Transactions of the Fourth International Home Relief Congress : (Assistance familiale), held at Edinburgh, June 7-10, 1904, under the patronage of her Majesty the Queen, the Right Hon. Lord Balfour of Burleigh.

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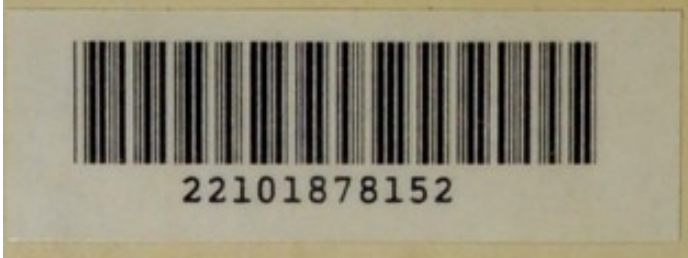
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TRANSACTIONS

OF THE FOURTH INTERNATIONAL

HOME RELIEF CONGRESS

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TRANSACTIONS OF
The Fourth International Home Relief Congress

(ASSISTANCE FAMILIALE)

HELD AT EDINBURGH, JUNE 7–10, 1904

UNDER THE PATRONAGE OF

HER MAJESTY THE QUEEN

THE RIGHT HON.

LORD BALFOUR OF BURLEIGH, K.T.

PRESIDENT

EDINBURGH
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1905

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PREFACE

In placing before the public the 'Transactions of the Fourth International Home Relief Congress,' we desire to express our sense of the honour done to the Congress by Her Majesty Queen Alexandra in graciously permitting it to be held under her patronage.

We likewise have to record our most sincere thanks to Lord Balfour of Burleigh for having consented to act as President, and for the admirable, lucid, and suggestive Opening Address which forms the first paper of the 'Transactions,' and which covers such a large portion of the field of work of the Congress.

We have also to thank the Lord Provost and Magistrates of Edinburgh for extending their hospitality to the Congress, and the Royal College of Physicians for granting us the use of their hall.

To the ladies of the Reception Committee and to those generous friends who have so kindly opened their hospitable doors to our foreign guests, we owe a deep debt of gratitude; and our best acknowledgments are due to the Secretaries of Sections upon whom has fallen the work of obtaining papers for the Congress and of organising the discussions.

We have also to express our warmest thanks to the many friends, some of whom are not members of the Congress, without whose generous financial assistance it would not have been possible to carry through the Congress to a successful issue.

We also wish to record the extreme pleasure with which we welcomed among us the many distinguished foreign friends who contributed so materially to the success of the Congress, not only by furnishing valuable papers but by taking a personal part in the discussions. Among these we may name Dr. Marie, who was the Secretary and inspiring genius of the First International Home Relief Congress which met at Paris in 1901; Dr. Peeters of Gheel; Dr. Jules Morel of Mons; Dr. Depéron of Lierneux; Dr. Van Deventer of Amsterdam; and Dr. Sano of Antwerp, Honorary Secretary to the previous Congress.

The Transactions now submitted deal with Children, including the feeding of children, the protection of children from cruelty, the boarding-out of pauper children, and the instruction and employment of crippled children; with Old Age, including the question of Old Age Pensions; with Able-Bodied Adults, including questions of vagrancy, crime, habitual offenders, inebriates, model lodging-houses, and labour colonies; with Sick Adults, including relief to women in child-bed, home treatment of consumption, and the relations between hospital and home treatment of the sick generally; with the Insane and Epileptics, including the home care of the insane, their care after discharge, the provision of homes for epileptics and the care of mentally defective children. The subjects discussed thus cover a vast field of philanthropic endeavour, and each of them is in itself of such importance as would justify an International Congress for its sole consideration. We cannot in these circumstances claim that every person entitled to speak upon the various subjects has been heard, or that every view which may be entertained in regard to them has been expressed; but we do claim that those who have contributed papers and who have taken part in the discussions are fairly representative of the thinkers, writers, and practical workers connected with their respective subjects; and we therefore believe that a perusal of these Transactions will be found helpful and suggestive not only to those engaged in practical work connected with any of the matters discussed, but also to the administrator and the legislator.

Signed on behalf of the Committee by

JOHN SIBBALD, *Chairman.*

EDINBURGH, 21*st March* 1905.

MINUTE OF COMMITTEE

THE EXECUTIVE COMMITTEE feel that they would fail in their duty if in issuing this Volume they omitted to record their hearty recognition of the part played by their Chairman, Sir John Sibbald, in organising this Congress and in bringing it to a successful conclusion. No one who has not assisted in work of the kind can form an adequate idea of the thought, labour, and anxiety involved in such a performance. To Sir John Sibbald alone is due the honour which was conferred upon Edinburgh by its having been selected as the place of meeting of the Fourth International Home Relief Congress, and ever since he undertook the burden entailed by it, which in its earlier stages he bore unaided, he has worked unsparingly in its behalf. The Committee therefore think it will give Sir John Sibbald satisfaction to know, as it gives themselves pleasure to record, that in their opinion it is solely due to his unwearied efforts that the arrangements for the Congress have proved so satisfactory and successful.

Signed for the Committee by

WILL. C. SMITH.

The Committee have to record with the deepest regret that, since the foregoing Minute was sent to press, Sir John Sibbald has passed away.

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TRANSACTIONS OF THE
Fourth International Home Relief Congress

PRESIDENT'S OPENING ADDRESS

By The Right Honourable LORD BALFOUR OF BURLEIGH, K.T.

The first duty which I have to discharge to-night is to express my deep sense of the compliment which has been paid to me by those who, in making the arrangements for this International Congress, asked me to accept the post of President. I must frankly admit that my qualifications for it are rather to be found in the office which I have held, than in the special part which it has fallen to my lot to take in Conferences of a similar kind. My next duty, having regard to the fact that this Conference is an international one, is to welcome those members who have been good enough, at considerable expense both of time and money, to come here; and I have also to express our pleasure that Scotland has been chosen as the place for this gathering.

SCOTLAND AND RELIEF OF THE POOR

I think I may claim for Scotland that she has always taken an independent line in all matters pertaining to relief of the poor. She has worked out her own problems in a way suitable to her needs and to her circumstances, but however much we may think we know of those special circumstances, and of the difficulties we have had specially to meet and to solve, there will be few indeed who will go so far as to suggest that we have nothing to learn, and I for one say most distinctly, that it would show a great want of intelligence on our part if we were to despise or in any way to make light of what the representatives of other great nations in Europe and America can tell us. If each nation has its own peculiar social and economic conditions, most of the difficulties that are encountered and most of the problems which have to be solved are in principle the same in all countries, and surely much light can be thrown upon them by comparing the different ways in which they have been worked out. It would not be worthy of Scotland to avoid conference with the representatives of other countries who pay us the compliment of being willing to discuss with us all the methods by which help can best

be given to our necessitous fellow-creatures, and I will go further and say that such conferences as this—as they lead to greater knowledge of one another, so will they tend to promote friendly international relationship.

