunts of dirt and debauchery, and take the children with them. In a day or two, having reduced themselves to their normal outside condition of filth and vermin, and the children having been brought down to the same condition, the parents determine to return to the workhouse. Then the children are taken back into the receiving home, and cleansing and quarantine have to begin all over again.

On other occasions the parents may spend their day in a public-house, taking the children with them, very likely giving them drink, and keeping them standing about in or beside the beer-shop. At night they come back to the workhouse, and the children to the homes. The homes adjoin Peckham Rye, a pleasant, open park. Sometimes the parents simply send the children adrift in the park, and go their own way themselves. Occasionally, on wet days or owing to hunger, the children come to the door of the receiving house to ask for readmission. The authorities have no power to readmit them, their parents being able-bodied and not in receipt of indoor relief, and so, according to law, they have to go away again, to be admitted at night when their parents have finished their drinking bout. But I am sure that sometimes the law is defied, and the children taken in.

Such a system needs only to be described in order to be condemned. It is unbelievably bad, but I have

set it down as reported to me by thoroughly reliable authority. What is wanted obviously is proper control both of parents and of children; but so long as relief is given practically unconditionally such things will occur. Every time the children return, their medical inspection and the disinfection of their clothing, and the cleansing of their heads, and their month's detention in quarantine have to start anew, and even before the month so begun is complete the whole process has to be once more started. The books of the receiving homes show several children in and out about 25 times a year.

I was interested to know whether measles, when introduced into the receiving homes or the scattered homes, could be checked, or whether it must spread amongst the inmates. It is stated that a second case very seldom occurs. The matron and the foster mothers know when to be on the outlook for catarrhal symptoms, which are noted, and the patient is immediately isolated.

The receiving homes appear to me to be excellently well managed.

SCATTERED HOMES.

These were established in 1897. They are situated mostly in Dulwich, but two or three are at Nunhead, close to the receiving homes, and directly connected therewith. These have been purchased by the guardians. All the rest are rented.

So far as possible the in-and-out children are kept in the homes at Nunhead. They are concentrated there to prevent their mixing with the other scattered homes children, who are orphans or deserted, or whose parents are permanent inmates of the workhouse or infirmary.

These Nunhead homes are situated on a street front, their back yards bordering on the receiving home grounds. They are not quite identical in details. Some have a play-room and a dining-room; in others the kitchen serves as dining-room. Each home has three bed-rooms, besides a small isolation-room for any sick child. The ages are varied in each house, but older boys have a home of their own. Owing to overcrowding, some of the single beds are at present occupied by two of the younger children, one at the head of the bed and the other at the foot. All the children have hair brushes, which are laid out on racks, so that their cleanliness can be more easily inspected than if they were hung in cloth bags.

In the scattered homes there are sixty-five foster-mothers, including ten relieving mothers, who take the place of those who are ill, or on holiday, or otherwise off duty. The foster-mothers are paid £30 a year. The children go to the nearest Board School.

Medical Attendance.—One duty of the medical staff of the Camberwell Infirmary is to make a monthly inspection of the children in the scattered homes. The medical superintendent informs me that every child is examined independently of illness. Its scalp, eyes, ears, throat, nose, and teeth are all inspected. Also there is systematic examination of the chest by the stethoscope. The child's weight is not taken, but emaciation is noted, and doubtful cases are sent to the infirmary for observation. Cleanliness is also noted. The Guardians do not employ a dentist. Children requiring to have their teeth attended to are sent to the Dental Department of Guy's Hospital, and are treated free there. The Guardians do not contribute to the hospital funds. In the homes all the children have tooth brushes.

The foster-mother reports children backward in any respect—mentally, morally, or physically. If the mentally defective require it, they are sent to the special Homes of the Metropolitan Asylums Board—the Homes for the Mentally Defective. Before going there they come to the infirmary for a period of observation.

Eye Cases.—The treatment of children in the scattered homes with eye diseases is done at the infirmary, but trachoma, or infective conjunctivitis cases, go to the Ophthalmic Schools of the Metropolitan Asylums Board. Spectacles are tested for at the Royal Eye Hospital, from which the prescription is sent to the infirmary medical officer, who recommends the Guardians to get the spectacles.

Ear Diseases of children are treated in the infirmary, otorrhoea nearly always by operation on the mastoid bone. *Throats* are carefully examined for adenoids and enlarged tonsils, both on admission to the homes and at the monthly inspections afterwards.

Emaciation, if slight, is treated by extra food in the homes; if marked, the case goes into the infirmary for special feeding and rest. Also, if required, the child is sent to convalescent homes of the Metropolitan Asylums Board at the seaside.

Very little tubercle is met with amongst the children, but those who suffer from it go to the infirmary. The health conditions at the children's homes are such as to hinder or prevent its development there.

Diet.—The diet is under observation by the medical officer, who reports on it to the Guardians. Each foster-mother has a weekly allowance, and goes to tradesmen selected by the Guardians, but exercises her own discretion, under the supervision of the medical officer and the matron of the receiving homes, who visit all the scattered homes. The dieting is better than among most boarded-out children.

The condition of the homes as to ventilation, sanitation, etc., is observed and reported on both by the medical officer and the matron. The scattered homes are also inspected by the Guardians.

I visited a number of the homes. Their condition is very satisfactory, on the whole. Ventilation and cleanliness are not equally well attended to in all of them, the mothers not being all alike active and intelligent, but the average was very good. I saw many of the children, my inspection being made mostly after school hours. They were clean and neat, and well looking, and tooth brushes, hair brushes, etc., were in good order. In the course of my visits I met with instances of bad mental or moral inheritance, which are recorded in the general report.

Each foster-mother has the help of a "working girl"—one of the elder of the pauper children—who is taught domestic service, by which she can afterwards make a living.

The Guardians adopt all orphans, but it is only where living parents can be proved to be of really bad character that the Poor Law can obtain control of the children.

After-Care of Children.—Endeavour is made to set the children going on right lines when they leave the homes, at the age of fourteen or fifteen.

A girl going out to service can keep herself, but a boy, aged fourteen to fifteen, going out to work cannot do so, and will live at the Working Boys' Homes, which are partly maintained by the boys' earnings, and partly by voluntary subscriptions, including voluntary subscriptions by Guardians.

Two voluntary associations undertake the important duty of supervising children after leaving work-houses, or other Poor Law institutions, until the age of eighteen years, or after. These are the Association for Befriending Boys, and the Metropolitan Association for Befriending Young Servants. They make annual reports to the Guardians regarding each case on their lists. The reports are systematic documents on printed forms, containing columns for name, age, length of time in school, employment, wages, particulars of residence and occupation, and condition, whether satisfactory or unsatisfactory. I had an opportunity of seeing the reports received by the Camberwell Union for the year 1906. The Association for Boys gives details of 176 cases, concluding with a summary of results which were as follow:—

Satisfactory, 68; fair, 7; unsatisfactory, 4; returned to Guardians, 6; emigrated, 3; no late report, 10; not yet reported, 6; lost sight of, 4, reported upon directly to the Guardians, 63; over age, 5.

For the same year the Girls' Association dealt with 97 cases under similar headings, and the summary is as follows:—

Satisfactory, 51; fairly satisfactory, 23; unsatisfactory, 10; bad, 2; in training homes, 2; emigrated, 1; unfit for service, 1; visits refused, 2; lost sight of, 4; with relations, 1.

Children who are got hold of by undesirable parents after leaving the homes have the worst chance of all. Some boys are sent to Canada.

The scattered homes were established only in 1897, so that their influence with regard to the prevention of

pauperism cannot yet be completely measured, but I have no doubt it will be very good.

In addition to the scattered homes and boarding-out system, the Camberwell Guardians send a number of children to the "Exmouth" Training Ship, orphanages, and various schools. The following is the list for the year 1906:

Schools, &c.	Number of Children chargeable to the Parish at Ladyday, 1906.
"Exmouth" Training Ship, off Grays, Essex.	44
Roman Catholic Orphanage, Norwood	35
Ditto Eltham	1
Ditto Orpington	18
Royal Normal College and Academy of Music for the Blind	3
St. John Baptist, Ophthalmic School, Chigwell	3
Lawn House Convalescent Home, Margate	2
St. Ann's Ophthalmic School	4
All Saints' Orphanage, St. Albans	1
Mottingham House	14
White Oak School, Swanley	10
East Cliff House, Margate	1
High Wood School, Brentwood	3
Downs School, Sutton	21
Home for Feeble Minded, 16, Elm Grove, Peckham	1
Home for Feeble Minded, Wandsworth.	1
Boarded-Out Children	68
St. Ann's Home, Herne Bay	2
Nassau Senior Training Home	1
St. Mary's School, North Hyde	1
Children's Home, Bonner Road	2

Boarding Out, it will be observed from the above figures, is not much practised by the Camberwell Guardians. The houses in which the children are boarded out are in the country, quite away from Camberwell. Occasionally boarded-out children have been brought into the infirmary, suffering from disease which might have been earlier observed and dealt with. I see that the cost of boarding out was £824 last year—which amounts to about £12 yearly per child.

Children Living with Widowed Mothers.—To complete my notes on the management of pauper children in Camberwell, it will be convenient to mention here the relief given to widows and their children. The guardians seldom take whole families from widowed mothers, but some may be taken to the homes and others left with the mother, where the family is large and the mother can work. The printed scale of relief is as follows for "Widows; wives of men in asylum or prison, and deserted wives with more than one child. Maximum relief not to exceed 2s. in kind and money for each child." This relief is granted for a period of three months, and is ordinarily renewed.

I did not make any very extensive outdoor inspections in Camberwell, and saw only a small number of widows and children. Cases of any interest have been transferred to the General Report. On the whole the conditions were perhaps a little better than I noted in some other Poor Law districts, but they were obviously very much inferior to those under which the children live in the Scattered Homes. Children living with widowed mothers are not systematically visited by the district medical officers, nor their diet supervised, nor are they examined as to cleanliness.

Tabulations of Camberwell Pauperism.—The total amount of work, indoor and outdoor, done under the Poor Law in this great London parish—the first I visited in the Metropolis—impressed me so much that I have thought it well to reproduce in full the tabular statements relating to the week ending 12th October, 1907—at which time my inspection was made. These tables appear in the following pages:—

INDOOR.

CLASSES.	GORDON ROAD WORKHOUSE.				CONSTANCE ROAD WORKHOUSE.				INFIRMARY.				CHILDREN'S HOMES.				Total Number of Inmates in the Workhouses, Infirmary, and Children's Homes, on the last day of this Week in the last year.
	During the Week.		Number of Inmates on the last day of this Week.	During the Week.		Number of Inmates on the last day of this Week.	During the Week.		Number of Inmates on the last day of this Week.	During the Week.		Number of Inmates on the last day of this Week.	During the Week.		Total Number of Inmates in the Workhouses, Infirmary, and Children's Homes, on the last day of this Week.		
	Admitted.	Born.		Discharged.	Dead.		Admitted.	Born.		Discharged.	Dead.		Admitted.	Discharged.		Dead.	
1. Adults not Able-bodied :-																	
Men	421	87	77	-	431	37	37	2	2	438	56	6	1	1	59	928	
Women	141	20	22	-	139	7	4	2	2	413	68	5	1	1	70	622	
Total of No. 1	562				570					851	124				129	1,550	
2. Adults Ordinarily Able-bodied :-																	
Men - In health	50	45	46	-	49	4	4	5	1	20	-	-	-	-	-	69	
Temporarily disabled	119	59	56	-	122	3	3	1	1	6	304	22	2	2	302	430	
Women - In health	29	25	26	-	28	2	2	3	-	9	-	-	-	-	-	37	
Temporarily disabled	49	31	24	-	56	8	8	14	-	19	188	17	17	3	186	261	
Total of No. 2	247				255					54	492				418	797	
3. Children :-																	
Youths - From 8 to 16 years	2	20	16	-	3	2	2	2	-	-	50	10	8	1	51	278	
Boys - From 3 to 8 years	-	17	16	-	1	-	-	-	-	-	42	3	-	-	45	146	
Girls - From 8 to 16 years	-	23	23	-	-	4	4	4	-	-	21	3	2	2	22	238	
" From 3 to 8 years	-	10	9	-	1	2	2	2	-	-	25	4	5	-	24	126	
Infants under 3 years	37	19	17	-	29	1	2	2	-	5	51	8	4	4	52	96	
Total of No. 3	39				44					5	139				191	884	
Totals of Nos. 1, 2, and 3	848	356	335	-	839	70	75	5	5	910	805	79	62	12	811	3,231	
Totals in corresponding Week of last Year.	850	325	317	-	858	79	68	3	3	874	788	64	54	12	787	3,115	

SUMMARY.

Indoor—Total of No. 1 on the previous page (Adults not Able-bodied)				1,550	3,235		
" " " 2 " " (Adults, Ordinarily Able-bodied)				797			
" " " 3 " " (Children)				884			
INMATES				Mer.	Women	Children.	
Workhouse of another Parish (Fulham)	-	-	-	-	-	-	-
Caterham Asylum	-	-	-	66	104	-	170
Darenth Asylum	-	-	-	33	65	41	139
Belmont Asylum	-	-	-	25	-	-	25
Leavesden Asylum	-	-	-	28	31	-	59
Tooting Bee Asylum	-	-	-	14	32	1	47
Bridge Industrial Home, Witham	-	-	-	1	-	2	3
Training Ship "Exmouth"	-	-	-	-	-	55	55
Millfield Home, Rustington	-	-	-	-	-	3	3
St. Anne's Home, Herne Bay	-	-	-	-	-	6	6
East Cliff House, Margate	-	-	-	-	-	3	3
The Downs School, Sutton	-	-	-	-	-	19	19
White Oak School, Swanley	-	-	-	-	-	8	8
High Wood School, Brentwood	-	-	-	-	1	2	3
(Feeble-minded)	-	-	-	-	2	1	3
Feeble-minded Home, Peckham	-	-	-	-	-	1	1
Wandsworth (Surrey House)	-	-	-	-	-	1	1
Home for Defective Children, Fulham	-	-	-	-	-	1	1
Royal Normal College for Blind, Upper Norwood	-	-	-	1	1	-	2
Barclay Home for Blind Girls, Brighton	-	-	-	-	2	-	2
St. Mary's Roman Catholic Orphanage, Eltham	-	-	-	-	-	4	4
Norwood Roman Catholic Orphanage	-	-	-	-	-	37	37
St. Joseph's Roman Catholic Orphanage, Orpington	-	-	-	-	-	25	25
St. Anne's Ophthalmic School, Notting Hill	-	-	-	-	-	3	3
Lawn House Convalescent Home, Margate	-	-	-	-	-	1	1
St. John Baptist's Ophthalmic School, Chigwell	-	-	-	-	-	2	2
Mottingham House School	-	-	-	-	-	8	8
Children's Home, Bonner Road, N.E.	-	-	-	-	-	1	1
Home for Feeble-minded Boys, Upshire	-	-	-	-	-	1	1
Greenwich Girls' Home	-	-	-	-	-	1	1
Nassau Senior Training School	-	-	-	-	1	1	2
Princess Mary Adelaide Home	-	-	-	-	1	-	1
Trewint Home, Bexley	-	-	-	-	1	-	1
London Lock Hospital	-	-	-	1	-	-	1
Convalescent Homes, Sandgate	-	-	-	8	1	-	9
Home for Epileptics, Chalfont St. Peters	-	-	-	3	-	-	3
North London Homes for Blind	-	-	-	-	1	-	1
School for the Blind, Leatherhead	-	-	-	1	-	-	1
Laundry and Homes of Industry	-	-	-	-	1	-	1
St. Mary's Home, Painswick	-	-	-	-	-	-	-
Lingfield Training Colony	-	-	-	1	-	1	2
All Saints' Orphanage, St. Albans	-	-	-	-	-	1	1
Feeble minded Home, Peckham	-	-	-	-	-	-	-
Feeble-minded Home, Wandsworth	-	-	-	-	-	-	-
Manor Hall Home, Hammersmith	-	-	-	-	1	-	1
Bridge of Hope Mission Home	-	-	-	-	-	1	1
Mary Carpenter Home, Fishponds	-	-	-	-	1	-	1
Total of Indoor Inmates	-	-	-	-	-	-	3,889
Out door Total of Col. 4 on the next page (Adults, not Able-bodied)	-	-	-	-	-	-	2,253
" " 5 " " (Adults, Able-bodied)	-	-	-	-	-	-	532
" " 6 " " (Children)	-	-	-	-	-	-	1,467
	-	-	-	-	-	-	4,252
Children boarded-out beyond the limits of the Parish	-	-	-	-	-	-	77
Total of Outdoor Cases	-	-	-	-	-	-	4,329
Gross Total of Indoor and Outdoor Cases	-	-	-	-	-	-	8,218
Cases in Fever and Small-pox Hospitals	-	-	-	-	-	-	318
Total (exclusive of Lunatics in Asylums and Vagrants)	-	-	-	-	-	-	8,536

NOTE.—The numbers of all the Cases in receipt of Relief at the cost of this Parish, including Non-Resident as well as Resident Cases, should be inserted in the Return on the next page; but Cases relieved at the cost of another Union or Parish, although relieved within this Parish, should not be inserted in the Return.

	Men.	Women.	Children.	TOTAL.		Men.	Women.	Children.	TOTAL.
Cases in Fever Hospitals - (Included in the above Total).	9	15	294	318	Imbeciles or Idiots in the Work-houses. (Included in the Classes on the previous page).	-	-	-	-
Cases in Small-pox Hospitals - (Included in the above Total).	-	-	-	-	Imbeciles or Idiots in the Infirmary. (Included in the Classes on the previous page).	-	-	-	-
Vagrants relieved during the week.	103	38	8	149	Lunatics in Asylums	363	504	1	868
Vagrants relieved on Friday night	29	9	2	50					

The Names of Infectious Diseases, if any, which exist in the Workhouses and Infirmary; and the Number of Inmates suffering under such Diseases.

Establishment.	Disease.	Number of Cases.
Gordon Road Workhouse - - - - -	-	-
Constance Road Workhouse - - - - -	Skin Diseases - - - - -	5
Infirmary - - - - -	Skin Diseases - - - - -	0
" - - - - -	Measles - - - - -	8
" - - - - -	Ophthalmia - - - - -	25

OUTDOOR.

Names of Relieving Officers.	Names or Numbers of District.	Adults.								Children under 16 years. (6)	Total.	Amount of Relief.								
		Not able-bodied. (4)		Able-bodied. (5)				In Kind.	In Money.			TOTAL.								
		Males.	Fe-males.	Males.		Females.														
				In health.	Tempor-arily disabled.	In health.	Tempor-arily disabled.													
£	s.	d.	£	s.	d.	£	s.	d.												
H. C. Green -	St. George's	48	191	2	2	38	2	108	391	12	12	10	39	13	0	52	5	10		
B. C. Bennett -	C.Cambrwll	54	167	8	3	38	4	147	421	13	9	4	35	11	6	49	0	10		
R. Sallis -	S.Cambrwll	72	196	6	6	43	15	191	532	18	0	7	39	3	6	57	4	1		
G. E. Mills -	Christehreh	72	215	7	3	37	1	150	485	14	4	1	47	2	0	61	6	1		
A. J. E. Rogers	Hatcham	28	147	3	3	22	2	90	295	6	14	10	29	4	6	35	19	4		
G. E. Hope -	N.Peckham	59	144	14	-	39	3	149	399	11	2	6	31	10	6	42	13	0		
R. B. Comfort -	Rotherhithe	45	134	11	2	47	3	172	414	15	16	4	24	7	6	40	3	10		
J. Murphy -	Nunhead -	94	238	10	7	53	4	200	606	18	12	2	53	7	6	71	19	8		
H. Belshaw -	Dulwich -	54	179	7	11	56	8	206	521	15	18	2	39	12	6	55	10	8		
Non-Resident Poor.	-	20	96	-	1	20	-	51	188	-	-	-	25	8	0	25	8	0		
				68	38	384	42													
Totals - - -		546	1707	106				426	1,467	4,252	126	10	10	365	0	6	491	11	4	
Total in corresponding week of last year.		2241		485				1,425	4,151	118	14	2	376	13	6	495	7	8		
Medical Relief only - -		9	18	51	27	29	57	93	287											
		27		167																

Observations in reference to any unusual Increase or Decrease in the Number of Persons relieved may be made here.

DATED this _____ day of _____ 190

Clerk to the Guardians.

General Observations.—It appears to me that in Camberwell, medical relief, like other Poor Law relief, tends to be given too freely. I heartily agree that every institution for treatment of the sick should be up to date in all its appliances, and should take advantage of all modern knowledge; but there ought to be a sharp distinction between the useful and the ornamental. Nothing useful should be omitted, nothing elaborately ornate should be included in a rate-supported hospital. A building which may be a most admirable monument of private or voluntary benevolence may not be an appropriate example of how money obtained by assessment should be expended. The new infirmary in Camberwell is in most respects excellent, but it rather errs on the side of unnecessary outlay, and the guardians appear to have brought under the Poor Law people who could have done without its aid. The ordinary ratepayers want some return for their high poor rates, and so, it is said, they now want accommodation for poor relations and servants, if not for themselves.

Though the institutional accommodation has increased, it is still found insufficient for the numbers who apply, and some excess cases are boarded in the workhouses of other Poor Law Authorities.

The attractiveness of the institutions belonging to the guardians is said to have some influence outside the parish boundaries, and to be bringing into Camberwell improvident persons who would otherwise have remained in other parts of London. It is believed that the diet meets with their approval.

Poor Law development has not been equable nor consistent in Camberwell. The advance in respect of infirmary buildings has been greater than in respect of the number of the infirmary medical staff, and the salaries of at least the outdoor medical officers.

It is only natural to suppose that one result of this may be the sending into the infirmary of cases which ought to be treated outside; but no doubt a check can be maintained here, though the indoor comforts are so great that the lazy and undeserving will do their best to remain and return. The children in the homes are very much better off than those left with widowed mothers, but that inequality is universal under the Poor Law.

In out relief also, so far as I can judge, the guardians appear to be too liberal in their policy. There is a good deal of stringency and detail in the inquiries made by the relieving officers, but the guardians do not always accept the relieving officer's view, and give relief to a class of people who are above the ordinary standard of pauperism. From some of the cases which I saw in my outdoor inspection, I greatly doubt whether sufficient attention is paid to the character of applicants as regards sobriety, morality, etc. The institutions belonging to the guardians are always practically full, so that the workhouse test cannot be so easily applied, and out relief is not so readily refused. Here, as elsewhere, there is no supervision of the manner of spending the money which is given to the outdoor poor. The guardians, so far as I can gather, seem to think out relief less expensive than in relief; but, looking to the number of recipients who would probably refuse to accept in relief at Gordon Road Workhouse, which, and not the Camberwell Infirmary, could be used as a test institution, the view is probably a mistaken one. Similarly, orders for medical out relief are given too indiscriminately. I visited only a small number of cases receiving such out relief, but even these included persons to whom assistance from the rates should have been refused.

APPENDIX XXII.

EDMONTON UNION.

Area in acres, 47,111; population, 1901, 332,270; population, estimated for 1907, 431,655; parishes, 8; Guardians, 40. The Union is in the County of Middlesex, immediately to the north of London, the whole area being suburban. It is composed of the following parishes:—

Parish.	Acreage.	Population 1901.	Estimated Population 1907.
Edmonton	3,890	43,899	59,170
Enfield	12,600	42,738	53,000
Hornsey	2,874	72,056	88,816
Southgate	3,587	14,993	27,500
Tottenham	3,033	102,531	134,605
Wood Green	1,631	34,218	48,000
Cheshunt	8,479	12,288	13,979
Waltham Abbey	11,917	6,547	6,585
Total	47,111	332,270	431,655

The population has increased very rapidly, as is shown thus, the figures being an estimate:—

1885	1895	1905
180,367	234,532	395,451

In 1905 the proportion of persons over 60 years of age per 1,000 of population was only 58. This is below the

average even of London, which is 65, and Middlesex, which is 61, though individual Unions are lower; Whitechapel has only 46, and Willesden and St. George's in the East, 48 persons over 60 years old per 1,000 of population.

Occupations.—Edmonton is said to be locally called "The Lodging House," owing to the great number of labourers who live in it, but work in the building trades in London. There are many workmen's trains. Sub-letting of houses is very common, two or three families often occupying a single house. There are in Edmonton certain industries—a linoleum factory, a cartridge factory, and others. In Tottenham the population is of the labouring class.

Hornsey is a wealthy district, with little pauperism.

Friendly Societies.—It is said that slate clubs, which divide their funds every Christmas, are injuring the higher class friendly societies, but I did not learn any particulars.

Charities.—In Edmonton there is very little charity, and such as exists is badly organised. Nursing, however, is usually available for outdoor cases. There is a nursing institution. One church also has a nurse and others have "nursing ladies," who have no special training, but are no doubt helpful. The great majority of sick paupers, however, are in the infirmary.

The nearest London hospitals of any size are six or seven miles distant, at Holloway and Kingsland Road.

Tottenham Hospital, which is maintained by voluntary subscriptions, has up till now had 75 beds, but the accommodation has recently been extended to 118 beds. On one occasion a fracture of both legs could not be admitted, and had to be taken to the Workhouse Infirmary. The funds are sufficient only to keep 80 or 90 beds in use. There is a debt of £6,000. It has an extensive dispensary department.

Within the bounds of the Union there are also two or three small cottage hospitals with a few beds each—at Wood Green, Cheshunt, and Enfield. These are charitable institutions.

There is a considerable Jewish population in Edmonton and Tottenham, but very few Jews apply to the Poor Law Guardians. They mostly go to the charity known as the Jewish Board of Guardians in White-chapel.

The Jewish Hospital, which is used for Jews from any part of London, is situated in Tottenham.

In a sanatorium at Sandgate the Guardians have about 30 cases.

The following are the Guardians' subscriptions to charitable institutions in 1907:—

EDMONTON UNION.

Subscriptions to Hospitals, etc., 1907.

	£	s.	d.
Tottenham Hospital (now called "Prince of Wales' Hospital")	10	10	0
Wood Green Hospital	5	5	0
Cheshunt Hospital	5	5	0
Great Northern Hospital	10	10	0
Enfield Cottage Hospital	5	5	0
Bath General Hospital	5	5	0
Home Teaching Society for the Blind	2	2	0
Royal Orthopedic Hospital	2	2	0
Surgical Aid Society	2	2	0
Female Mission and Female Aid Society	5	5	0
South Tottenham Nursing Association	10	0	0
Metropolitan Association for Befriending Young Servants	10	10	0
Royal London Ophthalmic Hospital	5	5	0
Ponder's End, Enfield Highway, and District Nurse Fund	2	2	0
National Society for the Prevention of Cruelty to Children	5	5	0
Homes for Working Boys in London	10	10	0
Enfield and Tottenham Ruri-decanal Association for Friendless Girls	5	5	0
Eastern Counties Asylum	5	5	0
TOTAL	£107	13	0

THE TOTAL NUMBER OF PAUPERS, indoor and outdoor in the Edmonton Union has been as follows in each of the past five years.

Year ended Lady-day.	INDOOR.					Total.
	Males.	Females.	Children.	Vagrants.		
1903	405	368	518	10		1301
1904	470	406	510	21		1407
1905	502	434	561	42		1539
1906	568	510	621	54		1753
1907	631	514	650	62		1857

Year	OUTDOOR.					Total.
	Males.	Females.	Children.	Vagrants.		
1903	396	1195	1013	—		2604
1904	465	1350	1151	—		2966
1905	480	1383	1104	—		2967
1906	420	1300	994	—		2714
1907	468	1438	1017	—		2923

TOTAL INDOOR AND OUTDOOR.

1903.	1904.	1905.	1906.	1907.
3905	4273	4505	4467	4789

Rates of Pauperism.—The following is the number of paupers per 1,000 of population at different periods:—

1875	1885	1895	1905
29	16	10	12

The rates in the last two periods are decidedly the lowest of any of the urban unions which I visited. The others range from 16 to 34 in the year 1905.

The rapid increase of population, with its influx of people at those periods of life when pauperism is least, does much to account for the low rates. An increase has now set in.

The percentage of outdoor paupers to the total paupers has been as follows:—

1875	1885	1895	1905
77	67	54	67

Here also it will be seen that though there is a diminution as compared with 30 years ago, there has recently been a very large increase.

Cost.—In 1904-5 each pauper cost £21 10s. per annum, as compared with £24 17s. in London. But in London 48 per cent. of the paupers were indoor, and in Edmonton only 33 per cent.; and indoor cost is higher than outdoor. The expenditure per head of population has been as follows:—

1881-2	1891-2	1901-2	1904-5
5/1	4/4	5/5	6/10

These figures are nearly the same as for the provincial urban unions. The 6s. 10d. for 1904-5 contrasts with 14s. 4d. in London and 8s. 7d. in England and Wales.

The following are the figures for the last two years in Edmonton Union:—

RETURN OF PAUPERS.

NUMBER RELIEVED ON JANUARY 1ST, 1907.

	INDOOR.								OUTDOOR.								Indoor and Outdoor Totals.		
	Cheshunt.	Edmonton.	Enfield.	Hornsey.	Southgate.	Tottenham.	Wood Green.	Waltham.	TOTAL.	Cheshunt.	Edmonton.	Enfield.	Hornsey.	Southgate.	Tottenham.	Wood Green.		Waltham.	TOTAL.
January 1st, 1907.																			
Adults not Able-bodied	20	141	46	55	15	252	46	14	589	82	226	244	117	51	590	148	73	1531	2202
Adults Able-bodied	28	3	106	2	-	12	3	18	172	-	-	-	-	-	-	-	-	-	
Children	6	66	33	17	11	83	19	11	246	-	-	-	-	-	-	-	-	-	
Totals	71	455	310	93	39	563	106	50	1687	134	432	444	183	88	1130	324	97	2832	4519

RETURN OF PAUPERS—continued.

	INDOOR.								OUTDOOR.								Indoor and Outdoor Totals.			
	Cheshunt.	Edmonton.	Enfield.	Hornsey.	Southgate.	Tottenham.	Wood Green.	Waltham.	TOTAL.	Cheshunt.	Edmonton.	Enfield.	Hornsey.	Southgate.	Tottenham.	Wood Green.		Waltham.	TOTAL.	
Corresponding Day of Last Year (1906).																				
Adults not Able-bodied	Edmonton Workhouse	22	177	49	62	21	260	57	20	668	78	188	214	96	53	434	146	63	1272	2196
	Enfield Workhouse	29	4	112	3	-	15	4	19	186	-	-	-	-	-	-	-	-	-	
Adults Able-bodied	Edmonton Workhouse	7	60	19	15	7	67	15	9	199	-	-	-	-	-	-	-	-	-	568
	Enfield Workhouse	2	1	11	-	-	2	1	-	17	7	41	35	26	7	193	40	3	352	
*Children	Edmonton Workhouse	-	14	2	-	-	11	1	-	28	-	-	-	-	-	-	-	-	-	1516
	Enfield Workhouse	-	-	1	4	-	-	-	-	5	-	-	-	-	-	-	-	-	-	
	Chase Farm Schools	8	186	101	10	14	181	23	6	529	25	134	97	41	25	474	107	10	913	
	Fortescue Villas	5	3	14	1	-	12	5	1	41	-	-	-	-	-	-	-	-	-	
Totals		73	445	309	95	42	548	106	55	1673	110	363	346	163	85	1191	293	76	2527	4210

* Infants under 2 are kept in the Edmonton Workhouse. Infants over 2 are kept in the Chase Farm Schools.

Children Boarded-out beyond the Union—	Great Boughton	-	-	-	-	14
"	Standon	-	-	-	-	7
"	Marston Mortaine	-	-	-	-	6
"	Tyler's Green	-	-	-	-	7
"	Hatfield Broad Oak	-	-	-	-	11
"	Thorndon Hall	-	-	-	-	4
	Total	-	-	-	-	49

Paupers in other Workhouses, Homes, Hospitals, etc.	242
Out-Door Poor resident in other Unions	90

Pauperism in the Edmonton Union seems certain to increase. The Guardians rather favour the granting of relief. Though the Poor Law infirmary is in the workhouse grounds, indoor relief appears to exercise little or no deterrence. Owing to the rapid growth of the population the age incidence has hitherto been favourable, there being comparatively few old persons, but now the rate of growth is diminishing and the proportion of the aged will be raised.

OUT RELIEF.

The mean number of outdoor paupers in the year ended Lady Day, 1907, was 2,925.

There are seven relief districts, and in addition to the seven relieving officers, there is a superintendent officer. There are 16 district medical officers. In the General Report, at pp. 119-121, there are given letters to the Board of Guardians from a number of the medical officers, stating the amount of salaries and of medical work done, and requesting an increase of salary, which in every case was refused. The maximum salaries of the relieving officers were raised from £150 to £180, and in future appointments the salaries are to begin at £140, and to rise £5 annually to £180.

There is the usual story here about the granting of medical relief: that the relieving officer fears to refuse an order for the district medical officer lest the result should be a coroner's inquest. The medical officer getting the order recommends what seems to him necessary in the way of milk and meat on the assumption that there is destitution. The relieving officer, however, often limits the orders to a day or a week, and then makes inquiry. Sometimes, when a child is ill, the father gives his wife money to get a doctor, but she drinks it, and then goes to the relieving officer.

The district medical officers not infrequently recommend extras, but as regards this leading to pauperism, relief is much more easily obtainable now than formerly, independently of the door which is opened by the granting of extras. Sometimes a medical officer when in doubt consults the relieving officer as to extras, and the local knowledge of both officers is useful towards checking abuse.

Relief in kind by the guardians consists only of bread and groceries, never of meat and milk. These are given only on the recommendation of the doctor as medical extras.

In emergencies the medical officer visits without waiting for an order from the relieving officer, but he always requests that an order be subsequently obtained. His request is often not attended to.

The outdoor cases visited by me have, where of interest, been noted in the General Report. The great majority of phthisis cases belonging to the Union are to be found in the infirmary, so that not very many are to be seen out of doors. There is no voluntary notification of phthisis.

Slums in the Country.—In one part of Edmonton Union, I, for the first time in my life, saw slums in what may be called the open country. The houses have been built for a better class artisan population, but apparently the right sort of occupants was not found, and sub-letting of parts of the houses was begun, with the result that they have become a resort for an exceedingly bad class of population, drunken, immoral, continually shifting. The houses are now much dilapidated, with broken fittings, and in a general condition of disrepair. The children are dirty and ragged and unkempt, but the houses are situated in an airy, open locality with great unbuild spaces surrounding them. When the children get out of doors they are at once in the fresh air, so that, with all their uncleanness, they are comparatively healthy. No cases of rickets are to be seen, and the fresh colour of most of them points to an open-air life, though many are underfed.

INDOOR MEDICAL RELIEF.

The Edmonton Union has four institutions (1) a workhouse and infirmary at Edmonton with 988 beds; (2) another at Enfield with 219 beds; (3) Chase Farm Schools (children's homes), at Enfield, with 581 beds; and (4) a smaller home for children, "Fortescue Villas," also at Enfield, with 48 beds.

EDMONTON WORKHOUSE AND INFIRMARY.

The institution occupies a good situation in an open part of Edmonton. Its 988 beds are classified thus:—

	Beds.
Workhouse - - - - -	507
New Infirmary - - - - -	170
Old Infirmary - - - - -	178
Senile, Epileptic, Lunatic, and Imbecile -	111
Maternity Wards - - - - -	19
Infectious - - - - -	3
	988

The workhouse and infirmary buildings are within the same grounds.

The infirmary has no pay wards, but the Guardians receive into it sick dependants of poor able-bodied persons, who are asked to contribute so far as is thought reasonable. A labourer or artisan without convenience at home, or even small shopkeepers, would have their patients admitted. Sometimes shopkeepers are not so well off as labourers, but there is probably more tendency to exact payment from the former than from the latter. But where persons are regarded as entirely above the pauper class, admission is not granted even on full payment. A man said to be earning £270 a year had a disabled mother, bedridden and helpless, but his application for her admission on full payment could not be granted, because there was no destitution. Such a case could of course be dealt with privately in a nursing home or by boarding out.

Appendicitis or hernia or the like are at once admitted to Edmonton Infirmary, and the police sometimes bring in patients, but Tottenham General Hospital is less than two miles from the workhouse, and is on the main road and therefore more accessible, so that the infirmary is less resorted to in emergency than would otherwise be the case. Emergency cases are expected to pay.

INSUFFICIENCY OF INFIRMARY ACCOMMODATION.

It is admitted that the existing infirmary is quite insufficient. This is the outstanding defect of Edmonton Union indoor relief. Plans for a new separate infirmary have been under consideration for several years. Two matters have been disputed, one as to the site, the other as to the size. The scheme which has recently had the Guardians' approval and is now under consideration by the Local Government Board is to have the new infirmary built on a suitable piece of land adjoining the workhouse, and to have only two pavilions containing 400 beds, besides 60 beds in the nurses' home, instead of four full-sized pavilions and two smaller which would have given accommodation to about 900 patients as originally proposed. The estimated cost of the smaller scheme is £90,000.

New Infirmary.—The institution includes a building which is known as the "new infirmary," and is to be distinguished from the new infirmary whose plans are under consideration.