GENERAL OBJECT OF CONFERENCE

If I had to define in a few words what the general object of the Conference is, I think I would say that it is the discussion of those methods by which help can best be given to our weaker and less fortunate brethren, without relegating them to special institutions where recipients of relief are congregated together. It is scarcely necessary, however, to say that though the congresses, of which this is one, have solely in view the discussion of questions relating to home help, to what in our phraseology is called outdoor relief, their motive is in no way antagonistic to that important branch of charitable work which is carried on in hospitals and similar institutions. Our exclusion of those subjects is not in any way due to a failure in recognising their value under some circumstances, and we gladly recognise that they are an essential part of any complete scheme of philanthropic action. The sole reason for excluding the help which they render from consideration on this occasion is that the promoters of this Conference believe it will be useful to devote special attention for a time to those other methods of help, which may be indicated by the term 'home relief,' and it is found that a discussion of these methods furnishes a field which is more than sufficient to give full occupation for the time which is at our disposal, and perhaps I may add that more useful results will in all probability be obtained from discussions in which attention is concentrated upon a limited class of subjects.

ORGANISED AID TO THE POOR

But we propose to include every kind of organised aid to the poor in their own or other private homes, whether that relief is carried on under the Poor Law itself, or by aid derived from other sources, whether public or private. Even with the limitations we have laid down, the subject is an extensive one, and presents itself in so many aspects that in any one meeting there will certainly be some questions which, however well worthy of discussion, cannot be reached, and must be left untouched. Our range of subjects includes the giving of material aid in any form; it may be food, clothing, lodging, pecuniary assistance, or any kind of medical aid, whether it be advice, nursing, or medical appliances, the dissemination of useful, sanitary, and economic information, or the fostering of healthy habits, nor do we exclude that most important subject which deals with the development of the spirit of self-help. From the very programme placed before us, it will be seen that some of the questions to be discussed involve also what in this

country is distinguished as, on the one hand Poor Law, and on the other voluntary relief—that is to say an attempt will be made to deal with the question of the extent to which, and the circumstances in which, it is desirable that help should be given from official sources, or those circumstances in which it should rather be left to the operation of private benevolence.

INTERNATIONAL CHARACTER OF THE CONGRESS

May I say also that in the discussion of these questions the International character of the Congress should give special interest to what is said, and it will be impossible to appreciate the points of view from which speakers belonging to different countries regard such proposals without careful reference to the laws in each country which regulate the giving of help at the public expense, and under official supervision or by any of the channels of private benevolence. The dangers which confront a civilised community in managing its system of relief are of universal application. They are not peculiar to any race or nation. Everywhere the system of relief is of national concern, and the general objects of every community are, and must be the same. They are not only to prevent poverty and to avoid starvation, but to mitigate distress and to lessen suffering, and yet in every case all this must be done in such a way as will avoid the danger of destroying home, and without impairing what I venture to call the economic competence of the individual citizen, indeed I put it too mildly; for if that economic competence can but be strengthened, more would be gained for the prevention of poverty than is secured by all the relief systems that were ever devised.

SYSTEMS AND NATIONS

There are probably at least as many systems as nations represented in this hall. Perhaps it would not be going too far to say that there are more systems than there are national representatives, and few things would probably surprise some of those present so much as to discover what great differences exist in these islands between the different systems of poor relief adopted in England and in Scotland respectively, and this in spite of the fact that we have been one kingdom for three centuries, and under one Parliament for nearly two hundred years—I cannot go far or in detail into these differences on such an occasion as this. The English system dates from the well-known Act of Elizabeth, which was passed in 1601; while in Scotland we had no recognised system, at any rate we had none involving compulsory contribution till the middle of last century. Up to that time the Scottish system was in the main voluntary, and in the hands of a parochial ecclesiastical body. It may have been, as was alleged, inadequate, but it never was so extensive, so ubiquitous, so absolutely without proper safeguards, as was undoubtedly the case in

England, more particularly in the southern parts, before the great reform of 1834, and it is certain that we have never had in Scotland to discuss the question of pauperism as a great national question. How far the proverbial thrift and independence of the Scottish nation is the cause of these earlier years of immunity from a public system of relief, or how far it is the effect, would be an interesting, but perhaps not more than an academic subject for debate.

THE ENGLISH SYSTEM

Be that as it may, for a full discussion of the subject in all its bearings we must in these islands go to England. But the differences which still exist between the systems prevailing in the two countries rather well illustrate some of the more difficult problems which surround the subject. It is probably not going too far to say that the successful development of thrift in England is mainly connected with the curtailment of the Poor Law Relief enacted in 1834, and the history of English Poor Law Relief, with its long-standing provision of a legal fund for the relief of the poor, most certainly had a very disturbing effect on their economic conditions and habits, if for no other reason than that such a fund, being universal, notorious, and, in public estimation at any rate, without limit, was regarded as a source of maintenance on which all had an equal right to draw; and, whatever we hear about foreign systems, we are, I think, certain to hear that the provision of extensive and liberal public relief funds is always attended by the dangers which I have indicated, and that these dangers must be overcome by various expedients and safeguards. But, on the other hand, it will not be disputed that the independence of the individual citizen in his own home is the ideal organisation of a nation, and that any system of public relief ought to interfere as little as possible with that organisation. We may, I think, also say that the effect of relief on the habits of the people is largely influenced by the source from which it is drawn, and that the danger or the reverse, and the failure or success, of any organised system of public relief will be greatly affected by that consideration. I myself am certain it is impossible to exaggerate the importance of utilising, so far as possible, the agency which brings the least danger in its train.

THE OLD ENGLISH POOR LAW

The old English Poor Law ignored this consideration altogether, and with disastrous consequences. And the real problem which had to be solved by the reformers of 1834 was how to apply in practice the maxim that Poor Law Relief should not be indiscriminate. The proposition which they actually laid down was that legal provision, in so much as it has great publicity, wide advertisement, and being in the eyes of the poor unlimited, is equally the right of all, and therefore exercises a much greater influence on their habits and

imagination than sums which are provided by private benevolence, and in so far as relief is derived from the latter source, the poor show great moderation in putting forward a claim, and that therefore, comparatively speaking, charitable funds have a less disturbing influence on the economic conditions and habits of the people. The English Poor Law Commissioners of 1834 gave a definition which, in strict logic, is the only one possible. Destitution, they said, is that condition in which an applicant for relief is willing to surrender his freedom in exchange for an adequate maintenance, provided within the walls of some Poor Law institution. The test of destitution proposed was thus made an automatic test. It was thought by those who knew the abuses of the old Law and who realised the tendencies of human nature, that anything but an automatic test was futile, and that it was no use to attempt to trust to the so-called discretion of the administering body. Logically, these arguments and this definition meant the abolition of all outdoor relief, but they could not, and did not, prevail, and some compromise had to be found. Outdoor relief in England was prohibited for the able-bodied, but it was left to the discretion of the local administrator to decide whether in other cases he would give out-door, that is, home relief, or confine the action of the law to offering relief inside some class of institution.

THE SCOTTISH IDEAL

The Scottish ideal was always different. Scotland is, I venture to say, fortunate in never having had anything analogous to the old Poor Law of England. One of our great Scotsmen—I mean Dr. Chalmers—was a foremost champion of what he called 'the older and better mechanism,' and was opposed to the universality and publicity of a compulsory poor-rate. His argument started from the point that without doubt, self-maintenance was the natural and proper condition of each individual in society. He argued that if that failed there was a second line of defence—namely, the natural benevolence of neighbours and friends, and it was only if this second line also failed that there should be recourse to any other system. But even then such recourse should be to the voluntary benefactions of the charitable, which, dispensed by a public authority—in the case of Scotland, by the ecclesiastical body known as the kirk-session—should be sufficient. In 1845, when it became necessary to go farther and have a public system of compulsory contribution, the echoes of English controversy had not died away, but Parliament took the popular view as against the rigid opinions of the experts, and the foundation of the Scottish law is that against ordinary pauperism, that is, pauperism other than that of the able-bodied, it was not thought necessary to institute a test. The Scottish law simply ignored the able-bodied pauper. It altogether prohibits relief to him, and we had not in our system, as originally designed, our poor-house as a test, but as an asylum.

SCOTLAND'S EXPERIENCE

Now the experience of Scotland has been that this arrangement is not altogether satisfactory. Some means of testing ordinary pauperism is necessary, and to some extent the English use of the poorhouse as a test has been forced upon the Scottish administration in self-defence. Any one who will take the trouble to examine the reports of the Scottish Local Government Board for the last thirty years will see that this policy has been advised by the central authority with increasing persistence, but our system in Scotland has always been, and will probably always be, mainly an outdoor system. By the kindness of Mr. Jeffrey, of the Local Government Board for Scotland, I have been supplied with an analysis showing the percentage of ordinary poor in the seven large cities of Scotland who were at the fifteenth of May last year within any poorhouse, and those who were in receipt of outdoor relief, and I find that 21 per cent. were in the poorhouse, and nearly 79 per cent. were in receipt of outdoor relief. In the remaining parishes the percentages were respectively 7½ per cent. and 92½ per cent., the gross total for the whole of Scotland being respectively 13·18 and 86·82. The total figures from which these percentages are worked out are available, but I will not detain the meeting by reading them on this occasion.

CLASSIFICATION OF PAUPERS

Classification of paupers (excluding lunatics), as between indoor and outdoor, at 15th May 1903:—

	Ordinary Poor.			Percent. of Ordinary Poor.	
	In Poor-house.	In receipt of Outdoor Relief.	Total.	In Poor-house.	In receipt of Outdoor Relief.
Aberdeen,	488	2,426	2,914	16·75	83·25
Dundee,	936	2,219	3,155	29·67	70·33
Edinburgh,	1,264	4,218	5,482	23·06	76·94
Glasgow,	3,167	9,989	13,156	24·07	75·93
Govan,	937	6,498	7,435	12·60	87·40
Greenock,	237	852	1,089	21·76	78·24
Leith,	426	1,304	1,730	24·62	75·38
Paisley,	344	1,375	1,719	20·01	79·99
Total,	7,799	28,881	36,680	21·26	78·74
Remaining Parishes,	3,912	48,231	52,143	7·50	92·50
Gross Total,	11,711	77,112	88,823	13·18	86·82

Total paupers of all classes at 15th May 1903, ... 103,016
Of whom ordinary poor, ... 88,823
Of whom lunatic poor, ... 14,193

DIFFERENCES IN LEGAL POSITION

There are also certain differences in the legal position, and in regard to the right of relief to the destitute person in England and Scotland, which ought to be borne in mind in any comparison made between the two countries. The English law on the subject is briefly stated by Mr. Davy, one of the General Inspectors of the English Local Government Board, in his evidence before the Royal Commission on the Aged Poor. 'In my judgment,' he says, 'a destitute person in England has a right to relief, but it is not a complete right. To adopt the technical language of jurisprudence, there is no sanction, that is to say, the Guardians are bound to relieve any destitute person, but the destitute person cannot put the pressure of the law upon them to compel them to do so, nor can he sue on his own right, nor can he indict them for refusing to give him relief. Still it is their duty to give relief, and if there is neglect on the part of the relieving officer to relieve a destitute person, and the destitute person dies of starvation, that relieving officer may be indicted for manslaughter; but that is clearly a cumbrous way of enforcing the right, to die first, and thus to make the negligent person responsible for manslaughter.' Sir Hugh Owen gave evidence in similar terms. The English Local Government Board are precluded by law (Poor Law Act, 1834, sec. 15) from interfering in any individual case for the purpose of ordering relief. I may add that section 3 of the Irish Poor Relief Act, 1838, contains a proviso couched in practically identical terms.

RIGHT TO RELIEF IN SCOTLAND

In Scotland it may be said that any person disabled from working either by age or by mental or bodily infirmity, all widows, or deserted wives, who are burdened with infant children, and also children under fourteen, have an absolute right to relief. If their application is refused they may apply to the Sheriff, who has power to order relief. If their relief is inadequate they may apply to the Local Government Board, who have power to make any award suitable to their case, and though that award is not final it has great weight in settling the point at issue. It will be seen that the abstract right is thus better defined in Scotland than in England. But always with the limitation I have mentioned, that able-bodied persons are not only not entitled to relief, but the administrative authority is not allowed to give it. The theory of administration upon which the Local Government Board acts, and which it impresses upon all the administering authorities, may be briefly stated.

OUTDOOR RELIEF

Outdoor relief should not put the recipient in a better position than others of the same class who are not in receipt of relief. Allowances must be allotted

and fixed by the week, but may be given in kind. Removal from the parish of residence should not be insisted on when it would entail hardship. Aliment to widows with young children should be liberal. Orphan and deserted children should always receive relief outside, and, so far as possible, live a natural and healthy life. On the other hand out relief should in no case be given to those who are known to be of idle, immoral, or dissipated habits, nor to deserted wives nor wives of those who are undergoing penal servitude, nor to paupers who have families able to support them, or who have collateral relatives in affluent or easy circumstances, and very rarely and with great discrimination in the case of mothers with illegitimate children. But when all these considerations are stated, there still remains a large class of general applicants for relief in whose cases the form of relief, whether outdoor or indoor, must be left largely to the discretion and knowledge of the local authority.

CASE OF CHILDREN

It will not be difficult to apply the general consideration which I have indicated to some of the subjects which are to be discussed in the Congress about to take place. The case of children will first claim our attention. All matters respecting the best treatment of those who in early life become dependent upon public support present very special difficulties of their own. Apart from the general question how far it is right to relieve parents of their responsibilities, it is probably true that many things can be attempted by private or voluntary action which it is less easy for the State to do. The care of the children should obviously be the responsibility of their parents. I believe it is better for the children that this principle should be maintained even when their parents are not as wise or as fit for the responsibility as they might be, and except in extreme cases, or cases in which the children must be removed to a special institution, it is better to make every effort to teach the parents to perform their duty rather than to relieve them of those duties altogether.

ORPHANS

We may, I think, claim that the care of orphans, and children deserted and separated from their parents, has always been a special feature of our Scottish system. We have never congregated them to any great extent in large special buildings. In May of last year, the last date at which complete statistics were available, there were of all these classes taken together, 7110 children chargeable on the rates, of whom no fewer than 6195 were boarded out, or 87 per cent. of the whole number. The figures of the last ten years show that the number of orphans and deserted children have slightly decreased, while those separated from their parents have increased from 1296 in 1894, to 2920 in

1903. During those ten years the population of Scotland has increased by about 400,000. The ordinary poor have also increased by about 6500. It is practically certain, therefore, that there are more orphans than was the case ten years ago. The inference seems irresistible that their relatives and private charity are doing more than was formerly the case, though it may perhaps be said that the increase in the number of children separated from their parents includes many who would have been deserted if the law had not stepped in and removed them from their parents before actual desertion. Probably some share in contributing to this result may be referred to the operation of the Prevention of Cruelty to Children Act which was passed in 1894.