The existing new infirmary is a three-storied brick building erected three years ago. On each flat there are two wards, one on either side of the usual central apartments, one side being used for male patients, the other for female. The total accommodation is for 170 beds. On the ground floor ordinary medical and surgical cases are treated, and on the middle floor senile, chronic, and wet and dirty cases. The top floor is devoted chiefly to phthisis.

It is a good building, but somewhat overcrowded. I noted the following dimensions:—24' x 45' x 11' 9" = 11,632 cubic feet ÷ 26 = 485 cubic feet per bed. The internal surface of the walls has a glazed brick dado in the lower part, and a smooth surface of cement for the rest. The windows are sashed and double hung. Their tops are about 18 inches from the ceiling. The wards are without fireplaces, and are heated by steam coils. On each side of the wards there is a single Sheringham valve.

Artificial lighting is by electricity with adjustable lights for examination of patients. The floors are covered with linoleum. Each ward has a verandah at one end, and, as the wards run north and south one half of them have the verandah at the south end and the other half at the north.

Phthisis Accommodation.—The phthisis flat on the top is identical with the rest. Its cubic space per patient is the same, and it has no special means of ventilation.

In the male phthisis ward at the time of my inspection there were other diseases than phthisis—one case of bronchitis and one of hemiplegia. In the female phthisis ward there were phthisis cases only on one side. On the other side nearly all the patients were senile, with the exception of one paralysed woman aged 49.

The bedsheets are 6 feet wide and fully 8 feet long.

Old Infirmary.—The old infirmary was built about 25 years ago. It is a three-storied building with the male wards in one block and the female wards in another. The total beds for males are 114, and for females 64.

The walls of all wards and also of the dormitories in the workhouse are plastered on the solid. This has been done within the last few years, chiefly by pauper labour. The corridors have not been so dealt with up till now. The wards are 18 feet wide, and have a tiled dado. There is cross ventilation by opening windows. The floors are covered with linoleum. One ward is devoted entirely to leg ulcers.

The convalescent male ward is now used partly for acute cases, owing to pressure on the accommodation of the institution.

Only some of the wards have day rooms. In the epileptic block there are three day rooms.

Epileptic Wards.—On the female side there are no imbeciles other than mentally defective epileptics. On the male side imbeciles and epileptics occupy the same ward. The female ward has 11 beds, only two of which have crib sides. The cases at present in are not regarded as severe. There are windows on both sides of the ward, giving opportunity for good cross ventilation, but only two of them open at the top, and there is no arrangement for ventilation between the sashes. There are no ventilation keys to give the attendants control of the windows.

Male Imbeciles.—In the male imbecile wards there were 18 inmates, including epileptics. Their employment consists in carrying, sweeping, window-cleaning, gardening, and outdoor exercise; so long as the weather permits. Their dormitory has windows, but only on one side, so that the ventilation is bad. All through the male imbecile and lunatic block there has been extravagance of construction, in respect that the walls are lined with glazed tiles right up to the ceiling, and this is the case even in the corridors.

Curable Insanity.—There is a lunatic department for temporary cases, to prevent, if possible, certification, and the taint of lunacy which attaches to it. The longest period during which cases are kept in the lunatic ward is 17 days. Obviously incurable cases are sent to the asylum at once. The total lunatic beds in the female ward are only five, but other accommodation would be used in adjoining wards, if necessary. There are two padded rooms.

Safety Keys of Bathrooms.—Some of the safety keys of the hot water taps are not kept apart.

Poisons and other medicines are kept in a press with a locked inner door. There is no poison press within the ordinary medicine press.

There is no provision for Finsen light, X rays, etc., in the existing infirmary, but there may be in the new one.

Patients Treated.—The following Tables, kindly prepared for me by the master, show the age classification of the patients, as ascertained for 29th October, 1907, and also the diseases from which they were suffering. In a total of 371 patients, no less than 206, or 55 per cent., were over 60 years of age. Among the cases under treatment there were 29 of phthisis, 32 of bronchitis, 53 of paralysis, 53 of senility, 27 of rheumatism, 18 of heart disease, 36 of ulcerated legs, 14 of debility, 12 of various forms of malignant disease, 12 of epilepsy, and smaller numbers of other maladies. It is evident from these figures that the great majority of cases are chronic. One patient in the female ward is under treatment for obesity—a youngish woman, whose weight on admission was 18 stone 5 lbs. It has been reduced in two months to 15 stone 8 lbs. by the use of thyroid extract, and without any special dieting, except that few potatoes are taken.

RETURNS Showing Number and Classification of Patients, 20th October, 1907.

Females.		Total.
Under 5 years		4
6 to 10 "		1
11 to 15 "		1
16 to 20 "		5
21 to 25 "		4
26 to 30 "		4
31 to 35 "		7
36 to 40 "		11
41 to 45 "		7
46 to 50 "		7
51 to 55 "		11
56 to 60 "		13
61 to 65 "		14
66 to 70 "		21
71 to 75 "		24
76 to 80 "		29
81 to 85 "		50
86 to 90 "		11
91 to 95 "		1
Total	253	194
Paralysis	12	1
Bronchitis	5	
Pneumonia	32	
Rheumatism	18	
Malignant	1	
Tubercular Glands	1	
Eczema	5	
Ulcerated Leg	13	
Prolapsed Uterus	2	
Blind and Diabetic	1	
Tuberculosis of Shoulder	1	
Keen's Disease	1	
Paralysis Agitans	3	
Cardiac	7	
Deblity	3	
Lupus	1	
Diseased Bone of Finger	1	
Obesity	2	
Carcinoma of Larynx	2	
Neurasthenia	1	
Carcinoma of Throat	1	
Apoplexy	1	
Injured Hip	3	
Tetraplegia	4	
Periculous Anemia	1	
Constipation	1	
Mitral Systolic	1	
Necrosis of Sternum	1	
Chronic Bright's Disease	2	
Fractured Femur	3	
Fractured Thigh	1	
Amputation of Leg	1	
Amputation of Breast	1	
Cerebral Hemorrhage	1	
Carcinoma of Breast	1	
Diphtheria	1	
Tabes	1	
Carbuncle of Back	1	
Neurotic	1	
Goutre	1	
Varicose Veins	1	
Necrosis of Toe	1	
Fragrant	4	
Parturition	1	
Marrasmus	2	
Lunatic and Bed Cases	2	

Operative Surgery.—A considerable and increasing number of surgical operations are performed. From tables kindly sent to me by the Master, I take the following figures:—

Operations, 1902 to 1907 (28th October), inclusive:—

	1902	1903	1904	1905	1906	1907 to 28 Oct.	Total.
Male	11	29	64	71	105	69	349
Female	9	28	38	63	81	55	274
Total	20	57	102	134	186	124	623

The operations include herniotomy, abdominal sections, amputations, removal of tumours and of diseased bone and the like. The list also embraces instrumental midwifery cases and tooth extractions, but apart from such minor items it is evident that a large amount of important operative surgery is done.

Medical Attendance.—The workhouse and infirmary have up till now had nominally only a visiting medical officer, who has done the surgical operations along with his other work. He has always had a private assistant, and both have spent several hours daily at the infirmary. A resident has just been appointed. The Guardians proposed that his salary should be £200, rising to £250, but it is stated that the Local Government Board cut down the proposal to £180, without board or lodging. There were hardly any applicants, and the conditions had to be improved, so that the total allowance is now £220, of which £180 represents salary, and £40 is for residential allowance. The duties of the new resident are to include dispensing. Looking to the extent of the institution and the amount of work, I am of opinion that even the new arrangement is insufficient. At the very least the resident should not be required to dispense medicine. When the new infirmary is built the question of medical staff will have to be reconsidered.

Nursing Staff.—The staff is as follows:—

One superintendent nurse, seven charge nurses on day duty, three charge nurses on night duty, and 21 probationers; a total of 32.

One of the charge nurses is always occupied in the children's department. The list includes two nurses in the maternity department. The total beds in the new infirmary and the old are 270. In addition there are 111 beds for imbeciles, lunatics, epileptics, and senile cases. Including these the total is 459, so that the number of cases to each nurse is about 14.

Maternity Department.—This has a block of buildings to itself, and nurses who are training for midwifery do not go into the other parts of the institution.

The infirmary is newly registered as a school for midwifery training, and the visiting medical officer is a recognised teacher of midwifery. Three years' training is required, and certificates are given only after examination by an outside authority. The superintendent nurse is a registered and certificated midwife, attends normal cases, and sends for the medical officer in difficult cases.

The accommodation here is good. The rule is followed that the eyes of all infants be bathed with lotion immediately on delivery of the head, and before the eyes are open. The following table shows the number of births and of ophthalmia cases since 1902 inclusive:—

RETURN of Births during past six years, showing number of Ophthalmia cases occurring:—

Year.	Births.	Ophthalmia Cases.
1902	52	1
1903	71	1
1904	59	1
1905	79	Nil.
1906	90	2
1907 to 30 Oct.	70	4
Total	421	9

Women are removed from the labour bed into a lying-in bed two or three hours after the child is born.

A defect in the department is that in the ward where nursing mothers sleep with the babies there are no cots, owing to want of room. In the lying-in ward there are cots, and in the nursery there are cribs, but cots are wanting in the dormitory occupied by nursing mothers with their babies.

Nursery.—There were 29 babies in the nursery, all under two years old. The department has one charge nurse and two attendants. The babies' dormitory has not long ago been improved in ventilation by the provision of openings in its splay roof, and by additional windows in the walls. These improvements were made a year ago, and it is said that infantile troubles have much diminished since then. There was an outbreak of whooping cough a year ago. The children affected were treated in a small ward of the infirmary, and child visitors were excluded. The feeding-bottles in use for the babies are of the best sort, and there are no dummy teats or comforters.

Classification is carried out for the deserving inmates of both sexes in the workhouse. There are three classes of women and two of men. The best class of each sex has a bright, cheerful day room, known as the drawing-room. It has somewhat better furniture and fittings than the rest of the institution. The dormitories also make a distinction in favour of the best class, by means of curtains and so forth, but in this dormitory on the women's side all the windows were closed when I inspected it. They had been closed by the inmates themselves, so that even the most deserving old paupers retain their rooted objection to fresh air.

In Edmonton Workhouse (as in the infirmary) there are no dormitories with four rows of beds. All have only two rows, with cross ventilation.

Receiving Wards.—The female receiving ward has five beds, and the male six beds. Both of these are too small for so large an institution, but the objection to this is practically obviated now that a resident medical officer is appointed.

Vagrant Department.—This is on the cell system, not, however, with hammock beds, but plank beds and straw mattresses. The number of cells is 24, of which 16 are for men and eight for women. There is no associate ward. Heat and sulphur are used for destroying vermin, and there is convenience for drying wet clothing. The thermometer of the heating apparatus was broken, and the old man in charge did not know what temperature is used. Vagrants stay only a single night. They are given gruel when they come in. Last winter coffee or tea or cocoa was given, whichever happened to be the diet in the house, but the accommodation quickly became crowded, owing to the popularity of the new system, and it had to be stopped in a few weeks. The Local Government Board refused to sanction it.

ENFIELD WORKHOUSE AND INFIRMARY.

This is the smaller of two workhouses in Edmonton Union. As its name indicates, it is situated at Enfield, a pleasant open district. Its accommodation is as follows:—

Workhouse, male beds	-	-	-	53
" female beds	-	-	-	33
Infirmary, male beds	-	-	-	38
" female beds	-	-	-	73
Children	-	-	-	58
				<hr/> 255

Last week the inmates were as follow:—

1. Adults not able-bodied (men)	-	-	81
Adults not able-bodied (women)	-	-	91
			<hr/> 172
2. Men in health	-	-	4
Men temporarily disabled	-	-	0
Women in health	-	-	7
Women temporarily disabled	-	-	1
			<hr/> 12
3. Youths 8 to 16 years	-	-	8
Boys 5 to 8 years	-	-	2
Girls 8 to 16 years	-	-	1
Girls 5 to 8 years	-	-	4
			<hr/> 15

Cubic Space.—The following Table, kindly prepared for me by the Master, gives the cubic capacity of the various wards and dormitories.

ENFIELD WORKHOUSE.

Department.	Ward.	Number of Beds.	Cubic Capacity of Ward.		Remarks.
			C. feet.	Per Bed.	
Male Infirmary	26	9	5,562	618	
" "	27	9	5,562	618	
" "	32	8	4,600	575	
" "	33	8	4,600	575	
" "	Dayroom.	3	1,770	590	
Female Infirmary, No. 1	7	7	3,668	524	} Splay-roofing not included.
" "	8	8	4,336	542	
" "	10 and 11	22	14,259	648	
Female Infirmary, No. 2	12	8	4,158	520	} Splay-roofing not included.
" "	13	19	11,210	590	
" "	15	9	6,264	696	
Women's Bedrooms, House	16	11	5,764	524	
" "	17	7	2,989	427	
" "	18	12	5,748	479	
Men's Bedrooms, House	1	8	2,964	370	
" "	2	10	4,248	425	
" "	3 and 4	32	14,168	442	

Ten cubic feet have been deducted for each bed, and three cubic feet for each adult, in all Wards.

Infirmary.—Most of the floors (which are not modern) have a covering of linoleum, and so are easily cleaned. The wards are clean and bright looking. The walls and woodwork have a covering of white enamelled paint so that dirt is easily observed and dealt with.

Female Wards.—No. 7 ward has cross ventilation by three windows on one side, and one on the other. The windows are about two feet from the wall head, and above this there is a space of about four feet of splay roofing with a ceiling ventilator. There are also two Sheringham valves and the top sashes of the windows are open, the lower fixed.

One old woman with bed sores has been an inmate for three years. She is clean, and lies on a properly-filled water bed. In another case the water bed was not full enough, but there were no bed sores.

No. 8 ward has a general similarity to No. 7, and like No. 7, it contains wet and dirty cases.

Nos. 10 and 11 constitute a single very wide ward with a wooden partition down the centre. The partition stops short three feet from the ceiling, but rather interferes with cross ventilation.

No. 12 ward is better than the others in having no splay roofing. It has good cross ventilation by windows reaching nearly to the ceiling.

No. 13 is not so good. Its window tops are three feet from the wall head, and there are about three feet of splay roofing. There are, however, three ceiling ventilators and nine Sheringham valves.

No. 15 has no splay roofing and good cross ventilation excepting that the window tops are about 2½ feet from the ceiling.

A small wood and iron ward has been specially built for the case of a boy aged ten suffering from bad tubercular disease of the bones. The ward is heated by steam pipes. He has to be kept apart on account of the offensive discharge from the sores. One leg bone has been removed and part of the facial bones. The case is being carefully nursed and attended to, but the boy will be a helpless invalid so long as he lives.

Male Wards.—The male infirmary consists of a pavilion with five wards, one of which was intended for a day room, but is used for a ward.

No. 33 has good cross ventilation, but the old men who occupy it have closed most of the windows, and there are no ventilation keys here or elsewhere in the institution, so that the inmates whenever they have the opportunity close the windows both in the dormitories and in the wards, especially at night. There are no Hinckes Bird ventilators in the wards or dormitories. The only inlet ventilators which cannot be manipulated by the inmates consist of Sheringham valves.

Two wards on the upper flat of the male infirmary have splay roofing without any ceiling ventilators. The window tops are about 3 feet from the wallhead, and there are Sheringham valves about 1½ feet from the wallhead.

Bathrooms.—The hot-water taps have safety keys, and there is a box to keep them in, yet some of them are not kept apart.

Neither patients nor inmates are ever left alone whilst bathing. In the infirmary nurses or wardsmen or wardswomen accompany the patients. In the workhouse itself the male inmates are attended by the porter, and the female inmates by the labour mistress. Bathing in the workhouse is done fortnightly, but in winter old women are bathed only once a month.

Medicines.—There is a drug dispensary in connection with the infirmary. The visiting medical officer does all the dispensing. There are medicine presses in the female wards only. Poisons are kept in a small inner press, protected first by the key of the general medicine press, and second by its own key. In the male wards there is no medicine press. All drugs for it are kept in the dispensary.

No operations are understood to be done at Enfield Infirmary. The rule is that cases requiring operation go to Edmonton.