THE BOARDING-OUT SYSTEM

Two efforts have been made to gauge the results of the boarding-out system:—(1) by Sir John Skelton, in a report which he made in 1875. This was followed a few years later by an article entitled 'The Upbringing of Pauper Children in Scotland,' which appeared in *Fraser's Magazine* for 1880, and dealt with the previous twenty years. In the case of Sir John Skelton's returns, the number of children referred to was 9484, of whom 6980 had entered ordinary civil life in 1880. Of these, the subsequent career of 5260 was pronounced to be satisfactory, of about 1460 no sufficient information could be got, while only 260 were returned as unsatisfactory; the proportion of failure being, therefore, under 3 per cent. Salient points touched upon by Sir John Skelton, who will be recognised as a great authority upon the subject, are that boarded-out children, ceasing to be chargeable, are rapidly absorbed in the population, and so pass away from the knowledge of the Inspector of Poor. It is no doubt true that parochial records give no information as to the subsequent career of a considerable percentage of these children, but it may be concluded that in such cases no news is good news, for if they had either become criminals or relapsed into pauperism, it is practically certain that many more of them would have been traced. Sir John, therefore, drew the conclusion that the boarding-out system, by enabling children to lead a healthy life, produces a finer and manlier type of character than is the case of those who have been from their earliest infancy shut up in large institutions. (2) The other effort is a report by Mr. Peterkin in 1892. He gave, among other interesting details, the results of the boarding-out system in seventy-one parishes in which the Inspector of Poor furnished information, extending over a considerable number of years. Mr. Peterkin's report dealt with 11,593 children, of whom 1619 were still chargeable at the date of his return or had died during chargeability. The number whose subsequent career fell to be accounted for was, therefore, 9974. Of these 8024 were returned as being satisfactory; 1633 could not be accounted for, and 317 were returned as unsatisfactory, which again shows the percentage of the latter to be under 3 per cent., and may be taken to confirm both the figures and inferences of Sir John Skelton.

RESULTS

Being deeply impressed with the importance of testing the results of the system, I made an appeal within the last few weeks, through the Local Government Board, to the inspectors of Edinburgh, Glasgow, and Dundee, and have received a most kind response. In the case of Edinburgh, Mr. Ferrier states that of the 4563 adult poor chargeable to Edinburgh in March last, only five are known to have been previously chargeable as boarded-out children. Mr. Kyd of Dundee says, 'that so far as he can make out there is only one case of a former boarded-out child being chargeable, and the cause is imbecility, but he does know of one illegitimate child now chargeable, whose mother was brought up by the parish.' Mr. Motion of Glasgow says, 'that between 1882 and 1903, 1372 boarded-out children were taken off his roll, and absorbed in civil life, and that only 52 are known to have turned out badly, and have entered the poorhouse. Forty-one others have become chargeable either on account of ill-health or insanity, but in many of these cases the failure was not due to the boarding-out system, but to constitutional incapacity. I think it is safe to say that these figures go to confirm the calculation that not more than 3 or 4 per cent. of boarded-out children are failures.

YOUNG WIDOWS AND CHILDREN

Then, again, the case of young and able-bodied widows with children in receipt of outdoor relief is set down for discussion. Some may argue that the best way to succour them is not to give outdoor relief at all, but to take some of the children away and otherwise support them, on the assumption that a widow under such circumstances, is usually found able to support herself, with one or two of the family. It is alleged that one way to make pauperism hereditary, is to allow children to become accustomed to frequent visits on the part of the relieving officer or the weekly or fortnightly attendance of some of the family at the relief office. I will not attempt to anticipate the discussion, but I should like to say that, in my opinion, there is no special hardship in the proposal to remove the boys from such a home. Children of all classes go away to school from their homes, and it is surely obvious that a mother who is to earn her own living cannot do so efficiently, unless great consideration is shown in this matter.

OLD-AGE PENSIONS

Then, again, we are to discuss the vexed question of 'Old-Age Pensions.' There will perhaps be some who will ask why old age is specially selected as the risk from which individual responsibility is to be relieved at the public expense. It is not a sudden or unexpected misfortune, and in the opinion of many it is not a condition entitled to greater sympathy than that, for instance,

of a young widow with children or of a young man prematurely struck down by a disabling and incurable complaint. Some have proposed a universal pension from public funds for rich and poor alike, but if this particular risk can be so treated without loss to the economic fibre of the nation, why should not all our responsibilities be dealt with in a similar way? It is in the individual discharge of this and similar responsibilities that the economic competence of a nation is learnt and established as a character and habit. These obligations cannot be remitted to the individual without shifting the centre of gravity of the community at large and probably with disastrous effect.

CONTRIBUTORY SCHEMES

Then there are what are called contributory schemes, *i.e.* pensions to which the beneficiaries themselves contribute, and to which the State adds a subsidy, which have become unpopular, mainly because deferred annuities, the particular form of saving for old age which it is proposed to subsidise, do not recommend themselves to the prudent poor man. There is further the difficulty of deciding whether the subsidy is to be given to all or only to those who are poor. If open to all, it is pledging the credit of the State to supplement the savings of the well-to-do; if it is confined to those who succeed in establishing their poverty, it becomes in essence a new form of Poor Law relief with all its disabilities, economic and sentimental. In the discussion on this subject it is to be hoped that the glamour of the idyllic felicity to be provided by a stroke of the pen for the aged will not render us blind to the disadvantages and difficulties of the proposal.

ABLE-BODIED ADULT PAUPERS

The question of how to treat the case of able-bodied adult paupers is that which occurs next upon our programme. There are a certain number of undisciplined members of every community who find the restraint of regular industry distasteful. It will not do to allow ourselves to be tempted into any undue harshness with the tramp and his kind, but he ought not to be allowed to trifle with the good nature of people better than himself. It cannot be denied that everywhere there is a tendency for this class to abuse any provision that is made for them. The whole subject is a very difficult one, and if we can learn either from our own experience or from that of others, by all means let us do so. One plan is probably as good, or shall I say as little open to objection as another, but this I do venture to say, that success or mitigation of failure depends on the firmness and discretion with which the necessary checks and safeguards are applied. In many instances I do not think the authorities use sufficiently the powers which they already possess, but no mere change of system will do any good unless the danger is realised that the mere existence

of a provision of this kind sometimes creates a supply of persons to take advantage of it, and what is required is not so much the heroic methods of acting, as vigilance, patience, and firmness in dealing with individuals.

THE TREATMENT OF SICK POOR

The whole question of the treatment of the sick poor is a most important one, and is well worthy of the serious attention of those who are here assembled. It has recently been made the subject of a most exhaustive and useful inquiry, by a committee of the Local Government Board under Mr. Patten MacDougall, one of the members, but I cannot go at length into the conclusions at which they have arrived. I venture only to say that I regard the tendency in this country, which is, I am afraid, a growing tendency, to put the whole treatment of the sick poor on an eleemosynary basis as both impracticable and mischievous. Do I go too far when I say that much of the practice of our hospitals, infirmaries, provident dispensaries, friendly society insurance, and even of the work of the private medical practitioner, amongst the humbler classes of our population, is in a hopeless state of disorganisation? Is it too much to hope that the treatment given by hospitals, if properly organised, could be made supplementary to the treatment of the sick poor by their own friendly society doctor or their own medical adviser, who, inasmuch as he knows the home and habits of his patient, is better qualified to advise than the overworked medical attendant in the out-patient department of a great hospital. If a second opinion, or it may be an operation, is required, the privilege of obtaining this might be put at the disposal of the friendly society or the club, and those who are deserving might be referred to the hospital, or in the last resort to the Poor Law authorities. Everything should be done to encourage the head of the family to become a subscriber of some form of medical insurance. I urge the discussion of whether some such division of work might not be made. I dread the direction in which we are tending, and I believe our hospitals can never obtain enough money to meet the growing demand which the present policy seems to invite. It may be said, and perhaps with truth, that the tendency to which I have alluded is less marked in Scotland than in England. It is in the Metropolitan area that it has come most prominently within my notice, but it is not confined to that area, and I am satisfied that those who look below the surface of things would acknowledge that a great and serious reform is needed if things are to be placed on a really sound and proper footing. If the Congress can do anything to educate public opinion in this matter, it will have well justified its existence. I do not think I go too far when I say that there is no settled organisation at the present time, and the work will have to be begun from the foundation.

I have left myself no time to speak at length in regard to it, but I wish to give expression to my own personal opinion that no system for relief of the poor will ever be really satisfactory unless there is full and organised co-operation between voluntary agency and public relief. Voluntary agency can step in at an earlier stage, and can prevent the final lapse into dependence on the public relief. It can deal, when properly organised, with the more pressing needs of the really deserving poor. If this is done judiciously and promptly many a home might be saved, and much could be done to guide the benevolent to an intelligent study of the social questions which lie at the root of the pauperism and misery existing among those who are low down in the social scale. My experience would lead me to say that in Scotland no need is greater than organised co-operation between the public system of relief and private benevolence. It will no doubt be found in the discussions which are about to take place that various and often conflicting views will be represented. That is indeed one of the chief advantages of such meetings. They enable the advocates of diverse opinions to see more clearly under the piercing light of living criticism both the strong and the weak points of the positions taken up by themselves and others. And often when the disputants themselves fail to benefit by a discussion, the audiences derive great profit from them. One fact I hope will be recognised in the discussions at this Congress, that the danger, which is inherent in all charitable work, of doing more harm than good by our interference is specially great in the section of work which is to be under consideration. In all charitable work which involves the removal of the recipients from their homes there are, in the method of giving help, inherent guarantees which go some way at least towards preventing the assistance from being granted wrongly, and these guarantees are absent when the recipient remains at home. It will, I have no doubt, be recognised that there is here a difficulty which exists more or less in every, or almost every, form of home relief.

FAMILY LIFE

On the other hand, it is, I believe, becoming more and more accepted among social workers that one of the most valuable elements in the social constitution of a nation is family life. It may, I think, be said without hesitation, that the larger the proportion of family homes there is in a community the greater the happiness, the higher the culture, and the better the moral tone will be. We should therefore welcome every action which seems likely to favour the creation of homes, or which will increase the amount of real family life among the people. We should encourage everything that will lead to the stability and the improvement of the home life that exists, and we should discourage and oppose everything that tends to decrease it. Let us cherish what there is of healthy home life in the community. Even among the rich

this should not be forgotten. It is a fine and useful feature in a man to try to acquire a home of which he shall be proud, for which he will have an affection, in which he will see a family grow up for whom he will be responsible. It elevates his tone of thinking and feeling not only in regard to private conduct, but also in regard to social and political duty, and it tends to produce the mental and moral conditions in which the highest form of patriotism will flourish.

SECTION I.—CHILDREN

President.—THE RIGHT HON. THE EARL OF MANSFIELD.

Secretaries.—JOHN JEFFREY, Esq., Local Government Board, 125 George Street, Edinburgh ; and JAMES KYD, Esq., Parish Council Chambers, Dundee.

PRESIDENT'S OPENING ADDRESS

LADIES AND GENTLEMEN,—We are honoured by having the subjects in which we are principally interested put in what is the first section of this Congress. If you look at the items of the section you will see that they have been arranged in a natural order. If we want to get anything brought into law to ameliorate the condition of the children or of the nation at large, it is obvious that we must start at the very beginning. I remember hearing it said a year or two ago that the health training of a child ought to begin the day it is born. If that is so, we cannot begin too far down the scale in commencing what we hope will be of benefit in the future. You will therefore observe that the first part of the section relates to the subject of the feeding of infants and school children. Later on we get to the subject of the prevention of cruelty to children, to which they are usually subjected at what may be called school age. We then come to boarding out of pauper children. That is a most important subject. After that we come to the methods of organising home relief for cripples. Cripples are, of course, not all children ; they may be of any age, but at the same time they probably start having assistance given to them when they are young, which, if necessary, will be continued in their later life. We have several papers that are to be read before us, and I trust there will be a suitable discussion on each of these papers. Without further remarks I call upon Miss Horn to read a paper on the Feeding of Infants and School Children.

HOME-RELIEF IN RELATION TO THE FEEDING OF INFANTS AND SCHOOL CHILDREN

BY MISS M. HORN

School Manager under the London School Board

I HAVE been asked by the Congress Committee to read a paper on Home-Relief in relation to the Feeding of Infants and School Children, as carried out in the Board School of which I am a Manager.

In the following remarks I shall endeavour to prove from the experiences of the Managers of Tower Street School that the feeding of children, from the school as a centre, is an essentially bad method of relief, but that many other forms of home-relief which tend to induce self-respect and independence on the part of parents can be successfully carried out by capable managers with the co-operation of the teachers.

I must first explain briefly how our School Relief Committee came to exist at all.

In 1899, as there was a strong feeling that the London school children were not sufficiently fed, the School Board appointed a Joint Committee to consider the question of underfed children in the elementary schools.

This Joint Committee obtained returns from every board school in London as to the *probable* number of children requiring food, the *actual* number fed, and the views of the teachers as to municipal feeding or otherwise.[1]

The outcome of this Joint Committee's deliberations was the establishment of sub-committees composed of local managers and teachers in a large majority of the board schools in London, with a view to their acting as almoners in cases where relief was needed. Monthly returns of the number of children fed in the school classes as necessitous were printed, and from these reports the Joint Committee has been enabled to come to definite conclusions on the question of school relief. I am informed by a member of the Joint Committee that where careful supervision of relief is carried out by experienced workers, the diminution in the number of children fed is very great; and that in most cases the food given in former years was not required, the parents being quite able and willing to feed their own families. In many schools the sub-committees have succeeded in providing meals on an organised system, and in this respect their formation has had good results.[2]

The Tower Street School Relief Committee was formed in January 1899, under article 257 of the Regulations for Managers of the London School Board. This article provides that 'sub-committees shall be appointed by the local managers for each school, to supervise the receipt and distribution of contributions received for the benefit of the children of the school.'

It is remarkable that this regulation has practically remained a dead letter, excepting in Tower Street School, where the Committee, ever since its formation, has carried on energetically the supervision of all kinds of relief given in the school such as feeding, clothing, providing spectacles, convalescent treatment, etc. Formerly an enormous amount of indiscriminate relief had been given entirely through the teachers, by means of funds collected from the public of which no account was kept. From 1890, onwards, what amounted to free feeding of school children had gone on in all the poor London Board Schools; and in Tower Street School, with an average number on the roll of 350 children, about sixty dinners a day four times a week, had been provided

[1] See Appendix IV. of the Report.

[2] See Joint Committee Report, 1903.

during the winter months. No plan of visiting the parents was carried out, and the teachers gave dinner tickets, boots, and clothes, solely on the ground of the necessitous appearance of the child. They likewise trusted in the truth of the tales of distress and lack of work brought to them by the children, as well as by the mothers who continually came to the school begging for tickets and help.

The evils of this system of wholesale charity, which had continued for about seven years, became apparent to all thoughtful managers, and even to many of the teachers, as is shown in the replies given in the London School Board Report of 1899 before alluded to.