Patients.—The following table gives a list of the patients in the wards on October 25th, 1907:—

Initials.	Sex.	Age.	Date of admission to Sick Ward.	Disease.	Initials.	Sex.	Age.	Date of admission to Sick Ward.	Disease.
					R. M.	Female	70	July 13, 1903	Senectus.
G. M.	Female.	69	Nov. 11, 1897	Gout.	L. S.	"	74	Sept. 1, 1903	Paralysis.
O. S.	"	52	April 3, 1898	Paralysis.	L. E.	"	73	Oct. 13, 1903	Rheumatism.
B. B.	"	82	Sept. 12, 1899	Injury.	F. S.	"	78	Nov. 18, 1903	Mental.
J. A.	"	46	Mar. 25, 1900	Paralysis.	S. E.	"	87	Nov. 27, 1903	Ulcer.
P. H.	"	90	Sept. 9, 1902	Bronchial.	S. S.	"	74	Nov. 15, 1903	Hip Disease.
J. E.	"	72	Jan. 8, 1903	Senectus.	S. E.	"	77	Nov. 20, 1903	Hemiplegia.
H. A.	"	31	May 17, 1903	Gastric.	L. E.	"	73	Oct. 30, 1903	Rheumatism.
D. K.	"	63	Sept. 10, 1903	Myxoedema.	J. A.	"	77	Nov. 17, 1903	Bronchial.
B. S.	"	74	Sept. 14, 1903	Paralysis.	W. R.	"	85	Nov. 12, 1904	Senectus.
M. E.	"	56	Oct. 23, 1903	"	R. M.	"	69	Dec. 12, 1904	Gastric.
R. B.	"	72	Nov. 22, 1904	"	D. M. A.	"	74	Feb. 18, 1905	Rheumatism.
K. J.	"	88	Aug. 24, 1897	Senectus.	W. G.	"	31	Mar. 7, 1905	Imbecile.
G. E.	"	43	Nov. 7, 1898	Paralysis.	B. E.	"	60	Nov. 4, 1904	Bronchial.
A. R.	"	27	Nov. 30, 1903	"	J. M. J.	"	48	April 5, 1906	Observation, Rheumatism.
S. G.	"	33	Feb. 2, 1905	Gastric.	B. G.	"	80	Jan. 24, 1906	Senectus.
S. E.	"	69	Feb. 28, 1905	Paralysis.	H. E.	"	82	July 18, 1906	"
C. S.	"	65	Nov. 7, 1903	Myelitis.	B. E.	"	80	Oct. 9, 1906	"
M. S.	"	82	Oct. 13, 1903	Gout.	C. S. A.	"	73	Aug. 7, 1907	Bronchial.
L. S. A.	"	86	Feb. 26, 1905	Bronchial.	S. A.	"	75	Feb. 27, 1907	Diabetes.
P. C.	"	77	Sept. 19, 1905	Injury.	S. E.	"	72	April 12, 1907	Syncope.
H. B.	"	21	Sept. 21, 1905	Paralysis.	M. F.	"	65	June 24, 1907	Mental.
T. S.	"	81	Dec. 29, 1905	Senectus.	C. E.	"	86	July 15, 1907	Senectus.
T. E.	"	70	Mar. 8, 1907	Bronchial.	C. M. L.	"	64	July 15, 1907	Diarrhoea.
C. E.	"	16	Mar. 20, 1907	Epileptic.	H. E.	"	78	Aug. 14, 1907	Cardiac.
J. E.	"	35	Jun. 10, 1907	Paralysis.	S. H.	"	61	Aug. 24, 1907	Observation, Phthisis.
F. M. A.	"	58	Jun. 15, 1907	Ulcer.	C. A.	"	38	Aug. 27, 1907	Observation, Phthisis.
W. P.	"	75	July 24, 1907	Rheumatism.	H. S.	"	70	Sept. 2, 1907	Hemiplegia.
C. E.	"	40	July 30, 1907	Bruise.	R. E.	"	38	Sept. 4, 1907	Paralysis.
W. S.	"	79	Aug. 10, 1907	Cardiac.	G. M.	"	60	Oct. 10, 1907	Observation, Mental.
S. L.	"	80	Sept. 20, 1907	Apoplexy.	C. E.	"	45	Oct. 15, 1907	Rheumatism.
S. E.	"	80	Oct. 3, 1907	Senectus.	L. M. A.	"	81	Oct. 22, 1907	Ulcer.
G. A.	"	38	Oct. 5, 1907	Chill.	J. W.	Male.	67	Nov. 20, 1907	Paralysis.
C. S.	"	69	Oct. 5, 1907	Observation, Rheumatism.	M. E.	"	70	Aug. 16, 1901	Ulcer.
W. E.	"	59	Oct. 6, 1907	Chill.	P. W.	"	80	June 29, 1900	Rheumatism.
P. S.	"	86	Oct. 6, 1907	Asthma.	N. W.	"	87	Aug. 23, 1901	Senectus.
C. A.	"	53	Oct. 16, 1907	Ascites.	J. G.	"	87	Aug. 23, 1901	Gout.
C. T.	"	81	April 24, 1896	Injury.	B. G.	"	56	Jan. 21, 1902	Bronchial.
B. T.	"	83	May 8, 1900	Paralysis.	T. H.	"	79	Aug. 17, 1903	Gout.
G. E.	"	65	Oct. 7, 1900	Mental.	M. J.	"	87	July 20, 1904	Senectus.
D. G.	"	52	Dec. 17, 1903	Fracture.	K. D.	"	73	July 31, 1904	Apoplexy.
J. M.	"	78	May 17, 1903	Paralysis.					

Initials.	Sex.	Age.	Date of Admission to Sick Ward.	Disease.
C. I.	Male	89	Nov. 20, 1904	Ulcer.
L. R.	"	71	Dec. 8, 1904	Gout.
W. W.	"	75	Mar. 3, 1904	Gout.
M. I.	"	10	June 26, 1905	Tubercle.
B. B.	"	70	June 29, 1905	Bronchial.
R. E.	"	70	Dec. 20, 1905	Gout.
W. I.	"	89	Oct. 20, 1906	Senectus.
B. I.	"	51	Nov. 6, 1906	Bronchial.
M. A. E.	"	13	Dec. 31, 1906	Spinal.
D. G.	"	60	Jan. 2, 1907	Pleurodynia.
S. E.	"	75	Jan. 24, 1907	Apoplexy.
T. H.	"	84	Feb. 2, 1907	Observation, Cardiac.
G. A.	"	60	Mar. 3, 1907	Paralysis.
J. J.	"	74	April 27, 1907	Senectus.
M. J.	"	80	May 3, 1907	Observation, Senectus.
E. E. G.	"	81	—	Rupture.
M. J.	"	78	June 26, 1907	Rheumatism.
D. T.	"	76	July 17, 1907	Atony of Bladder.
W. H.	"	65	July 26, 1907	Gout.
W. J.	"	76	Aug. 7, 1907	Rupture.
W. W.	"	80	Aug. 15, 1907	Ulcer.
A. G.	"	68	Aug. 24, 1907	Hernia.
W. W.	"	52	Aug. 13, 1907	Observation, Senectus.
C. J.	"	63	—	Sciatica.
M. J.	"	40	Sept. 20, 1907	Carbuncle.
S. E.	"	76	Oct. 3, 1907	Glaucoma.
B. J.	"	66	Oct. 10, 1907	Pneumonia.
D. G.	"	65	—	Observation.

It will be seen from the above table that the great majority of the inmates are very old people, and that their diseases are the chronic maladies of old age.

Offensive and Bedridden Cases.—The majority of the cases occupying the 111 infirmary beds cannot dress themselves. At present on the female side there are 18 wet and dirty cases, and other 11 bedridden cases specially requiring attention. On the male side there are three wet and dirty cases, and seven others bedridden.

Medical Attendance.—A resident is not required. The visiting medical officer lives at Enfield, and attends regularly. The prohibition of operations at the Enfield Workhouse is perhaps related to the question of the appointment of an anesthetist. At Edmonton the medical officer's assistant gives chloroform, but at Enfield an anesthetist would have to be employed. Chloroform has been used in certain suitable cases for the removing of adenoids and tonsils, and some such cases have been sent to the Throat Hospital, at Gray's Inn Road. At present it is explained that several children whose throats need attention are waiting until the guardians have decided whether operations will now be permitted at Enfield.

Nursing Staff.—The nursing staff is as follows:—

(1) Superintendent nurse, has been here for twenty years, was trained at Lambeth Workhouse Infirmary. This nurse is ill at present.

(2) Charge nurse M, has been here over eight years, was an asylum nurse previously.

(3) Charge nurse B, has been here two years, is certificated.

(4) Assistant nurse R, has been here for six months, is not certificated, but had four years' experience at West Ham and Dulwich, and seven months' fever nursing.

(5) Night nurse A, has been here for 12 years, is not certificated, but is regarded as a good nurse.

The nursing staff appeared to me hardly sufficient, looking to the number of wet and dirty cases, but an additional nurse has been obtained since my inspection.

Diet.—A meat extract is now used instead of beef tea. It saves gas and trouble. The statement is made that very few workhouses in London make beef tea now. Nearly all use some proprietary preparation. I did not learn whether the question of the food value of such preparations in relation to their price had been discussed before their use was begun.

I saw dinner served. There is meat for dinner on Sundays, Thursdays and Fridays, and each portion is weighed separately, but on the other days, when there is meat pudding, hash, meat and potato pie, etc., the quantity is weighed in bulk for the infirmary male and female patients respectively. To-day the dinner is boiled beef, each portion being weighed out in the kitchen quarters. The nurses would not have time to cut it in the wards. The plates were warmed, but in carrying the plates on trays from the kitchen to the wards the food was getting messed by one plate being laid directly on the top of another.

The Children's Receiving Department is in Enfield Workhouse. The cases received should wait only for a fortnight, but owing to want of accommodation at Chase Farm Schools, they usually have to stay longer than was intended, sometimes up to six weeks. In the receiving department there is a sufficient supply of hair-brushes and combs, but owing to the shortness of stay there are no tooth brushes. The dormitories are occasionally over-crowded, two sleeping in one bed. The upper flat of the receiving department was added only a year ago, to increase the accommodation. In this flat there are good fire-guards, covered at the top; in the other flats the fire-guards are only a fence open at the top. This flat has several small wards for isolation of different diseases—ringworm, measles, whooping cough, etc. After a child who has had scarlet fever returns from the Sanitary Authority's fever hospital, he is isolated for a week.

At present there are three "remand" boys here. All remands under the age of 16 come here before going to a magistrate, then they are usually sent to a reformatory.

The diet of the children up to three years old is bovril and pudding, tapioca, ice, sago, etc.

In the bathrooms the safety keys of the hot water taps are kept apart.

Workhouse.—In the workhouse the male dormitories are rather crowded, even in addition to four beds temporarily removed from the infirmary, which is being cleaned at present.

One large dormitory on the male side has four rows of beds and a partition down the middle, open at the top. As elsewhere in the workhouse, there is good cross ventilation by large windows.

The Receiving Wards have brick-lined walls painted and colour-washed. The whole institution was originally so built, but parts of it (the male wards upstairs and the female wards downstairs) were altered some years ago, the inner surface of the walls being lined with cement.

Beginnings of Pauperism.—Resuming the inquiries which I have made in a number of the rural institutions regarding the first stage of pauperism, I questioned thirty-five old men in their day-room, and fifteen old women in theirs as to out relief; all denied that they had ever had out relief of any kind before going into the workhouse.

CHASE FARM SCHOOLS.

In addition to boarding out seventy or eighty children, the Camberwell Guardians have two children's institutions. The larger is the Chase Farm Schools. These are pleasantly situated in grounds of their own at Enfield. Pressure on the Edmonton Workhouse accommodation causes children to be sent here at the early age of two years. The highest age is sixteen years.

The following are the details of accommodation and inmates at the time of my inspection:—

Department.	Normal Number of Beds.	Temporary Beds.	Number of Sleepers.	
			Male.	Female.
Receiving Ward -	28	—	12	19
Probationary Ward -	28	13	40	—
Boys' Dormitories -	163	—	158	—
"B" Cottage -	62	—	22	21
Girls' Dormitories -	130	—	—	128
"G" Cottage -	54	—	—	47
Nursery -	75	—	46	29
Infirmary -	68	—	11	10
Total -	608	13	289	254

The Chase Farm Schools are built on the so-called barrack system, of which the type is a large building three or four storeys high, with large dormitories like hospital wards, large day rooms and dining rooms and so forth. The buildings are plain, but effective in appearance, with flower plots and grass in front of the main buildings. They were opened in 1886.

The entrance hall is floored with linoleum, and the walls have a painted and varnished dado.

The administrative building is in the centre, and there is a boys' department on one side and a girls' on the other.

The walls of the entrance hall, dining hall, day-room and part of the infirmary are plastered on the inner surface, and are therefore easily kept clean, but the dormitories and all other parts of the institution, except those above-named, have walls brick lined and painted or colour washed. The dormitories are wide rooms, with three rows of beds, twenty-eight altogether in one room. They have very large windows on both sides; the lower sashes are fixed, but the upper sashes open, and ventilation is provided for between the sashes on the Hinckes Bird principle. Also there are Tobin's tubes and Sheringham valves, so that the ventilation is good. The floors, though not modern, are polished and clean. The walls, as just noted, are not smooth, and dust gathers on them. The horizontal surfaces of the window-frames also showed some dust.

The bedsteads, though not of the most modern type, were quite satisfactory. For cases of incontinence of urine, the arrangement was especially good, there being hammock beds, quickly detachable for washing. The latrines have automatic flushing gear, and are clean and airy.

Bathing.—The plunge baths are provided with safety keys, but not all of these are detached. A most interesting and satisfactory feature of the bathing provision here is a circular spray bath introduced by the present superintendent about twelve years ago. Glazed bricks are the material and the arrangement is admirable. It resembles what is now being done in some schools in Germany, and I was not aware that there was so old an example of the method in an institution in this country. Incidentally, the establishment of this bath has made it possible to abolish four bath rooms, each with two plunge baths, and to utilise for bedrooms the space so gained.

Abution.—The arrangements include a constant flow of clean water.

Nursery.—The nursery has to find accommodation at present for children aged from two to seven. A new infirmary is being built which will enable the Guardians to devote the existing infirmary to nursery purposes, and it is expected that separate classification of children aged two to five and of those aged five to eight will then be practicable.

The nursery has 75 beds, but at present the number of children belonging to the department is 116. Those who cannot be accommodated in the nursery are housed at other buildings within the grounds of the institution which were formerly used as cottage homes.

The nursery dormitories are wards with good cross ventilation—the same large, wide windows as are found throughout the institution.

Infirmary.—The present infirmary has 68 beds. Two of the wards have brick-lined walls painted over. The rest are plastered. It is self-contained, having its own kitchen and nurses' rooms.

It contains 22 patients at present, chiefly with skin diseases, eye affections, and tubercular disease of bones, such as spine and hip disease. Two of the patients are on water-beds, but these are not properly filled. The staff consists of a nurse and her assistant.

Scarlet fever, enteric fever and diphtheria are sent to the District Council's hospital, but measles and chicken-pox are treated in an infectious disease ward in the institution.

Measles, it is stated, does not become epidemic in the schools. One or two cases may occur, but the catarrhal symptoms are observed in time to prevent serious outbreaks.

The liability of barrack schools to outbreaks of infectious disease was illustrated by the fact that on the day of my inspection 14 children were lying in one of the dormitories all sickening from some febrile malady which had not sufficiently developed to make diagnosis certain, though the medical officer expected that it would turn out to be influenza, and his prognosis proved correct, as I afterwards learned.

A new infirmary at present under construction is well sub-divided for different diseases. Its total accommodation is to be for only 48 cases, 20 less than in the present infirmary. Experience shows that this will be sufficient, and its subdivision into a number of small wards makes practicable the treatment of several diseases simultaneously.

The building is being constructed on good modern lines with rounded corners internally, glazed tiles in the lobbies and other arrangements which make cleanliness easy.

Medical Attendance.—The visiting medical officer lives about two miles away, in Enfield. He is not on the telephone, but is at Enfield Workhouse daily at 11 a.m. and 7 p.m., and the workhouse is connected with the schools by telephone. He visits daily, and oftener if needed. He examines every child on admission. Each child, previous to admission to the schools, lives for a fortnight in the receiving home at Enfield Infirmary, and is under observation by the same medical officer. In the schools he sees all the children at intervals of about a month. There is no periodical stethoscopic examination of the children, but the officers are instructed to intimate any kind of illness, and the medical officer's attention is called to such cases. Children with defective sight are sent to an ophthalmic institution for examination, and the Guardians provide spectacles. Discharging ears are attended to; also enlarged tonsils and adenoid growths. The medical officer is understood not to do operations; the present rule is that cases for operation go to the Edmonton Workhouse infirmary. Spinal cases are sent to an orthopaedic hospital. Cases of ringworm and ophthalmia are sent to the London County Council's special schools. At present three cases of hip disease among the children are being treated in the Guardians' Enfield Infirmary.

There is no regular control of children taking gymnastic exercise.

Dentist.—A salaried dentist examines all children on admission, and inspects them periodically. He takes about a year to go round the whole of the children.

School.—The buildings include a school with mixed classes. The teachers live outside. The schools are under the Education Department.

The teaching arrangements of the institution are good. There is a separate class for infants and a class for dullards, but the percentage in the class is not large. The education of the children is backward on admission in most cases. The children are defective in truthfulness, chiefly owing to bad example before admission. There is a certain amount of food pilfering, but no excessive mischief. A few girls go wrong, owing to want of mental stability.

I was favourably impressed by the condition of the children in the institution. They were clean and tidy. All have toothbrushes, also combs, towels and flannels.

Industrial Training.—The trades carried on in the institution are shoemaking, carpentry, tailoring, and baking. There are also a flute and brass band and two swimming-baths, one being out of doors in a meadow. The total grounds are 50 acres. Most of the children leave at 15, after a year's training. As usual, the demand for domestic servants greatly exceeds the supply, otherwise the girls might be kept till they are 16. They are taught cooking, housework, needlework, laundrywork, etc. The boys who have had industrial training sometimes go to the same work outside, at other times to farm labouring in Wales or elsewhere. A few go to sea, chiefly to the Navy, some to fishing; some go into bands as musicians.

Cost.—The weekly cost per child in the school is about 13s., I am told.

FORTESCUE VILLAS: CHILDREN'S HOME IN ENFIELD VILLAGE.

Two adjoining villas have been occupied as a children's home for about two and a half years, and have been purchased by the Guardians lately—probably to save extension at the Chase Farm Schools. The two villas have a common gable, and doors of communication have been opened in it. The home has fifty beds now, and receives children at all ages from three to sixteen. The bedrooms have been used just as they existed when the two houses were ordinary dwellings. They are quite good, excepting that one or two have only a single window for five sleepers. I saw only about half a dozen of the children, the rest being at school, so that it is impossible to express an opinion as to their general condition; but, of those whom I saw, the nails of one or two were not clean, and one child had a scalp eruption to which the attention of the medical officer (who kindly accompanied me) had not been previously called by the lady in charge. As regards toilet appliances, though the children are understood to be provided with tooth brushes at the age of five years, some over that age were still without them. The hair brushes were not very tidy, and the general impression I formed from what I was able to see in the circumstances was that the standard of cleanliness was not high. Fifty children are far too many to be under a single foster-mother, even with some more or less unskilled assistants. Ordinary home-life is hardly attainable. The institution is neither scattered home nor cottage home, and is without the advantages of either.

APPENDIX XXIII.

WEST LONDON DISTRICT SCHOOLS.

The West London District Schools were opened in 1872, and are situated at Ashford, near Staines. They are used for pauper children from Fulham, Paddington, and Hammersmith parishes, and St. George's Union, whose combined population was 521,760 at the Census of 1901. The schools are in charge of 24 managers, of whom two represent Fulham, four Paddington, eight St. George's, two Hammersmith, four are nominated, and four are ex-officio. It is reasonable to believe that the Guardians select their representatives from amongst their best members, and that the governing body is therefore of a superior order. The combination was formed under the Act 7 and 8 Vict., c. 101, Section 40. The following particulars are quoted from the Schools Calendar for 1905-6:—"The School Lands contain 69a. 2r. 20p., and were purchased at a total cost of £9,425. The first portion of the school site (49a. 1r. 5p.), on which all the buildings are placed, was purchased in August, 1868, for £6,275. An additional field, 10a. 1r. 16p., situated at the rear of the reception wards, and fronting the railway, was bought in May, 1871, for £1,750; and a third field (10 acres), south of the brook, at the rear of the school, was added in December, 1880, for £1,400. The loans raised for the whole of the land have been paid off. The school buildings have been erected at a cost of £78,554, and a further sum of £24,170 has been spent on the well, machinery, new boilers, fire appliances, cooking apparatus, electric lighting, new school rooms, etc., making the total expenditure by the managers up to Lady Day, 1905, £112,149. The repayments to same date amount to £95,973 18s. 4d., leaving £18,175 1s. 8d. unpaid at Lady Day, 1905." The cost per head per week is 12s. 8d., including 1s. 2½d. for repayment of loans and interest. The buildings belong to the class known as "Barrack Schools." They are regarded as having accommodation for 718 children, classified thus:—Boys 319, girls 285, infants 92, and in reception wards 22. Application is being made for certification that they can take 780 children. New school rooms were opened nearly two years ago and set free accommodation for dormitories which had not previously been available. The schools admit boys and girls aged three to 16 years.

Each contributing parish has a receiving home where ins-and-outs are regularly housed, so that the schools are reserved for children who are to be under the Guardians till the age for discharge is reached. Children are admitted fortnightly, on a Saturday, and are put into a receiving or probationary ward for a fortnight. The attendant who brings a child to the receiving wards waits until the medical officer has examined it, as occasionally a child has to be sent back.

Medical Attendance.—The medical officer lives at Staines, which is a mile distant. He is now on the telephone, but the institution is not, so that at present the lodge porter cycles for him when necessary. He comes daily, usually between 11 a.m. and 12.30. Occasionally he has to come twice or thrice a day, and may be kept for an hour or more. At other times there is little or nothing to do. He keeps two books, one in the infirmary, and another for weekly reports, which are submitted to a committee. He dispenses all medicines from a dispensary in the schools.

Cases of ophthalmia and ringworm are sent to the special schools of the Metropolitan Asylums Board. Throat cases—adenoids or much enlarged tonsils—usually go to a throat hospital in London. Ear diseases are attended to at the schools, but the superintendent recollects no ear case needing operation nor treatment in a special hospital.

The schools have a hospital in their own grounds, and illness amongst the children is brought under notice in various ways. The head nurse of the institution goes into the schools daily, and inspects every child individually once a week, and takes cases to the infirmary to be seen by the medical officer when he calls. The nurse's inspection is made between 8 and 9 a.m. in the day rooms, where the children on the list for that day stand in rows, each stripped to the waist, and the nurse passes along and looks at every one.

These being "Barrack Schools" and not cottage-homes with foster mothers for groups of children, a charge master and mistress have supervision of all the children when not in school nor infirmary. If they observe any illness the child is sent to the infirmary to

await the medical officer. The charge master and two assistants supervise the athletic exercises, and any appearance of faintishness or breathlessness would be brought under the notice of the doctor. During school hours the teachers note mouth breathing, and defects in hearing, eyesight, etc. Watery eyes, sneezing, and nasal catarrh would result in a child being taken to the superintendent, who would send it to the infirmary to await the medical officer's visit. Sometimes a dull child is sent over to the infirmary, and stays there for two or four weeks to be observed by the medical officer. To prevent loss of education by detention in the infirmary of children not suffering from any acute disease, a teacher resides in the infirmary and gives regular lessons. By consultation and co-operation between the superintendent, the medical officer, the teachers, and the nurses, the course to be followed with regard to each child is settled.

The medical officer goes to the infirmary daily. He has a dispensary there, and makes up all prescriptions. He uses his discretion as to whether it is needful to visit the school rooms, dormitories, or day rooms. A case of ophthalmia may result in the inspection of all the children in a dormitory, perhaps for several days in succession.

There is no periodical examination of heart and lungs by the medical officer, but he makes a stetho-

scopic examination of all children on admission and dismissal, and he makes an examination of the throats at the same time. The inmates being children, the urine is not systematically examined.

Dental Attendance.—The dentist visits every Wednesday. He takes the children standard by standard and examines every mouth in the institution, and treats all defects. He keeps a tabulated record of his work. The record includes for every child the name, age, standard, general condition of teeth, extraction, extractions under gas, fillings, regulating appliances, other treatment if any. It takes him about 15 months to go over the whole school, and he considers it too long an interval between inspections of the same child. In private practice he prefers six months. In operations requiring gas it is usually given by the medical officer.

Infectious Diseases.—It is obvious that children's institutions on the "barrack" school system must be very liable to the spread of infectious disease. The precautions taken with regard to a preliminary period of probation to cover the incubation period of such diseases have already been mentioned, and also the systematic inspection of children by the officers of the institution. A record has been kept of all cases of such disease from 1891 onwards, and I was favoured with a Tabular statement as follows:—

LIST OF INFECTIOUS CASES AT WEST LONDON DISTRICT SCHOOL, ASHFORD, MIDDLESEX, 1891 TO 1907.

Diseases.	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
Scarlet Fever	84	2	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Roseola	-	-	-	-	-	-	-	43	-	1	12	1	-	-	-	-	-
Measles	-	52	7	52	1	-	-	-	-	-	-	-	75	-	-	-	15
German Measles.	-	-	-	-	-	-	-	-	-	-	31	-	-	-	-	-	10
Chicken Pox	7	-	16	18	18	15	1	22	10	6	17	18	-	2	14	7	4
Whooping Cough	2	21	9	1	-	6	-	-	6	4	12	11	12	-	10	-	-
Erysipelas	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Small-pox	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	1	-	-	-	-	76	-	31	5	-	20	14	-	13	29	13	-
Diphtheria	-	-	-	-	-	-	-	10	7	-	-	-	-	-	-	-	-

It will be seen that there has been only a single case of scarlet fever since a serious outbreak in 1891-2, and that the intervals between outbreaks of measles have been much longer than in the ordinary child population of the country, and that diphtheria has been absent excepting in 1898-99. The efforts to prevent the introduction of infection have evidently met with a large measure of success, but it is also evident that, once introduced, some of the outbreaks have been rather extensive—more so than one would expect to find in cottage homes, for example, though I have not attempted any statistical comparison. It will be noted that chicken-pox, whooping-cough, and mumps are frequent visitants. I have also been furnished with a list of the deaths and causes of death in the period 1891-1906. They are as follows:—

DEATHS FROM 1891 TO 1906 INCLUSIVE.

Initials.	Year.	Disease.
F. L.	1891	Tubercular Peritonitis—Exhaustion.
J. G.	"	Malignant Scarletina.
F. D.	"	Cerebral Meningitis—Paralysis—Coma.
J. L.	"	Ulcerated Mouth—Exhaustion.
H. N.	"	Acute Laryngitis.
F. McC	1892	Whooping Cough—Bronchitis.

Initials.	Year.	Disease.
J. O.	1892	Measles—Bronchitis.
W. E.	"	Measles—Broncho Pneumonia.
M. D.	"	Tubercular Peritonitis.
H. A.	"	Acute Pneumonia.
H. U.	1893	Measles—Acute Bronchitis.
A. McF.	"	Acute Double Pneumonia
H. D.	"	Tuberculosis—Meningitis.
A. G.	"	Acute Pneumonia.
D. A.	"	Cerebral Meningitis—Convulsions.
E. M.	"	Morbus Cordis.
E. L.	1894	Tubercular Peritonitis.
E. K.	1895	Tubercular Pneumonia—Exhaustion.
J. B.	"	Measles—Broncho-Pneumonia.
A. K.	1896	Acute Pleuritis, Endocarditis.
F. H.	"	Tubercular Pneumonia.
W. C.	1897	Pleuritis, Pneumonia.]

Initials.	Year.	Disease.
J. F.	1897	Acute Tuberculosis—Meningitis.
A. C.	1898	Gastro Enteritis—Peritonitis.
G. H.	"	Acute Tuberculosis—Meningitis—Convulsions.
G. B.	"	Pneumonia Right Lung, Abscess of Right—Exhaustion.
B. C.	1899	Acute Tuberculosis.
S. W.	"	Acute Tuberculosis—Meningitis—Convulsions
A. H.	1900	Acute Tubercular Pneumonia—Tubercular Peritonitis.
E. D.	"	Pulmonary Tuberculosis—Asthma.
D. H.	1901	Valvular Disease of heart. Embolism of Brain, Paralysis.
A. R.	"	Acute Cerebral Meningitis—Convulsions.
D. S.	"	Acute Double Pneumonia.
R. B.	1902	Bronchitic Pneumonia.
J. C.	"	Acute Albuminuria—General Dropsy Uremia.
	1903	No deaths.
E. R.	1904	Tuberculosis of Lungs.
M. B.	"	Acute Double Pneumonia.
G. D.	"	Acute Laryngitis—Acute Bronchitis.
T. C.	1905	Tubercular Peritonitis—Pleuro-Pneumonia
I. W.	1906	Tuberculosis Right Lung—Hæmoptysis.
E. M.	"	Acute Tuberculosis of Lungs.

Infirmaries.—There are two infirmaries—one for general diseases, the other for infectious diseases. Measles, whooping-cough, and chicken-pox are treated in the latter, but I presume that scarlet fever, diphtheria, and the like would be sent to the hospitals of the Metropolitan Asylums Board, though there have been no cases to send for several years past.

At the time of my visit there were 13 patients in the general infirmary—four with ulcerated cornea, three with eczema, two with bronchial catarrh, one each with pneumonia, fracture of forearm, and chorea, and one child under observation.

Nursing.—There are three nurses—a head nurse, who, though not certificated, has been here for twenty-five years, and appears very competent, two assistant nurses, neither of them certificated, but one with eight or nine and the other with seven years' experience in other institutions. They have been here three years and one year respectively. The infectious disease hospital has usually one nurse and one maidservant. More can be provided when required. Cooking for the infirmaries is done in the main building. There is no special accommodation for phthisis. A patient would be kept apart in a small room without extra ventilation or balcony or outdoor shelter.

The infirmary contains a dozen first-class iron bedsteads. The rest are of an older pattern, with flock beds on iron laths, and the beds were lumpy and irregular.

The walls are clean, though those of the general infirmary are only lined with brick and covered with enamel paint.

Buildings.—Being on the "barrack" system, the apartments are large, resembling hospital wards rather than ordinary dwellings.

The walls in the institution, with the exception of those in the infectious disease infirmary (which is a

newer building than the rest), are brick-lined and painted or colour-washed. They are more or less dusty. The floors in the dormitories and the two infirmaries, though worn, are clean and polished.

All the buildings have cross ventilation by opening windows. The ground floor buildings—day rooms, work rooms, reading rooms, and gymnasium—have the upper half of the windows hinged horizontally and the lower half laterally. They cannot conveniently be kept open in windy weather owing to slamming.

Heating of the dormitories up till now has been by open fireplaces. A system of steam pipes at ordinary pressure is being arranged. The play rooms on the ground floor have always been heated by steam, but apparently on a defective system, which is being altered.

Hammock bedsteads are being introduced into the dormitories—canvas spread on a light iron framework. They are easily cleaned and disinfected, and good for cases of incontinence of urine. There are no beds or bedticks on these beds. Blankets are spread on the canvas, a double layer below and a quadruple layer above.

The water supply is obtained from a well 300 ft. deep.

Baths.—New swimming baths are to be provided in a laundry, which is being transformed for the purpose, a new laundry having been built. The present swimming baths are to be made into spray baths capable of being used by 50 boys at a time. This will be an excellent arrangement.

In the infirmary there are no plunge baths, only spray baths ranged along the side of the bathroom wall. In the other buildings there are some plunge baths, but these are only to be retained for children under seven, the intention being that all over that age shall use the new spray bath.

Both infirmaries and the administrative block have water closets. All through the main building there are earth closets.

Cleanliness.—A peculiarity in the régime of the institution is that the boys have no hair brushes, but only combs. The medical officer disapproves of brushes as likely to spread ringworm. Their hair is kept short, and their heads washed daily. Each child over seven years old has a tooth brush. Each girl has a hair brush. The hair is washed every month. Systematic inspections as to the cleanliness of the children are made periodically. On the girls' side of the schools the trunk is generally inspected every Tuesday when the girls bathe. The feet and toe-nails are inspected between 8 and 9 o'clock on Thursday mornings, at the same time when the infirmary nurse makes her inspection. The finger-nails are inspected on Sunday mornings, the head and hair on Saturdays. I examined a number of the boys as to cleanliness. My inspection was made on a Wednesday, and the weekly bathing-day for the boys is Friday. Owing to active play and dirty weather their feet were not very clean, but when they were stripped to the waist the bodies were found to be thoroughly clean. The heads also were clean.

Mental and Moral Condition.—I had a conversation with the headmaster. He finds that on the whole the children show the effects both of heredity and of bad upbringing. They are backward, deficient in reasoning power and sustained attention and application. Their truthfulness and honesty are in nearly all cases very good. One important point in their favour is that they improve the longer they remain in the schools as compared with boys outside, who, in the teacher's experience, get worse as they get older. The teachers also note dullards. During the last four years (since the present superintendent came) only three children have been sent to the special schools of the Metropolitan Asylums Board. Usually the dull children are kept in the ordinary classes, and allowance made for them with their lessons.

Training.—The half-time system has not been quite abolished in these schools. Some children over 12 years old, in the fifth and sixth standards, are half-timers, and sometimes it is possible to dismiss a smart boy at the age of 14. The usual dismissal age is from 14 to 16 years. The boys have systematic training under a tailor, carpenter, baker, gardener, bandmaster, or in field work on the grounds. The housewifery mistress teaches the girls. She has a kitchen and lecture-room of her own, and trains in house-keeping, cooking, scullery work, bed making, room

dusting, and so forth. The girls taught by her attend to the staff rooms. A dinner was being prepared for some of the staff when I visited. The amounts and prices of the articles being used were noted on a black-board, and the cost summed up. The girls are sent out at the ages 14 to 16, according to their qualifications.

The managers of the schools have nothing to do with apprenticing boys at their dismissal, the guardians in each parish attending to this. If an application is received for a boy or girl the superintendent informs the clerk to the guardians, and the relieving officer is sent to see if the place is suitable. It appears that this procedure is rather exceptional in connection with district schools. Usually the managers of the schools, not the individual boards, look after work for the children. In the cottage homes next reported on the managers take charge of this work. Where the children are sent out to work by the guardians, it is they who receive reports as to their progress or failure, so that the officers of the institution where the children have been reared have less direct knowledge of their subsequent career. As usual the girls so sent out are supervised by the Metropolitan Association for Befriending Young Servants. Many boys go to the Army and Navy, especially to the

regimental bands. Last year 14 boys went into the Naval School of Music, and others became members of ordinary bands. Fourteen was an exceptionally large number. Some deserted and orphan children have been sent to Canada.

Every effort is made to keep the children interested and occupied out of school hours by musical entertainments, magic lanterns, lectures, and dances.

Holidays.—The children have six weeks holidays annually—in the sense that school teaching is discontinued for six weeks—namely, a week at Christmas, a week at Easter, and four weeks in summer. The holidays are spent within the grounds of the institution at cricket or football, etc. Football and cricket matches are played with outside clubs and schools. There is no camping out and no seaside holiday. Every Saturday and Sunday the elder boys go out walking. In summer the teachers take parties of a dozen to Windsor Castle, the British Museum, St. Paul's Cathedral, Zoological Gardens, and so forth. The children are usually required to write an essay on their visit.

I am bound to say that I admire the efforts which are made at this institution to counteract the defects of the barrack-school system. The results appear to me to justify the continuance of an existing school, if well managed, but such schools should not be extended.

APPENDIX XXIV.

KENSINGTON AND CHELSEA CHILDREN'S HOMES.

These are cottage homes belonging to the Guardians of Kensington and Chelsea, and are managed by a board of eleven members, seven representing Kensington, three Chelsea, and one being ex-officio. The homes are pleasantly situated in the country at Banstead in Surrey. They were opened twenty-seven years ago, and have accommodation for 696 children. The number of inmates on the Saturday previous to my visit was 617, and the average in the five years ending Michaelmas, 1905, was 633. A few children from Epsom and Hampstead are included, in respect of whom payment is made by the Guardians there.

The homes consist of 23 cottages, of which 14 are for girls, and 9 for boys. There are two probation homes. The girls' cottages give accommodation to 24 each, the boys' to 38 each, and the two probation homes to 18. They are clean and comfortable dwellings, though not without defects as to bath-room and lavatories.

The cost per child in the homes is about 11s. weekly. Loans of about 30 years ago are being completely paid off now, and the cost will be considerably reduced. The age of the children is from four to 16 years. There are usually a good many more boys than girls.

Admission of Children.—In the two probation homes the minimum residence immediately after admission is 16 days to allow the development of measles or other infectious disease. Previous, however, to their coming to the homes at all, every child has been at least a fortnight, usually longer, at a receiving home with a branch school, belonging to the general combination and controlled by the same managers. In Banstead Homes there are no ins-and-outs. All are permanent cases. The ins-and-outs live at the receiving home. Dullards, recognised at such, do not come to the homes: they are sent to the special schools of the Metropolitan Asylums Board.

Medical Attendance.—The medical officer (an M.D. of the University of London) visits daily. He lives about three miles away, but is on the telephone. Some children suffering from affections of the eyes, ears, and throat are sent to London hospitals for treatment. Testing of eyesight for spectacles is done in London, and the spectacles are provided by the managers of the homes. The medical officer is a consultant on the staff of Sutton General Hospital, and some of the children are sent there. The foster-mothers give to the superintendent a list daily, or as often as occasion arises, of children whom they regard as needing the help of the doctor. The cases are entered in a book and the treatment is also recorded. Any child not showing proper reaction after being in the swimming bath would be brought to the doctor for examination,

and his attention would be called to any child whom the drill instructor found unsatisfactory at his half-yearly record taking, as noted below.

Infirmaries.—Two infirmaries belong to the institution, one general, and one for infectious diseases—measles, whooping cough, ringworm, etc., very seldom ophthalmia. Cases of scarlet fever, diphtheria, and enteric fever would go to the fever hospital of the Rural District Council, but there has been only one such case in five years—a child with scarlet fever.

The general infirmary is a two-storey building. When I visited, it had five cases of ringworm and six of eczema.

In his report for the seven years ending Michaelmas, 1905, the medical officer says:—

"The health of the children at the Banstead Schools during the seven years ending Michaelmas, 1905, has been excellent.

"Five children have died during the period, all from incurable diseases, viz.:—One each from endocarditis, ulcerative endocarditis and pneumonia, rheumatism endocarditis and pericarditis, diabetes and coma, and septicæmia. The average number of children in the school during this time was 633.44, so that the annual death rate per thousand was 1.1.

"The following cases of infectious disease have occurred during the seven years:—

	1899	1900	1901	1902	1903	1904	1905	TOTAL.
Measles	—	—	—	—	—	23	1	24
Mumps	—	—	—	—	5	41	2	48
Whooping Cough	—	—	—	—	3	—	—	3
Chicken Pox	5	1	9	3	2	8	6	34
Typhoid	1	—	—	—	—	—	—	1
Scarlet Fever	—	6	—	—	—	—	—	6
Ringworm	18	12	6	8	9	2	9	64

"No cases of acute ophthalmia have occurred, and during the period 71 cases of conjunctivitis have been treated.

"The children are remarkably free from diseases of the lungs, only 16 cases of pneumonia, eight of bronchitis and two of pleurisy having occurred.

"One child developed consumption and was sent back to the infirmary, and two boys were treated for caries of the spine and curvature."