It may be of interest to you to know that Tower Street is situated in the Seven Dials district. From old times this neighbourhood appears to have borne an evil reputation and to have been a centre for over-crowding of the poorest and lowest classes. Cheap and insanitary lodging-houses abound up to the present day, and the houses in the streets leading from the centre of the Dials are all more or less in a state of bad repair, and are not adapted for say six families, or more, living in any *one*. The majority of the children who attend the school come from the surrounding streets and courts. Many of them have never found their way to the nearest open spaces, but pass the whole of their free time in playing about the crowded Great Earl Street where they find abundant amusement from the lively scenes enacted in the street market, which is held there daily—Saturday night and Sunday morning, perhaps, being the liveliest part of the week. The parents are, many of them, employed in and about Covent Garden Market, and their work is seasonal in character. Bearing in mind the nature of the district, you will understand that when the visiting of the homes of the children (whose names were down on the dinner list furnished by the teachers) was begun, many curious facts not previously known to the teachers, were brought to light concerning the home conditions.

The majority of the parents when asked whether they could not feed their own children were indignant at the idea that any one should imagine that they were unable to do so. They applied for food tickets chiefly because they knew they were to be had, and they saw no reason why their children should not have them for the asking. The mothers also found it a simple matter to keep the family in boots and clothes when they obtained all they wanted in that line from the school with no trouble to themselves. A few parents alleged that they liked charity and preferred to get anything they could without working for it. Of the remainder, some were widows in receipt of inadequate outdoor relief and hence *not* in a position to feed their children properly. In some instances the managers were able to bring facts before the notice of the guardians which induced them to provide a sufficient allowance to maintain the family, so making it unnecessary for the mother to have recourse to begging on its behalf. Others appeared to be really in need of help, either through the illness of the breadwinner, or from

being out of work through no fault of the individual concerned. Where it appeared that dinner tickets would be of real benefit, they were given, and continued regularly until the crisis in the family history was past. The Relief Committee did not confine its help to mere doles of food, but referred the cases where much help was needed to the clergy or the nearest District Committee of the Charity Organisation Society where full investigation was made into the circumstances of the case.

If the father or mother was ill and required convalescent treatment in order to render him or her fit for work again, this was arranged for and an ample allowance made weekly to pay the rent, clubs, insurance and food, until the invalid was back at work and in receipt of his or her full pay as usual. Through the regular visiting necessary to give the weekly allowance, an intimate knowledge was gained of the whole family, and in many cases the eldest girl or boy could be helped to better work or induced to join a provident bank or good club.

I am afraid I should weary you were I to enter into further details as to the methods of help and the different societies whose aid we have solicited with regard to our children. It is sufficient to mention two important ones—well known to us all—the Invalid Children's Aid Association and the Children's Country Holiday Fund.

Through the help of the former we can ensure that the crippled children are supplied with the necessary instruments suitable for their cases. They are placed in charge of a visitor whose duty it is to watch over the welfare of each child, and who, by becoming a friend of the mother, or guardian, can often bring about great improvement in the home conditions, and so in the health of the little sufferer. As we are to hear of the work of the Invalid Children's Aid Association in a separate paper, I shall not detain you with a more detailed account of what it accomplishes for the children.

The Children's Country Holiday Fund is also an established institution among us, and every year the custom grows amongst the parents of laying by small weekly sums to meet the expense of the fortnight spent in the country or at the seaside.

A great deal has also been done by the committee of our school with regard to the eyesight of the children. Any one who has anything to do with schools is aware of the number of children who suffer from defective sight. They are frequently classed by the teachers as stupid, when the fact is, that they cannot see the letters and figures written upon the blackboard. Partly by parents' payments and partly through the Charitable Fund belonging to the School Relief Committee, medical treatment has been obtained and where necessary, spectacles provided. As an instance of what may be accomplished, I may mention that Blight, which formerly was a source of continual trouble, has been stamped out simply through constant attention on the part of the teachers and managers.

The last School Relief Committee's Report notes that only three delicate children were fed during the winter of 1902-3 instead of the large number in previous years. In the same year the managers opened a savings bank in the school, and during nine months £63 was deposited. Sums amounting to £13 or £14 were also collected from the parents towards expenses of boots, spectacles, and the Children's Country Holiday Fund. These facts make us realise how much can be done, even in a poor school, to develop thrift.

It is noteworthy that no complaints have been received from the parents in spite of the increased responsibility thrown upon them, owing to the changed methods of administering relief, whether in the form of food, clothing, or surgical instruments. The object of the managers has been to encourage as much as possible self-respect and independence among the families with whom they were brought in contact. The attendance for the year was better than it had ever been before.

Every one here knows how much can be done by dint of patient and skilled visiting. I lay stress upon the word skilled, as unskilled visiting merely serves to perpetuate the dependent condition of our poor. This fact cannot be too strongly emphasised.

One is forced to the conclusion that the existence of underfed children and consequent deterioration in physique, is due to a variety of causes other than *lack of food*.

Bad sanitation and ventilation, overcrowding, want of fresh air and sunshine, lack of personal cleanliness, improper food (this last caused by the absolute ignorance on the part of the mothers of cookery and of what constitutes nourishment) the insufficient care of infants, due to ignorance and carelessness again on the part of the mothers as well as to the fact that they undertake work outside their homes. The unwholesome methods of feeding infants, the intemperance of the parents tend to cause an appalling waste of the money which could otherwise feed and clothe the wretched, stunted children with whom we are confronted in the elementary schools. These and other reasons, such as smoking amongst very young boys, must be taken into account in considering the deterioration in physique and character in the children which we all recognise and deplore, and of which we have heard so much lately.

How are we going to remedy the foregoing lamentable conditions of life? One party advocates free feeding of school children by the municipality, and so ensures, as they argue, that the children are not in a state of hunger when in school and can profit from the lessons taught them.

The experience of the sub-committees goes to prove that where they have carried out energetic and enlightened home visiting, no child need fail to obtain relief if it requires it; and secondly, that private charity is sufficient to meet the demand for relief in schools.

The figures given in the reports sent in to the Joint Committee show the areas where most relief was dispensed. The poorest districts were not those

where lavish feeding occurred; and in the same groups of schools, where the same class of children attended, one school fed liberally whilst another did not. We find one department in the same school giving a great deal and the other practically nothing. In my own school the head infant teacher holds the wholesome view that the parents ought to provide for the wants of their own children, hence we seldom receive applications for food from her.

From the knowledge obtained through the work of the sub-committees, we must conclude that the demand for help is largely an artificial one, and is created in schools where it is known that relief is likely to be freely given. This attitude depends entirely upon the idiosyncracies of the managers and teachers, and the demand has little to do with the actual need—it is merely a fashion.

Intentional cruelty is rare; ignorance, on the contrary, is rife among mothers. We must seek for the cure of existing unwholesome conditions of life and consequent pallor and ill-health of the children, not by attempting to feed them after they come to school, but by educating mothers in the care of infants; and by every means in our power we must teach the girls simple laws of health and hygiene which will enable them to know, when they become mothers, how to feed and care for their babies. When we know, as most of us do, on what those infants are fed, we do not wonder at the enormous mortality statistics. Only lately I was shown a child of a year old, which had been fed from birth upon a mixture of stout, suet, breadcrumbs and sugar all boiled up together.