Dental Work.—The institution has a dentist paid by salary. He is a qualified medical man practising dentistry. New children are admitted to the homes on Tuesdays and Fridays, and the dentist attends for about a couple of hours every Saturday afternoon. He examines the teeth of all who are admitted, and takes defective cases in hand after the period of probation is passed. Also he makes a half-yearly examination of the teeth of all the children in the institution. His work includes the whole routine of dentistry—extraction, stopping, regulation, etc.

His report for the six years ending September, 1905, is as follows:—

"During these six years I have visited the school each Saturday afternoon, except when absent on leave. My custom is to inspect and operate on those requiring it in one boys' cottage, or two girls' cottages, unless there are any children in the probation wards, when I see them. In this way every child gets seen twice a year, and every fresh child on admission and before being drafted into a cottage, so they frequently get seen three times in the first year. By this means their mouths are put in order on admission, and by the subsequent inspection, commencing decay is noted and the tooth stopped and thus saved for years to come.

"The results of operations are tabulated below:—

	Stop-pings.	Extractions		Re-gular Cases.	Scal-ing.
		Perm.	Temp.		
Sept. 1899 to Sept. 1900	193	17	438	10	9
" 1900 to " 1901	170	24	490	-	26
" 1901 to " 1902	169	18	345	5	36
" 1902 to " 1903	173	20	471	1	22
" 1903 to " 1904	192	30	588	-	30
" 1904 to Mar. 1905	106	25	244	3	28
" " to Sept. 1905	148	34	457	3	149"

The children reach the usual high standard of institutional cleanliness, and are well looked after, though in the needle class of advanced girls several had enlarged tonsils.

Physical Exercises.—There is a large gymnasium and swimming bath and a drill instructor. He keeps a book in which he makes a half-yearly record of the physical condition of his pupils. The record includes date of birth, height, weight, measurements of chest, upper arm and forearm, and notes of any observed defects.

Schools for the education of the children are part of the institution. With the exception of the head-mistress of the infant department, the teachers are non-resident.

Industrial Training.—For boys who are sufficiently advanced a half-time system begins at the age of 12, and at the age of 14 school attendance ceases, excepting one day per week. The girls (who have no half-time system) then get domestic training, and the boys are put under training in handicraft by various resident officers—shoemaker, tailor, blacksmith, painter, plumber, carpenter, baker and gardener. Each of these officers is a cottage father, the wife being a foster-mother in one of the homes.

When the children leave the homes and go out to work they are supervised in the usual way.

There is a brass band. Ten or twelve boys are sent yearly to various military bands. At a military display at Lucknow, the Banstead musicians were so numerous that they had a reunion and got photographed together; the photograph is a precious possession in the institution. Parties of the children are sometimes sent to St. Paul's, the Zoological Gardens, etc. The children have sometimes small sums of money given them by relatives or others, and they are taught to put most of their coppers in a savings bank.

The institution appears to me to be well managed and successful.

The managers have a branch school at Marlesford Lodge, Hammersmith, which I did not inspect.

APPENDIX XXV.

WHITECHAPEL INFIRMARY.

I made no general inspection of medical relief in Whitechapel Union, but only visited the infirmary. The acreage of Whitechapel is 378, and the census population was 78,768. The infirmary is situated in Vallance Road, off Whitechapel Road. It can accommodate 590 patients. There are a resident medical superintendent and two resident medical assistants. The buildings are old, and were originally erected as a workhouse, and used as such until 1857, when a new workhouse was built at Bow, two miles away, and this place was converted into an infirmary. The buildings have undergone frequent alterations since then.

As reported by the medical superintendent in the Guardians' Report for the year ended Lady Day, 1907, the institution is now too small for the needs of the Union. To relieve pressure, three wards of the workhouse have been devoted to cases of leg ulcer, with the sanction of the Local Government Board, and some cases have been accommodated by the Fulham Guardians. It is recognised, however, that these measures do not constitute a permanent remedy.

Admission of Cases.—The principle on which cases are admitted is very simple. Practically no person seeking entrance to the infirmary is ever refused. Well on to 1,000 are admitted yearly without any order from the relieving officer, all these being urgent cases. Their admission is reported weekly to a committee, and then sanctioned.

The term "urgency," as interpreted in the admission of cases, is used mostly in respect of destitute

persons at night, in the absence of the relieving officer. He lives not far away, but if a case obviously requires to be taken in, there is no good in waiting for him. The district medical officer, to whom the relieving officer would require to take the case, lives about a mile away. The total yearly admissions to the institution are over 7,000, so that more than six-sevenths have an order from the relieving officer, and less than one-seventh are admitted without an order.

The following is a list of such admissions for October 1st:—

	Age.
Bronchitis	64
Disease of shoulder	45
Diarrhoea	33
Debility	43
Gastritis	45
Dropsy	54
Pregnancy	23
Insanity	48
Fits	65
Hæmoptysis	23
Debility	57
Pregnancy	17

It will be noted that none of the above are accident cases. Accidents usually go to the London Hospital,

which is not far distant, but many cases are, after a time, transferred from that hospital to the infirmary, in order to relieve pressure on the hospital accommodation. A well-off person suffering from erysipelas in the London Hospital would be transferred to the infirmary, and so also would a mental case.

The institution is looked on pretty much as a general hospital, excepting in respect of accidents. If it is suggested to a patient that he be transferred to the workhouse at Bow, objection at once arises. The patient has never been in a workhouse, and refuses to go. He will take his discharge rather than be transferred. The relation of the infirmary to the workhouse is not realised, or else, if a man understands that the infirmary belongs to the Poor Law Guardians, he does not seem to attach much importance to that. His point is that the infirmary is not a workhouse.

Payment for Patients.—The standard cost of cases is regarded as 7s. a week, and while no paying patients are received as such, the friends of many of them are required to contribute 1s. a day, which, for practical purposes, constitutes them paying patients. All the same, well-to-do people would be refused admission provided their circumstances were known, even if they were willing to pay 1s. a day, but in emergency any case is admitted without previous inquiry, and subsequent inquiry would result in the levy of 1s. daily.

Admissions from Common Lodging Houses.—Many cases come into the infirmary from the common lodging houses which abound in Whitechapel. In all, these have about 20,000 beds, and casuals come to them from many parts of London. The majority of cases of illness occurring among the occupants of these 20,000 beds are taken into the Whitechapel infirmary, though some also go to the London Hospital.

In respect of the latter, it appears that a contribution to the hospital funds was desired from the guardians, but was refused, the guardians offering to pay only for proved paupers, which offer was rejected by the hospital authorities.

Mental Department.—An important part of the work here relates to mental cases. Nearly all such cases admitted are detained for observation for 14 days under a magistrate's order, in terms of Section 24 of the Lunacy Act of 1890. Sometimes an order is renewed for other 14 days. Of the total mental cases admitted, about three-fourths never go to an asylum. They are made up mainly of delirium tremens patients and other alcoholics. In Whitechapel there is a very large Hebrew population. The Jews are high-strung and nervous. Many of them recover from mental disorder under the influence of the quiet life in the infirmary. Obviously maniacal patients are sent on to the asylum without detention.

Imbeciles go to the Tooting Bec Asylum of the Metropolitan Asylums Board, and are sorted out there for distribution to different institutions, Tooting Bec Asylum being a kind of receiving house for imbeciles.

The Maternity Department is a certified school for teaching midwifery. About 150 cases are admitted yearly. Most of them leave at the end of three weeks after confinement. The medical officer is sent for only in difficult cases.

Nursery.—In the infirmary there is a nursery for sick children, and at the workhouse at Bow there is a nursery for children in health. The children in the nursery department here are under 2 years old. Independently of both nursery departments, the guardians have a receiving home for quarantining children coming under their care. It has 69 beds. Also, there are cottage homes with about 100 beds at Grays, in Essex.

Children with ringworm go to the ringworm school of the Metropolitan Asylums Board, but X-ray methods have greatly shortened the treatment.

Sick children over 2 years old are not kept in children's wards, but are distributed through the ordinary wards. Their presence is regarded as making these wards more cheerful, and giving the other patients something to interest them.

Medical Staff and Their Work.—Though there is a steward, the superintendent medical officer has many duties in the infirmary other than medical. A district medical officer visits the workhouse twice daily, but the infirmary superintendent also calls, and he is medical officer for the children's homes. The workhouse contains 160 beds for chronic sick cases, in addi-

tion to 3 wards, with a total of 40 or 45 beds, for ulcerated legs. The infirmary medical officer sees these latter cases.

As already stated, the medical staff of the infirmary consists of the superintendent and two resident assistants. It is obviously insufficient. I find from the Statement for the week ending October 5th that in a total of 580 inmates, only 119 are classed as "ordinarily infirm," all the rest being "ordinarily able-bodied," and therefore rather of the "hospital" than the "infirmary" class. Looking to the fact that many of the chronic sick cases and ulcers are treated at the workhouse, and that in the infirmary there are many cases of active illness requiring regular treatment, even though there are very few operations there should, I am of opinion, be two additional medical officers.

Records of Cases.—At present bed cards are the only records. One side of the card is used for noting the history of the case, and the other side for treatment. The cards are kept for 10 years, and then destroyed. Urine testing for sugar and albumen and specific gravity is done by the nurses, who also take temperatures.

Cases are treated as if in a general hospital, but elaborate examination, such as would be done in a general hospital, is impossible. As usual, outside diagnosis, as reported by the district medical officers, is, for various reasons which have been mentioned elsewhere, not reliable. For example, one case was certified as gastro-enteritis, and the disease, on admission, was found to be mumps.

For such operations as are performed in the infirmary, chiefly minor operations, a small side ward is used.

The medical assistants have a salary of from £120 to £160, and all found.

Nursing Staff.—The staff consists of a matron, assistant matron, a midwifery nurse, five head nurses, 25 ordinary nurses, 12 probationers, two male nurses, and two female lunatic attendants.

The staff is insufficient and there is no accommodation for more nurses, but those they have are well drilled. I observed here and there throughout the buildings accumulations of dust on ledges and pipes and flat surfaces, not directly in observation. The nurses appeared to me to be doing their duty very well, and I attributed the dust to insufficiency of staff.

The beds in the institution are good. Formerly there were old flock beds, now hair mattresses with wire mattresses below.

Buildings.—The infirmary consists of three parallel ranges of buildings, the front and largest range abutting laterally on Vallance Street. It is a four-storied building with a basement flat. The second range is a five-storied building, also with a basement flat. The fifth flat was added as a nurses' home. Each building is divided into male wards on the one side, and female wards on the other. Extending back from the front range to the second there are central cross buildings, used as an administrative block, but insufficient for the purpose. Behind the two principal ranges there is a smaller three-storied building for convalescents who come to the ordinary wards for their meals, and sleep only in the backmost block. It is used also for porters, messengers, etc. Scrubbers live outside. The kitchen is in the basement of the administrative buildings. It is very dark, and is lit by gas. In the basement also are the stores, boiler, furnace, etc. The stairways and passages are brick-lined, coated with enamelled paint, and therefore presenting an irregular surface, which, however, is kept clean.

The main buildings are about 33 feet wide. This is rather an awkward dimension. The width necessary for two rows of beds set along the two opposite sides of a ward is much less than 33 feet, so that beds have to be placed at the ends as well as the sides.

Front Range of Buildings.—On the first floor I measured a ward, and found its dimensions to be $33' \times 13' \times 28' = 11912' \div 12 =$ about 1,000 cubic feet per bed. The wards, which occupy the whole width of the pavilion, have good cross-ventilation by windows and Sheringham valves. The window tops are about 18 inches from the ceiling. The original rough surface of the brick-lined walls of the first floor wards has been plastered over, so that there is now a smooth surface, easily cleaned. This was done at a cost of £400. Being an infirmary, and not a workhouse containing able-bodied persons, pauper labour was not available, as at Hull Workhouse, where the

same improvement was made by employing the inmates. On this floor there is electric lighting. The floors of the wards are rather worn, and the spaces between the boards are not filled in. The wood is not polished, but is evidently well scrubbed.

In the bath-room the walls are brick-lined and irregular, as in the stairways and corridors. The floors are of concrete. The hot water taps have safety keys, some of which are kept apart, and some not.

The second floor wards are not so good. The walls have not been treated as above, the brick lining being only painted over. The ceiling is a foot lower in height, 12 feet instead of 13. This and the upper floors are lit by gas. The windows are on the first floor. In the central part of the building, instead of a ward extending from the front to back there are two large side wards with a passage between them leading to the main ward. The passage is not completely walled up to the ceiling, but has large openings or arches, to aid cross ventilation between the front windows and the back. The dimensions of one of these wards were as follows:— $33' \times 16' \times 12' = 6336' \div 9 = 704'$. The window ventilation in many cases is limited by one of the sashes opening only for about 6 inches, no doubt with the view of preventing accident or suicide.

The upper floors are similar.

Phthisis.—Phthisis cases are not kept apart from the others, but are treated in ordinary wards, with similar cubic space and ventilation. Ward D2 has 18 beds, 10 of which are occupied by phthisis patients, three beds are empty, and the other five are occupied as follows:—

Fractured leg	-	-	-	aged 51
Varicose veins	-	-	-	" 29
Mitral regurgitation	-	-	-	" 29
Ulcerated leg	-	-	-	" 47
Bronchitis	-	-	-	" 38

The phthisis cases in this ward are in an advanced stage of the disease, with a hoavy spit. Izal is used in the spittoons.

The dimensions of this ward are as follows:— $37\frac{1}{2}' \times 33 \times 12 = 14880' \div 18 = 826$ cubic feet per bed

There are no verandahs connected with any of the wards in the infirmary. The windows in the ward were well open. The pavilion has a flat roof for convalescent patients, but this is not used for phthisis.

Second Range of Buildings.—In Block A here I made the following notes:—The walls are brick-lined and painted, on all the floors. All are lit by gas. The general dimensions are as before. There are no wards with windows only on one side, but the smaller wards being placed crosswise from front to back, are ventilated at the ends instead of the sides. One of these cross wards has two windows, back and front, and a good fireplace. This ward contains nine beds. This range of buildings is much shorter than the front range.

In ward A1 there are 20 patients, of whom two are phthisis cases. One of the two has on one side a case of gastritis, aged 43, and on the other side a patient, aged 44, with an ulcerated leg. The other phthisis patient has a hemiplegic case, aged 49, on one side, and a patient, aged 69, with a swollen leg on the other side. A third phthisis patient, who was sitting in this ward when I called, sleeps in another ward, and comes in here for his meals.

The *Lunatic Wards* are in this block. They are not very well lit, and have no cross ventilation. There are 14 beds for male lunatics, and 16 for females.

Though the buildings have the defects above indicated, they serve a very useful purpose in the heart of a densely populated district of the poorest class. They are quite a creditable outcome of the policy which determined to transform an old workhouse into an infirmary, instead of setting up an entirely new institution.

I did not investigate out relief in Whitechapel, but understand that the amount is very limited, partly because of the policy of the Guardians, partly on account of the voluntary work of the Jewish Board of Guardians, and the churches and the Charity Organisation Society. The Jewish Board of Guardians requires a medical certificate before giving any out-relief, and where a Jew is laid up in the infirmary, a certificate by the Medical Officer is needed to procure out relief for his dependants.

APPENDIX XXVI.

POOR LAW DISPENSARIES VISITED BY DR. J. R. CURRIE.

DISPENSARY No. 1.

Visited December 10th, 1907.

Metropolitan—Parish of Lambeth.

362, Kennington Road, S.E. A dwelling house of good construction which has been adapted for Poor Law uses.

This dispensary is conducted on relief office premises. Two medical officers attend, both of whom were interviewed. Of these, one is also assistant medical officer at Lambeth Infirmary. The distance of the dispensary from the furthest pauper is about one mile.

There are four apartments for medical purposes: two consulting rooms, a waiting room, and an apothecary's department.

The larger consulting room is well lit and ventilated, and heated by a gas fire. Its walls are papered and its floor is covered with linoleum. It is somewhat noisy owing to street traffic. The other consulting room, though smaller, is of adequate size. In other details it resembles the larger room; it is, however, less noisy.

The waiting room is used both by the doctors' patients and by other persons. It is lofty and ample, sufficiently ventilated by opening windows, wall flaps, roof ventilators and an open chimney, and well lit by wall windows and a glass roof. It is heated by an open fire. Its walls were painted two years ago. The floor is of clean boards, and the seats are white wood benches.

There is latrine accommodation for both sexes, used both by patients and other persons. The water closets are of good type. The apartments which contain them are both out of doors, and are sufficiently ventilated; but that for females is somewhat dark.

The apothecary's department is of adequate size and sufficiently lit and ventilated. It is heated by a gas stove. The equipment and provision of drugs are ample. Tinctures are bought in the concentrated form and are reduced to standard by the dispenser. This officer acts also as distributor of relief in kind.

Of the medical appliances named in the General Report, there are a couch for examining patients and tongue spatulae. A microscope is not provided, but one of the medical officers has access to a microscope at Lambeth Infirmary. Qualitative tests for albumen, blood and sugar in the urine can be done at the dispensary; quantitative chemical work, blood counts, or estimations of blood colouring matter may be carried out at the infirmary if required.

No surgical instruments are kept in stock, but the doctors would bring instruments if necessary. Operations within the dispensary are rare, but a hydrocele has been punctured. Anaesthesia has not been required. Teeth are not extracted.

The following were mentioned as typical diseases by the medical officers:—chronic bronchitis, heart conditions and phthisis.

The total attendances of patients noted in the dispensary books during 1906 was 10,159. In accordance with the usual method of keeping dispensary records, this total includes both home visits and interviews at the dispensary, without discriminating the one group from the other. I am informed, however, that 25 per cent. may be taken as referring to visits at home and 75 per cent. to interviews between patients and doctors within the dispensary premises. The work of the institution as a medical dispensary for the diagnosis and treatment of disease is therefore approximately represented by 7,619 consultations per annum. After most of these consultations the patient receives medicine from the apothecary's department; in a few cases he may be sent for treatment to the infirm wards of the workhouse or to the infirmary.

DISPENSARY No. 2.

Visited December 10th, 1907.

Metropolitan—Parish of Lambeth.

112, Westminster Bridge Road, S.E. Originally offices, and adapted for dispensary purposes.

There is no relief office on the premises. The medical officer was not seen, but the dispenser was interviewed. I understand that the medical officer also holds a post in Lambeth Infirmary. The distance of the dispensary from the furthest pauper is about one mile.

There are three apartments for medical purposes: a consulting room, a waiting-room, and an apothecary's department, partitioned from one another under a glass lantern roof common to all.

The consulting room is of moderate size, and has a pent-house glass roof special to itself beneath the lantern roof. Its ventilation by a roof flap is somewhat meagre. It is lit from above. Its walls are painted and distempered. It is heated by a gas fire, and its floor is covered with linoleum.

The waiting-room is large, with a lantern roof. It is used by patients only. It is ventilated by flaps in the lantern roof and heated by a stove. Its walls were distempered six months before my visit and have a fresh appearance. Its floor is of boards, and its seats of good painted wood.

There is one water closet for both sexes. The apparatus is in working order, but its use is said never to be requested as there are public conveniences close at hand.

The apothecary's department is of sufficient size and shares the ventilation of the waiting-room. It is lit from the roof. Its equipment is adequate and its stock of drugs ample. Tinctures are bought in concentrated form and are reduced to standard by the dispenser.

Of the medical appliances named in the General Report, a couch for examining patients and tongue spatulae are provided. There is no microscope. The simple qualitative urinary tests can be done at the dispensary. I gathered from the dispenser that quantitative chemical estimations were not carried out. No stock of surgical instruments is kept, as no operations are done; teeth are not extracted.

From information given me by the dispenser, I think it probable that chronic bronchitis is not infrequently treated here.

The annual total of attendances at the dispensary, calculated in the usual manner, is 6,580. I am informed that 80 per cent. of these may be taken as referring to interviews between patient and doctor within the dispensary premises. The work of the institution, therefore, as a medical dispensary for the diagnosis and treatment of disease is approximately represented by 5,264 consultations per annum. I gather that the number of consultations is less than the number of items issued by the apothecary's department; it will readily be understood that a patient may require a liniment or a lotion as well as a mixture.

DISPENSARY No. 3.

Visited December 10th, 1907.

Metropolitan—Parish of Lambeth.

55, Stockwell Road, S.W. A building some fifty years old, originally a private house, to which additions have been made.

Relieving officers attend at the same premises. There are three medical officers, of whom two were interviewed, though I had conversation with all. The distance of the building from the furthest pauper is about two miles.

There are three apartments for medical purposes: a consulting room, a waiting-room, and an apothecary's department.

The consulting room is of ample size, sufficiently lit and ventilated by two opening windows and an open chimney. It is heated by an open fire. The walls are papered and varnished. The floor is covered with linoleum. It is a comfortable room and is occupied once a fortnight by a guardians' meeting.

The waiting-room is a hall which is used both by patients and other persons. It is of large size and adequate height, lit by wall windows and a glass lantern roof, and heated by two stoves. Ventilation is by wall and roof fan lights and by two disused chimneys. The walls are of brick and the floor of wood blocks, sanded. A sufficient number of benches is provided.

Latrine accommodation is furnished for both sexes. The apparatus is of good type and in working order, and the apartments which contain it are adequately lit and ventilated.

The apothecary's department is satisfactory in respect of size, light and ventilation. It is heated by a gas fire. Its equipment and stock of drugs are ample. Tinctures are bought in concentrated form, and are reduced to standard strength by the dispenser, who acts also as distributor of relief in kind.

Of the medical appliances named in the General Report there are a couch for examining patients and tongue spatulae. No microscope is provided, but one of the medical officers whom I interviewed has an instrument at home with a high-power lens, which he uses when necessary. Qualitative tests for albumen, blood and sugar in the urine are all carried out at the dispensary, but no quantitative work is done.

No stock of surgical instruments is kept, but doctors bring their own instruments if occasion demands. Operations, however, within the dispensary are rare and anaesthetics are not required. Teeth are not extracted.

The chief conditions dealt with are bronchitis, heart disease, and phthisis. One of the medical officers had recently treated a case of St. Vitus dance, with good results.

The numbers of prescriptions recorded at the dispensary for patients treated by the three medical officers during 1906 were 1,376, 1,648 and 2,019 respectively. The total number of prescriptions by the three medical officers together was therefore 5,043. I am informed that this total number of prescriptions may be taken as nearly equivalent to the number of interviews between patients and doctors. The number is calculated in the usual manner, having reference alike to visits paid to sick persons in their own homes, and to consultations of patients with medical officers within the dispensary premises. It is estimated that interviews of the latter class, that is to say, within the dispensary premises, form 75 per cent. of the whole. The work of the institution as a medical dispensary for the diagnosis and treatment of disease is, therefore, approximately represented by 3,782 consultations per annum.

While most of the persons seen by medical officers in the consulting-rooms of the dispensary receive a prescription and, therefore, have their attendance recorded in the dispenser's book, a number of the persons seen by medical officers at home are immediately sent into the infirmary or into an infectious disease hospital for treatment and therefore do not appear in the dispenser's book. It follows that though 3,782 is an adequate approximation to the annual number of consultations within the dispensary premises, the difference between 3,782 and the total 5,043 would be an under-estimate of the home visiting work of medical officers.

As already stated, the consulting room at this dispensary is used once a fortnight for a guardians' meeting. The date of my visit happened to be such an occasion, and medical officers were interviewing their patients in the apothecary's department.

DISPENSARY No. 4.

Visited December 10th, 1907.

Metropolitan—Union of Saint George's.

Princes Row, off Buckingham Palace Road, S.W. A new building not out of the contractors' hands at the time of visit.

There is a relief office on the same premises. Three medical officers attend, of whom one was interviewed. The distance of the dispensary from the furthest pauper in one district is less than a mile.

Four apartments are devoted to medical work: a consulting-room, a waiting-room, an apothecary's department, and an isolation room.

The consulting room is of an irregular shape and somewhat cramped for space. It is well lit and is said to be airy. It is heated by a radiator and an open fire.

The waiting-room is of ample size, fresh and well lit. It is used both by patients and by other persons.

Latrine accommodation is provided for both sexes. The apparatus is of good type, and the apartments which contain it are adequately lit and ventilated.

A dispenser is retained, but at the time of my visit I had not an interview with this officer and his department was locked.

The isolation room also was not accessible. It is intended for the detention of an infectious case till arrangements have been made for removal.

Of the medical appliances named in the General Report there are a couch for examining patients, tongue spatulae and a vaginal speculum. No microscope is provided at the dispensary, but the medical officer whom I interviewed has a microscope at home with a high-power lens, which he is prepared to use. Qualitative tests for albumen, blood and sugar in the urine, and the quantitative estimation of sugar can be carried out at the dispensary. Other processes the medical officer whom I interviewed conducts at home, if required.

A few surgical instruments are kept. Among these may be mentioned metal catheters and surgical forceps. Operations, however, are not done within the dispensary, nor is it a practice to extract teeth.

Among the diseases which call for treatment are bronchitis and digestive disturbances in the young, and bronchitis and cardiac conditions in the old. Rheumatism is frequently seen.

The total numbers of persons entered on the dispensary registers for the years 1904, 1905 and 1906 were 2,616, 2,270 and 2,421 respectively. The total numbers of prescriptions for these persons during the same three years were 15,795, 13,800 and 14,965. These figures are calculated in the usual way, and have reference alike to visits paid to sick persons in their own homes, and to consultations of patients with medical officers within the dispensary premises. As an aid to discrimination between the two classes of work, I am furnished with an analysis of the entries recorded during the month of November, 1907. During that month the number of persons entered in the dispensary registers was 200; in connection with these 200 persons there were 286 consultations at the dispensary, and 261 visits at home, and the total number of prescriptions prepared during the month was 1,114. The 286 consultations at the dispensary do not include interviews of medical officers at the dispensary with home patients who had recovered sufficiently to be out of doors. The ratio of entries to consultations during the month was as 200 is to 286; for the present purpose it is assumed that this holds for annual periods.

When the ratio is applied to the data for 1906 the number of consultations at the dispensary appears as 3,462, a figure which may be taken as approximately representing the annual work of the institution as a medical dispensary for the diagnosis and treatment of disease.

These new offices have a pleasing appearance, and the waiting-room is a cheerful apartment; but the consulting-room is not commodious and might have been designed on a more liberal plan.

DISPENSARY No. 5.

Visited December 11th, 1907.

Metropolitan—Hackney Union.

Mayfield Road. A building built for Poor Law purposes some thirty years ago.

A relief office is on the same premises. Five medical officers attend, of whom three were interviewed. The distance of the building from the furthest pauper in one district is about two miles.

There are two consulting-rooms, a waiting-room, and an apothecary's department.

Both the consulting-rooms may be described in similar terms. They are of adequate size, lofty, sufficiently lit and ventilated, and heated by gas fires. Their floors are covered with linoleum and their walls with varnish.

The waiting-room is of moderate size, ventilated by wall ventilators and opening windows and heated by two fireplaces. Its walls are of brick coated with distemper. Its floor is covered with linoleum, and movable benches are provided. It is lighted by a window and by two swinging panes above disused doors. The light so admitted is reflected from a white wall, and though somewhat defective is probably the best available. This room is used only by patients; other persons wait elsewhere.

The latrines are in the relieving officers' department. There are two water closets for each sex. The apparatus is of a good type, and in working order, contained in apartments whose hygienic conditions are adequate. For males there is also a urinal.

The apothecary's department is of sufficient size, well lit and ventilated. The equipment and amount of drugs are ample. One of the balances is contained in a draught-proof glass box. Tinctures are bought and are in accordance with the directions of the British Pharmacopœia. A dispenser is retained.

Of the medical appliances named in the General Report there are a couch for examining patients, nasal speculum, ear speculum, ophthalmoscope, laryngoscope, tongue spatulae and an adjustable light. No microscope is provided. The medical officers interviewed were prepared to take material home for microscopic examination. The qualitative tests for albumen, blood, and sugar in the urine are carried out at the dispensary, but no quantitative work is done. Blood counts and estimation of blood colouring matter would be undertaken by medical officers at home if required.

The surgical instruments include the following: scalpels and bistouries of various kinds, artery forceps, dissecting forceps, sharp spoons, appliances to be used in the administration of chloroform, and the like. Operations on the tonsil or for the removal of post nasal adenoids have been done on the dispensary premises. Abscesses have been incised, and other minor surgical operations have been carried out. Anæsthetics can be administered when necessary by a colleague of the medical officer operating, chloroform being the anæsthetic used. Teeth are not extracted.

Among the conditions treated are bronchitis and dyspepsia. Ailments incidental to old age form a considerable part of the work, but children's diseases also are frequently under the notice of medical officers.

The following is a record for ten several years of the total number of prescriptions dispensed in the apothecary's department for the five districts supplied by the dispensary together:—in 1897, 17,028; in 1898, 16,797; in 1899, 15,617; in 1900, 14,448; in 1901, 13,154; in 1902, 13,660; in 1903, 12,210; in 1904, 13,059; in 1905, 13,161; and in 1906, 12,466. These figures are calculated in the usual way, and include both prescriptions for patients visited at home and prescriptions for persons consulting medical officers at the dispensary. As an interview either at home or at the dispensary is usually followed by medicine, the number of prescriptions may be taken as a guide to the number of interviews.

An analysis of the entries in the dispensary books, based on a five-years average, has shown that 45 per cent. of prescriptions relate to home visits and 55 per cent. to consultations within the dispensary premises. When these data are applied to the figure for 1906 the number of consultations at the dispensary appears as 6,856, which may be regarded as an approximate indication of the annual work of the institution as a dispensary for the diagnosis and treatment of disease.

DISPENSARY No. 6.

Visited December 11th, 1907.

Metropolitan.—Parish of St. Pancras.

Bower Cottage, Leighton Road, N.W. A dwelling-house of some age, which has been adapted for Poor Law uses.

The dispensary is conducted on the same premises as a distribution office. Three medical officers attend, but I had not an opportunity of interviewing those gentlemen. My information on details which did not come under my personal notice was obtained from the dispenser. The distance of the dispensary from the furthest pauper is about one mile.

Three apartments are devoted to medical purposes: a consulting-room, a waiting-room, and an apothecary's department.

The consulting-room is of large size, adequately ventilated by three good opening windows, and heated by an open fire. Its walls are covered with varnished paper, and its floor with linoleum and rugs. In spite of its three large windows, its daylight is somewhat deficient, being curtailed by lateral buildings.

The waiting-room was originally a passage-way. It is of oblong shape and moderate size. Its walls, which are of varying height, are covered with distemper, and its floor is composed of flags. It is heated by an open fire in one side wall, and benches are provided. Daylight is obtained by two roof lanterns. The larger of these, which is above that portion of the room between the fireplace and the doorways, has five opening flaps; the smaller is not made to open. The result of this arrangement is that the part of the room beyond the fireplace is without free movement of air. One wall was discoloured with damp at the time of visit.

There is latrine accommodation for both sexes, used both by patients and by persons attending the distribution department. The males have a water closet and a urinal, and the females a water closet. The apparatus is of good type and in working order. The apartments which contain it are out of doors, but are dark.

The apothecary's department is of modest size and somewhat inadequately ventilated. As the single window is small and faces the north natural light may be deficient. The apartment is heated by an open fire. Its equipment is adequate and the stock of drugs is ample. Most tinctures are bought ready made and are in accordance with the directions of the British Pharmacopœia. Some are prepared by the dispenser.

Of the medical appliances named in the General Report there are a couch for examining patients and tongue spatulae. A microscope is not provided. The qualitative tests for albumen, blood and sugar are carried out at the dispensary; but quantitative estimations are not undertaken.

The stock of surgical instruments includes silver and gum elastic catheters, knives and Southey's tubes. Operations are infrequent, but abscesses have been incised. Anesthetics are not given as a rule, but on one occasion chloroform was administered with a view to the setting of a fracture. Teeth are not dealt with on the premises; but one of the medical officers extracts the teeth of pauper patients at his private surgery. There, also, he is prepared to make examination of the larynx and ears, and to test for visual defects.

A statement for 1906 relating to the wards supplied by the dispensary shows that the number of visits paid by medical officers to patients' homes during the year was 2,450, and that the number of interviews during the same period between doctors and patients within the

dispensary premises was, on the lowest computation, 2,280. If 1906 be taken as an average year, the work of the institution, as a medical dispensary for the diagnosis and treatment of disease, is represented by not less than 2,280 consultations per annum.

DISPENSARY No. 7.

Visited December 11th, 1907.

Metropolitan.—Parish of St. Pancras.

47, Clarendon Square, Somers Town, N.W. A building adapted for dispensary purposes by combining two dwelling houses.

There is an out-relief department on the premises. Four medical officers attend, of whom one was interviewed. The distance of the dispensary from the furthest pauper in one district is about half-a-mile. There are three apartments devoted to medical purposes: a consulting room, a waiting room, and a dispensary.

The consulting room is large, well ventilated, lit by opening windows and heated by an open fire. Its walls are covered with varnished paper, and its floor with linoleum.

The waiting room is separate from that used by persons attending the out-relief department. It is ventilated by windows and fanlights, and heated by two open fires. The natural light from the windows is somewhat curtailed by outside objects. Benches and a chair are provided. The walls are covered with varnished paper and the floor is of boards.

There is latrine accommodation for both sexes in connection with the out-relief waiting room, and this provision is shared by the doctors' patients. Each sex has a water closet of good type in working order, and the males have a clean urinal in addition. The apartment in each case, though dark, is separated by an open air space from the waiting room.

The apothecary's department is a good room, well lit and ventilated, and heated by a Lambert range. It is fully equipped and the stock of drugs is ample. All tinctures are prepared in accordance with British Pharmacopœia directions by the dispenser, who lives on the premises. This officer does not act as distributor, and the whole of his time is devoted to the work of his department.

Of the appliances named in the General Report there are a couch for examining patients, a vaginal speculum, an ear speculum of an obsolete type which is being replaced, and tongue spatulae. A microscope by Baker has been in the dispensary since 1871. It has no oil immersion lens. It is seldom used by the medical officers, who take material to their own homes for microscopic examination when the necessity arises.

Qualitative tests for albumen, blood, and sugar are carried out at the dispensary, and renal casts also can be demonstrated. Quantitative work has not been part of the routine, but could be done for certain substances if required.

The stock of surgical instruments includes bone forceps, catheters, ear syringe and the like. Operations are not the rule at the dispensary, but an abscess has been incised or a hydrocele tapped from time to time. Anesthetics have not been administered. Teeth have only been extracted under exceptional conditions.

Bronchitis and cardiac disease are common. Dyspepsia is not infrequent, and cases present themselves from time to time in the preliminary stages of acute illness.

During 1906 for the wards supplied by the dispensary, the total number of patients on the medical registers was 2,184; and the number from among these who interviewed the doctors at the dispensary was 729, approximately one-third of the total.

During the same period the total number of interviews between doctors and patients appearing on the dispensary books was 13,293. Of these 6,281 represent visits by medical officers to patients' homes, while 7,012, or more than one-half of the total, have reference to consultations within the dispensary premises.

The discrepancy between the ratio of 729, the number of persons attending the dispensary, to 2,184, the total number of persons on the medical registers, and of 7,012, the number of consultations at the dispensary, to 13,293, the total number of interviews in the dispensary books, is largely due to the fact that the number 7,012 includes not only consultations of patients with doctors at the dispensary regarding their own diseases, but also interviews with doctors by friends of patients receiving medical attendance at home. As an index of work by purely dispensary methods the figure 7,012 is therefore an over-estimate. With this qualification, if 1906 be regarded as an average year, the work of the institution, as a medical dispensary for diagnosis and treatment, may be placed at somewhat less than 7,012 consultations per annum.

DISPENSARY No. 8.

Visited December 12th, 1907.

Metropolitan—Poplar Union.

Relief Office, Fairfield Road, Bow. Built for Poor Law purposes about twenty-five years ago.

Relieving officers attend on the premises. There are three medical officers, of whom one was interviewed. The distance of the building from the furthest pauper is stated to be about three miles.

There are three apartments devoted to medical work: a consulting-room, a waiting-room, and an apothecary's department.

The consulting-room is large and commodious, well ventilated by three opening windows with hit-and-miss ventilators in their panes, and heated by an open fire. The natural light is good. The walls are recently painted and the floor is covered with linoleum. The noise of street traffic is said to interfere somewhat with auscultation. The consulting-room is used for guardians' meetings. I am informed that there were originally two medical officers' consulting-rooms which were changed to relieving officers' rooms some twelve years ago.

The waiting-room, which is shared by the doctors' patients and by other persons attending the relief office, is of considerable size and irregular shape. It is well lit by six wall windows and three roof lanterns. Its walls are recently painted and its floor is of boards. An abundance of benches is provided. The room, which has been altered and enlarged from the original design, is now ventilated by sashed and double hung windows which open above and below, by flaps in two of the roof lanterns and by three doors communicating with the open air. Nevertheless, I am informed that on busy days the air is markedly close.

There is latrine accommodation for both sexes shared in common by the doctors' patients and by other persons attending the office. The water closet for males is an apparatus of good type, situated in a windowless apartment which is separated from the waiting-room by an open air space. The females' water closet apartment opens from the waiting-room without an intervening air space. It is furnished with a skylight.