The school manager has a splendid opportunity afforded him or her, of getting at the root of the poverty and squalor which exist in a solid mass in our cities. By making friends with the parents much can be done to incite them to fresh efforts to preserve their independence. When they once realise that the visitor is not a lady with grocery or coal tickets in her hand, but that she is really interested in their children, they cease to expect those uncertain gifts which are so demoralising, and talk in a natural way of the difficulties in their lives. It seems to me that in school relief work we must build up by slow individual effort the self-respect of our people, and to do this we must take the family as a centre, making use of every resource available, beginning with those which are nearest the family, the relatives, with whom it is most natural to co-operate in our plan of help. (I assume that there always is a plan in the mind of the worker.) Failing those resources we can fall back on those that exist outside the family circle, *i.e.*, associations of various kinds.

By undertaking the responsibility of feeding and clothing our school children, the more certainly are we removing from the parents a responsibility which properly belongs to them. The parents are the persons to feed them, and the proper place to be fed in is the home. We may produce a temporary improvement in conditions by doing so, outside, and give pleasure to ourselves

but we do not thereby touch the real evil, which is the bad condition of the homes.

To sum up, I would advocate more systematic teaching in schools, girl's clubs, and mother's meetings, of girls and women in the care of infants, young children, and the hygiene of the home. As is constantly said, they enter upon marriage without the remotest conception of the responsibilities which they are undertaking, with disastrous results consequently to their infants, as well as to the husbands, who are too often driven to the public houses through the lack of comfort and cleanliness which exists in their homes.

All the problems of social and sanitary progress seem to be centred in the woman, who is, or ought to be, the centre of home life. Until we get hold of the women there is not much hope for the children.

Much also can be done by managers interesting themselves in the housing conditions of their district, and by constant and intelligent visiting of the parents of the school children, obtaining that intimate and personal knowledge of the needs of individual families, which is essential in any endeavour to make them permanently independent.

Pauperism is not always produced by drunken or vicious habits, but seems to be an insidious disease which shows itself in a gradual weakening of character brought on by early and improvident marriages, the evils of overcrowding, and others mentioned before, and lastly, from the long continuance, from generation to generation, of families in one locality. We find old paupers in receipt of outdoor relief who tell us that their fathers and mothers and grandparents lived in the Dials district, and that their children have never been away from it. Their horizon has been bounded by the streets of their neighbourhood, and by a slow process of deterioration we arrive at the rickety and tubercular children of the present day.

The experiences of the managers of Tower Street School show how small an amount of actual food relief is required, where there is careful visiting carried out. They also show what an infinite variety of help and teaching is needed if we mean to overcome the ignorance of parents with regard to the physical well-being of their children. I have dwelt chiefly upon the importance of educating the girls and women on home hygiene and care of children, as my work has brought me more in contact, perhaps, with them, and I may have appeared to lay undue stress upon their influence on the home. I do not forget, however, that without the co-operation of the father, we shall fail to secure a healthy, happy home.

Every one is agreed upon the desirability of encouraging the boys to enter skilled trades and good clubs, and of developing in them independence and self-reliance in character, so that later on in life they have powers of self-restraint and endurance sufficient to carry them through the difficulties which are sure to beset them. If charitable committees could be established in every school, to promote hygiene, thrift, apprenticeship, and administer relief

if necessary, we should then, to my mind, be nearer an ideal system of home relief in connection with school children, than by any system of aid which attempts to meet obvious needs at the expense of serious deterioration of character.

(*See Summary of Discussion, page* 387.)

HOME RELIEF IN RELATION TO CERTAIN EYE DISEASES IN CHILDREN

By H. WRIGHT THOMSON, M.D.

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The position which is occupied by vision in the scale of relative importance of the senses is undoubtedly the highest of all; therefore any deterioration of its activity is in the highest degree to be regretted, primarily from a physiological point of view, but also from the point of view of public economy. If there are any conditions of the eyes to which children are liable, which are amenable to such preventive treatment as might be administered by parochial authorities, it is within the province of this Congress to suggest their consideration to this children's section of it.

Within recent years there has been a great awakening to the importance of systematic expert examination of school children with a view not only to the determination of the presence or absence of any racial physical degeneration, but also to secure in individual cases the mitigation of such defects or diseases as are capable of being influenced by early treatment.

It is the latter object which is the more important in connection with the eyes and eyesight. It has long been known that one of the penalties of the greater education of a country is a greater prevalence of short-sightedness, but such systematic examinations make manifest the exact severity of the penalty and bring us face to face with the difficult problem, how to devise means whereby education may be carried on to the same extent and yet the evil effects on the eyesight of the nation be minimised.

This condition of shortsight is one of no little importance in connection with the parochial administration of a country. A man who is short-sighted has a limited sphere of usefulness in the labour world. He sees well anything which he can get close up to his eyes even though it be very small, but objects a few feet away from him are quite indistinct and hazy unless he uses glasses. There are few trades, however, in which the use of glasses is allowed. A labourer with spectacles on has the greatest difficulty in getting even a small job, and the engineer or skilled artificer exposed to the danger of flying chips of metal or wood courts instant dismissal when he puts on glasses at his work.

The consequence is that over and over again in dispensary ophthalmic practice one comes across men whose eyes urgently require glasses, yet who feel compelled to refuse to wear them. Such men run a twofold risk. They are, on the one hand, specially liable to accident on account of their defective vision, and on the other they are liable to become blind, for short sight of a certain type, if untreated, tends to destructive disease of the visual apparatus. It is little wonder that employers hesitate or refuse to have anything to do with a man who is known to be short-sighted, and therefore the more liable to accident and likely to become a recipient of compensation. Consequently such a man is in a serious plight, and is not very unlikely to become ultimately chargeable to the parish. It is an obvious duty to all young lads about to choose a trade to warn them, if short-sighted, to avoid all dangerous occupations, and to impress upon them that while for a time they may be able to do without glasses, yet owing to the almost inevitable increase to which short sight is liable, they are likely to require them sometime. It is hard if this necessity arises just after the completion of an apprenticeship so as to prevent the obtaining of a journeyman's place, and it is a pity that warning should not have been given.

What is this short sight? can it be detected in early childhood? and can anything be done for it then? These are the questions most pertinent to this paper.

Short sight or Myopia is due to the length of the eyeball, from the front to the back, being too great. The eye is permanently focussed for near objects, and so all distant objects are blurred and indistinct. Once established it is very apt, during the years of growth at least, to become progressively worse, and in certain malignant cases not only does the short sight rapidly become worse, but the end is apt to be partial or complete blindness. It must be remembered that this condition of the eyes is the result of the constant need which there is in civilised life for accurate near vision. Myopia is unknown among the more savage races, and animals are mostly long-sighted. Their eyes are suited to their requirements. It is unfortunate that in civilised life the eyes require to be suitable for both distant and near vision, and it is further unfortunate that eyes which structurally have become best adapted for near work are not only incapable, without the aid of glasses, of clear distinct vision, but are subject to impairment by disease.

At birth the eyes are long-sighted, and, under ordinary circumstances, the child as it grows older becomes gradually less long-sighted until the eyes reach the stage of being normal, *i.e.* the eyes have perfect vision for both distant and near objects. But further development may take place, and the eyes instead of remaining of normal length grow too long, and short sight is established. Why some children's eyes should so develop is not perfectly clear, but there can be no doubt that heredity plays a part in the causation, and there can be little doubt that at this early stage it is possible by treatment to affect the future course of the myopia.

Suppose, then, the case of a child of seven to fourteen years of age, who in the course of school inspection has been found to be the subject of myopia.