The apothecary's department is a room with excellent natural light, ventilated by a wall flap and an opening window. A dispenser is retained. The equipment and stock of drugs are ample. Tinctures are in accordance with British Pharmacopœia directions.

Of the medical appliances named in the General Report there are a couch for the examination of patients, and tongue spatula. There is no microscope, but the medical officer interviewed was prepared to do such work at home when occasion arose. The qualitative tests for albumen, blood and sugar and the quantitative tests for albumen, sugar and urea can be carried out on the dispensary premises.

The stock of surgical instruments includes a good set of tooth forceps, knives of various kinds, surgical forceps of various kinds, surgical scissors, trocars, and a stomach pump of the obsolete type. Operations within the dispensary are rare, but abscesses are incised from time to time. Anæsthetics have not been given, but teeth are occasionally extracted. Among the diseases which come under the notice of the medical officers are bronchitis, rheumatism, diabetes, Bright's disease, heart disease, and phthisis.

The numbers of prescriptions recorded at the dispensary for patients treated by the three medical officers during 1906 were 7,365, 7,606, and 9,080 respectively. The total number of prescriptions ordered by the three medical officers collectively was therefore 24,061, and I am informed that this total of prescriptions may be taken as practically equivalent to the number of interviews between patients and doctors. The figure is calculated as usual, and has reference alike to visits to patients at home and to consultations of patients with medical officers within the dispensary premises. It is estimated that interviews of the latter class, that is to say, interviews at the dispensary, amount to five-sixths of the whole. The work of the institution as a dispensary for diagnosis and treatment is therefore approximately represented by 20,050 consultations per annum.

The total number of prescriptions dispensed in 1906 differs little from the average of the five years 1902 to 1906 inclusive. That this is the case, and that the work of the dispensary has increased since 1890 is shown by the following tabular statement:—

Year.	Prescriptions.	Year.	Prescriptions.	Year.	Prescriptions.
1890	4,618	1896	7,948	1901	19,215
1891	3,573	1897	11,705	1902	21,087
1892	4,225	1898	13,752	1903	25,446
1893	5,731	1899	14,724	1904	27,375
1894	6,156	1900	16,915	1905	28,725
1895	8,861			1906	24,061

DISPENSARY No. 9.

Visited December 12th, 1907.

Metropolitan—Parish of Shoreditch.

204, Hoxton Street, Shoreditch. A building of good appearance, erected for Poor Law purposes.

Relieving officers attend on the premises. There are five medical officers of whom one was interviewed. The distance of the building from the furthest pauper is about half a mile.

There are five apartments devoted to medical purposes: three consulting-rooms, a waiting-room, and an apothecary's department.

The three consulting-rooms are of small but not insufficient size. They are heated by radiators. The natural light of two of the consulting-rooms is much curtailed by high buildings. The third is less defective in this respect. Artificial lighting in each consulting-room is effected by means of a good electric lamp. The waiting-room, which is used in common by the doctors' patients and others is a hall of considerable size, heated by pipes. The walls are of painted brick and the floor is of boards with strips of linoleum. There are four electric lights but the natural light from the windows can hardly illuminate the remoter portions of the apartment. Ventilation is by four opening windows and a fanlight over the door. At the time of my visit, however, there were some eighty persons in the apartment and the odour of the air was unpleasant.

Latrine accommodation, which is shared by medical officers' patients and others, is provided for both sexes. There is one water-closet for males and one for females. Each apparatus is in working order. Both are in apartments provided with windows and separated from one another by a partition, which is seven feet high and does not reach to the roof.

The apothecary's department is heated by a radiator and sufficiently ventilated, but the light from its two windows is somewhat meagre. The equipment and stock of drugs are ample and tinctures are in accordance with the directions of the British Pharmacopœia. A dispenser is retained.

Of the medical appliances named in the General Report there are tongue spatulae and three adjustable lights for special examinations. There is no microscope on the premises. The qualitative tests for albumen and sugar are carried out in the dispensary, but no quantitative work has been done.

There are no surgical instruments. The medical officers bring these as required. Operations are rare, but abscesses have been incised. Anaesthetics are not used, and it is not the practice to extract teeth.

Among the diseases treated are phthisis, rheumatism, and dyspepsia; and children are brought to the dispensary in appreciable numbers.

During the year ending Christmas, 1906, 19,084 prescriptions were made up in the apothecary's department. The figure is calculated in the customary manner, referring not only to consultations at the dispensary, but also to home visits.

Further, the figure is a record of items, not of interviews. For example, a mixture and a liniment issued to a sick person following a single interview are entered in the dispenser's book as two prescriptions.

In accordance with the yearly record of 19,084 prescriptions, the number of interviews between medical officers and patients, both at home and at the dispensary, has been estimated at 10,000. Interviews at the dispensary, as opposed to home visits, may be taken as amounting to 60 per cent. of the whole. Thus the work of the institution as a medical dispensary for diagnosis and treatment is approximately represented by 6,000 consultations per annum.

It may be noted that the principal defect at this dispensary, the somewhat inadequate natural light of the apartments, is one which it is difficult to avoid in view of the necessary position of the buildings.

DISPENSARY No. 10.

Visited December 9th, 1907.

Provincial Urban—Salford Union.

247, Regent Street, Salford. A mixed dispensary at a medical officer's house.

The medical officer who attends was interviewed. The distance of the dispensary from the furthest pauper is about one-and-a-quarter miles.

There are two apartments devoted to medical purposes: a consulting-room with apothecary's department combined, and a waiting-room.

The consulting-room with apothecary's department combined is small but convenient, sufficiently ventilated by an opening window and wall ventilators and heated from the waiting-room close at hand. The walls are covered with recent duresco varnish and the floor with waxcloth. There is a good natural lighting.

The waiting-room is of adequate size, sufficiently ventilated by its opening window and heated by a gas stove. Its walls and floors are treated in the same manner as those of the consulting-room. Benches and a chair are provided.

Special latrine accommodation is not furnished for patients, who are seldom required to wait long before interviewing the doctor. Two water closets in the doctor's house are at their disposal if necessary.

The medical officer makes up mixtures in the consulting room. The stock of drugs is adequate and aqueous tinctures are not as a rule employed.

Of the medical appliances named in the General Report there are a couch for examining patients, several vaginal specula, an ear speculum, a nasal speculum, an ophthalmoscope, a laryngoscope, tongue spatula, and test types.

The medical officer's microscope is by Beck with rack and pinion adjustment, but no oil immersion lens, condenser, movable stage or nose piece. The qualitative tests for albumen, blood and sugar are done and renal casts can be demonstrated.

The stock of surgical instruments includes those in common use. Surgical operations are not done at the dispensary and teeth are not extracted.

The chief type of disease which comes under the medical officer's notice is chronic bronchitis in the old. The medical officer prefers to see his Poor Law patients at a quarter to nine in the morning, but patients may consult him on the first occasion after receiving a medical order either at 2 or at 7 p.m.

During the year 1906, altogether apart from visits paid to sick persons in their own homes, the medical officer dispensed 1,877 prescriptions for pauper patients who consulted him at his dispensary. From time to time the medical officer is interviewed at his dispensary by paupers who do not require medicine; so that the figure 1,877 is an under-estimate of the total number of consultations. It will be approximately true to say that the work of the medical officer, as doctor in charge of a dispensary for diagnosis and treatment, is represented by not less than 1,877 consultations per annum.

DISPENSARY No. 11.

Visited December 9th, 1907.

Provincial Urban—Salford Union.

1, Howarth Street, Cross Lane, Salford. A mixed dispensary at a medical officer's house.

The house in question is fifty years old, and has recently been renovated. The medical officer in charge was interviewed. The distance of the dispensary from the furthest pauper is about one mile.

There are two apartments devoted to medical purposes: a consulting room with apothecary's department combined, and a waiting-room.

The consulting-room is of ample size, being the largest apartment in the house. It is well lit and ventilated by three opening windows and heated by a gas fire. The walls were papered two years ago, and the floor is covered with linoleum. There is also a rug.

The waiting-room is of adequate size and well lit. It is ventilated by a window which is so arranged as to be permanently open, and by a grating over the outer doorway. It is heated by a gas fire. The paper on the walls is fresh and the floor is covered with linoleum and matting. Eleven chairs are provided.

No special provision of latrines has been contemplated here. The medical officer, who does not practice midwifery, makes it his special care not to keep his patients waiting.

The medical officer, who provides his own drugs, keeps no dispenser and makes up his mixtures in a part of the consulting-room secluded by a partition and provided with excellent natural light. The equipment and stock of drugs are ample. All the tinctures used are in accordance with the directions of the British Pharmacopœia.

Of the medical appliances named in the General Report there are a couch for examining patients, a vaginal speculum, an ear speculum, a laryngoscope and a tongue spatula. There is no microscope. The qualitative tests for albumen, blood and sugar are carried out by the medical officer.

The stock of surgical instruments includes those in common use. From time to time an abscess is incised in the surgery, ethyl chloride being the anaesthetic employed. Teeth are not extracted.

Among the diseases which come under the medical officer's notice are bronchitis, dyspepsia, Bright's Disease, heart disease and phthisis.

The number of consultations between the medical officer and pauper patients within the dispensary premises is estimated at 3,600 annually. It is based on the medical officer's impression of his average daily work.

DISPENSARY No. 13.

Visited December 9th, 1907.

Provincial Urban—Salford Union.

1, Mason Street, Pendleton. A small dwelling-house in a side street which is employed for dispensary purposes.

The medical officer in charge was interviewed. The dispensary in Mason Street is intended for Poor Law work only; private patients consult with the medical officer at his principal surgery, which is attached to his dwelling-house. The Mason Street dispensary is a convenience to pauper patients and they are not debarred from consulting the medical officer at his principal surgery when occasion requires. The distance of the Mason Street dispensary from the furthest pauper is about one-and-a-half miles.

One apartment only is devoted to medical purposes at Mason Street, combining the functions of consulting room, waiting-room and apothecary's department. The room in question, though of small size, is well-lit and ventilated by an opening window. It is heated by an open fire. Its walls have been recently papered and its floor is covered with linoleum. Benches and chairs are provided.

Drugs are furnished by the medical officer. No dispenser is kept; the medical officer prepares his own mixtures. The stock of drugs at Mason Street is small but is supplemented as required from the ample provision at the principal surgery. All tinctures are in accordance with the directions of the British Pharmacopœia.

Of the medical appliances named in the General Report the following are possessed by the medical officer—a vaginal speculum, an ear speculum, and a tongue spatula. A microscope was not available for use at the time of visit. The qualitative tests for albumen, blood and sugar are carried out by the medical officer at his principal surgery.

The stock of surgical instruments is not large but operations are seldom performed, though an abscess may be incised from time to time. Teeth are not extracted.

Bronchitis and rheumatism are frequently under the doctor's notice. Diseases of the kidney and heart and pulmonary tubercle are occasionally encountered.

Apart from visits paid to sick person's houses, the annual number of consultations between the medical officer and his pauper patients, based on his impression of the daily average, is estimated at 1,872. The comparatively small number of pauper consultations at the principal surgery is included in this figure, which may therefore be taken as representative of the medical officer's work on purely dispensary lines.

DISPENSARY No. 12.

Visited December 9th, 1907.

Provincial Urban—Salford Union.

2, Irwell Crescent, Salford. A mixed dispensary at a doctor's house. The building is 100 years old and has been recently renovated in an efficient manner.

The partner of the medical officer in charge was interviewed. The distance of the dispensary from the furthest pauper is about one-and-a-half miles.

Two apartments are devoted to medical purposes, a consulting room, and a waiting-room with apothecary's department combined.

The consulting-room is of ample size, well-lit and ventilated by an opening window and heated by an open fire. The walls are papered and the floor is covered with linoleum.

The waiting-room is large, sufficiently ventilated by windows and doors and heated by a gas stove. The walls and floors are treated in the same manner as those of the consulting-room. Natural light is good and benches are provided.

An outside water-closet in the yard of the house is available for use of patients.

Drugs are provided by the doctor. No dispenser is kept; the doctor prepares his mixtures in a part of the waiting-room secluded by a partition. The equipment and stock of drugs are ample and the tinctures used are in accordance with the directions of the British Pharmacopœia.

Of the medical appliances named in the General Report there are a couch for examining patients, a vaginal speculum, an ear speculum, a nasal speculum, an ophthalmoscope, a laryngoscope, a tongue spatula, and test-tubes. The doctor's microscope, which I examined, is by Leitz. It is an excellent instrument with an oil immersion lens, a nose piece, condenser and Swift's movable stage. The qualitative tests for albumen, blood and sugar, and the quantitative tests for albumen, sugar and urea are carried out when required. Blood counts and estimations of the blood colouring matter are undertaken and tubercle bacilli are sought.

The stock of surgical instruments includes those in ordinary use. Operations are seldom done at the dispensary but an abscess may be incised or a hydrocele tapped. For these an anæsthetic would not be required. Teeth are not extracted.

Bronchitis and dyspepsia are frequently under the doctor's notice.

Altogether apart from visits paid to patients' homes, the work at this dispensary, as an institution for the diagnosis and treatment of disease, is approximately represented by 1,200 consultations per annum.

DISPENSARY No. 14.

Visited December 13th, 1907.

Provincial Urban—King's Norton Union.

25, Edward Road, Balsall Heath. A pauper dispensary conducted by a medical officer in certain rooms of a dwelling house.

The deputy of the medical officer in charge was interviewed. The distance of the dispensary from the furthest pauper in the district is about two miles.

Three apartments are devoted to medical purposes: a consulting room, with apothecary's department combined, a waiting room, and a retiring room.

The consulting room is of sufficient size, lighted by three windows, of which one opens for purposes of ventilation. Its walls are recently papered and its floor is covered with linoleum. It is heated by an open fire.

The waiting room, which is a comfortable apartment, is the kitchen of the dwelling house.

The retiring room is used for the physical examination of patients. It is sufficiently lit and ventilated, heated by an open fire and recently papered. Its floor is covered with linoleum and rugs.

In the yard of the house is a water closet of the hopper type which is available for the use of patients. There is additional accommodation at a public lavatory close at hand, at a neighbouring tavern and at a Poor Law pay station fifty yards away.

Drugs are provided by the medical officer. No dispenser is kept; the medical officer prepares his mixtures in the consulting room. The stock of drugs is not large but is supplemented as required from the medical officer's principal surgery. All tinctures used are in accordance with the directions of the British Pharmacopœia.

Of the medical appliances named in the General Report, the following are available: couches for examining patients, vaginal speculum, ear speculum, laryngoscope, and tongue spatula. There is no microscope at the dispensary; the microscopic work required is carried out for the medical officer at laboratories in Birmingham. The qualitative tests for albumen, blood, sugar and urea are undertaken by the medical officer at the dispensary; the quantitative estimation of urea and sugar is conducted, when necessary, at the principal surgery, and the quantitative estimation of albumen is done when requested at Birmingham laboratories.

The stock of surgical instruments at the dispensary is small, but is supplemented as required from the principal surgery. Operations, however, are seldom attempted within the dispensary premises. Teeth are extracted from time to time, but many cases are sent to a dental hospital.

Among the types of illness commonly seen by the medical officer are chronic bronchitis and malnutrition in children.

Apart from visits paid to patients' homes, the work at this dispensary, as an institution for the diagnosis and treatment of disease, is approximately represented by 4,000 consultations per annum. Many of these consultations may be merely repeats of mixtures, but it is clear that the administration of a repeat by a medical officer implies an acquaintance on his part with his patient's physical condition.

DISPENSARY No. 15.

Visited December 13th, 1907.

Provincial Urban—King's Norton Union.

Temperance Hall, Smethwick. A public hall which was built in 1876. The medical officer rents apartments here for use as a pauper dispensary. The relieving officers attend on certain days in the week at these premises.

The medical officer in charge was interviewed. The distance of the dispensary from the furthest pauper is about one-and-a-half miles.

There are three apartments devoted to medical purposes: a consulting-room, a waiting-room, and an apothecary's department.

The consulting-room has two windows, but the natural light is somewhat curtailed by obstructive buildings. It is ventilated by one of the windows which is made to open, and heated by an open fire. Its ceiling is high, its walls are painted, and its floor is covered with linoleum and rugs.

The waiting-room is of ample size. It is ventilated by one opening window, two wall flaps and an extracting shaft. Light is obtained by three windows of which only that already mentioned is made to open; this light is somewhat restricted by buildings. The room is heated by an open fireplace and provided with benches and chairs. Its walls were painted two years ago and its floor is of boards. I was informed by a caretaker that the floor is washed some three or four times a year. Its appearance at the time of visit was in accordance with this statement.

There is latrine accommodation at the Temperance Hall for persons of both sexes. The accommodation is used both by the doctor's patients and by other persons

having business at the Hall. For males there is a hopper closet situated in a glass-roofed recess which is provided with a ventilating shaft and which is approached by a dark passage. For females there is an apparatus of similar type in a passage upstairs. Neither apartment is in the open air.

The apothecary's department is separated from the consulting-room by a doorway and partition. It shares the heat of the consulting-room and it has one narrow window. I regarded its natural light as meagre but the medical officer states that he has not found any inconvenience from this cause.

Drugs are provided by the medical officer. No dispenser is kept; the medical officer prepares his own mixtures.

The stock of drugs at the Temperance Hall is not great, but it is supplemented as required from the medical officer's principal surgery. A few aqueous tinctures are employed but most are in accordance with the directions of the British Pharmacopoeia.

Of the medical appliances named in the General Report the following are available: a couch for examining patients, vaginal speculum, ear speculum, nasal speculum, ophthalmoscope, laryngoscope, tongue spatula, weighing machine, machine for measuring the height, and an adjustable light. Many of these appliances are of the most approved type.

The doctor's microscope is by Beck and at the time of visit was being fitted with an oil immersion lens and other improvements. The qualitative tests for albumen and sugar are carried out at the dispensary, but all qualitative tests together with the quantitative estimations of albumen, sugar and urea and the demonstration of renal casts can be carried out at the principal surgery.

The stock of surgical instruments is very complete, including amputating knives, bistouries, scalpels and the like, tonsil guillotine, sharp spoons, sounds, catheters and probangs. Operations are rarely performed at the dispensary, but are sometimes undertaken at the principal surgery. Chloroform is the anæsthetic used when required. Teeth are not extracted.

The types of illness met with are bronchitis and other common ailments.

During the year 1906 the medical officer supplied 10,500 bottles of medicine to his paupers; he visited 5,070 sick paupers in their own homes; and he booked 3,708 consultations at the Temperance Hall. Each of these figures is probably an under-estimate: at times of pressure it is difficult to record every detail; but with reference to the last of the three it will be approximately correct to conclude that the work at the Temperance Hall, as a medical dispensary for the diagnosis and treatment of disease, is represented by not less than 3,708 consultations per annum.