The first great need in such a case is for glasses. It is absolutely necessary in the interest of the child and his sight that he have suitable glasses as soon as he is discovered to be short-sighted. It is not merely to enable him to see better, but in order to place his eyes under circumstances which are as nearly as possible normal and prevent further development. Now it is a common experience for headmasters to find, when they interview the parents, that, while they are quite agreeable to take the child to hospital to have his eyes examined, they protest themselves too poor to buy the glasses which are prescribed. Here then, parochial relief might save the situation.

But in some cases the mere wearing of properly adjusted glasses is not enough. One can see from the condition of the eyes that they are on the verge of inflammatory disturbances and a rapid increase in the degree of short-sight. Now what these children require is first, rest for the eyes, and second, an improvement in their general health. They will usually be found to be in bad condition. They are either ill-fed ,or ill-clothed, or ill-housed, probably all three, or they have been over-working their eyes. If such children be left to go on as before, except for the assistance of their glasses, their short sight is practically sure to go on increasing, and by the time they reach the working age there will be few trades or callings open to them. If, on the contrary, they could be taken away from their city homes and boarded out in the country as is at present done by parish councils with certain lunatics and children, their prospects would be very different. They would be subject to the hygienic improvement in their environment. Their diet would be healthier. Their eyes would be taxed by no reading or writing, yet their education would be influenced by outdoor occupation. Such children, after a period of this treatment would be immensely improved in general health and vigour. Their eyes would be found to have quietened down, and now their schooling might be cautiously proceeded with.

Of course it may be argued that any city child would be much the better for such treatment. True, but in the case of the child who is the subject of progressive short sight such treatment is an actual necessity if he is to become a useful member of the working-class and be self-supporting. It will not cure him of his short sight, but it will minimise the risk of his becoming more and more short-sighted and perhaps ultimately blind.

There is another eye disease which I think, has a much stronger claim upon the attention of administrative authorities than is generally realised. I refer to strumous ophthalmia or PHLYCTENULAR ophthalmia. This is an inflammatory condition of the superficial parts of the eyeball, and is characterised by an extreme dread of light which causes the child to keep the eyelids tightly closed together and to burrow away into the darkest corners. The general appearance and deportment of the child are very characteristic and must be

familiar to all who visit the homes of the poor. If the inflammatory process subsides without further development no permanent harm results, but in a large proportion of cases there develop ulcers on the cornea or clear part of the eye. Ulceration means a breach of surface, and in the process of healing this breach of surface is filled up by scar tissue, which, instead of being clear like the rest of the cornea, is opaque. There is a blemish in the cornea and vision is impaired to an extent proportionate to the density, extent, and position of the scar. Further, strumous ophthalmia is apt to occur again and again, and by so much is the danger to vision increased. Now, while it is in the eyes that this disease makes itself most manifest, it is not to be regarded entirely as a local disease. There are many cases which recover in response to purely local remedies, but in the serious cases, which are the most likely to cause permanent damage, local treatment is not enough and the general health requires to be dealt with.

The treatment which is most effective is dietetic.—STRUMOUS ophthalmia in a large proportion of cases is a direct result of bad feeding. It is relatively uncommon in poorhouses and industrial schools, and the effect of bringing a child suffering from it into hospital, cleaning it, and putting it on to a suitable diet is very striking. On the day of admission the child may be in miserable case, dirty, tear-stained, and unable to face the light or allow the eyelids to be opened. Yet the following day may see the same child sitting up in its cot and looking about the ward. The local, or eye treatment has been the same as when the child was at home, but it has had a dose of medicine and been given nothing but milk or milk-food. If the mother could have been got to adopt these simple measures cure would soon have resulted, but cleanliness and an abstemious dietary are often difficult to obtain among the poor. Here is a disease far-reaching in its evil effects which is amenable to treatment which requires care but little skill, yet which it is found to be difficult to get carried out at home. It is of such prevalence that only a small proportion of cases can be treated in the hospital wards and so much permanent harm is done which might be prevented, were it possible to bring to bear at home a guiding influence. Such an influence would control the child's dietary, restrain the unfortunate tendency of the well-meaning but ignorant mother to let the child have a share of 'what's going.' Home visitations by persons of suitable training would meet the needs of many cases and be preventive of much impairment of vision. I do not claim that by these means all cases of strumous ophthalmia could be rendered non-productive of harmful after-effects, far from it, but I do claim that a very material lessening of them could be effected.

By way of demonstrating the need for some action in connection with these two eye conditions, myopia and strumous ophthalmia, I may quote results of an examination of Glasgow school children in which I am at present engaged. Several schools are being dealt with, 150 children in each being examined. One school will suffice for my present purpose, and I take the one which has the poorest children, namely, Milton School in the Cowcaddens district. The

children are arranged in age groups, but apart from that are chosen indiscriminately. Out of the 150 in this school 13 had myopia and not one of these wore glasses, 4 had strumous ophthalmia and were not under treatment of any kind, and 5 had damaged eyes due to past ophthalmia. These figures are striking, and while they provide a very strong argument in favour of regular medical inspection of school children, I trust I have shown that even after the conditions are discovered, there are difficulties to be overcome which might be lessened, were it possible to secure the action of an appropriate home relief.

(*See Summary of Discussion, page* 387.)

THE FEEDING OF INFANTS

By F. M. SANDWITH, M.D., F.R.C.P.

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I HAVE been asked by the newly formed 'Infant's Health Society,' which has its headquarters in London, to bring before this section the objects of the society. They are chiefly to spread the knowledge of, and to organise the best methods of dealing with the chief factors now affecting the health and life of infants; to encourage the formation of dispensaries and milk depôts for the purpose of supplying, either with or without payment, food adequate in quantity and quality for the needs of babies; to co-operate with other bodies, and generally to further the work of the society by means of leaflets, lectures, and all other measures that may be found desirable.

The society is governed by a powerful and influential committee, which has been fortunate in securing as chairman the President of this section.

There are two chief reasons for the formation of this society:—

(1) The physical deterioration of the British race, which is now being considered by a special committee of the Privy Council. This question has been recently before the public, and it is terrible to be told by experts that practically one half of the men of the United Kingdom are found at the age of about twenty to be unfit for admission into the public services. There are, of course, many causes which contribute to this deterioration, but infant feeding is one of the most important. Many babies improperly fed die, while those who survive grow up rickety, stunted, deformed, and have but little resistive power to tubercle and other infective diseases.

(2) The infant mortality is so enormous that about one-fourth of the total deaths in this country are contributed by the deaths of children under one year of age. The great cause of this mortality is the improper feeding of the

young infant. We shall all agree that mother's milk is the best possible food for children for at least six or nine months of their early life, and therefore maternal nursing should be encouraged as much as possible, provided that the mother is healthy, well-fed, and not too hard worked. But the real difficulty with which we have to cope is the great and increasing number of women who are unable to nurse their offspring. Wet nurses have never been popular in this country, and therefore the town and village children are brought up now on whatever the mother thinks best, such as condensed milk, patent foods, bread or biscuits, and water. Incidentally I may ask whether manufacturers should be allowed to put before the public a food advertised as 'A perfect substitute for human milk,' or 'The best food for infants,' without being liable for prosecution if their representations are untrue.

THE INFANTS' HOSPITAL

A temporary hospital was opened in 1903, and during the year 138 infants were admitted, of whom 78 were discharged in good condition after their diet had been regulated, 25 died, and the remainder were dismissed because they were suffering from congenital syphilis. The number of deaths is very small considering that many of the babies were moribund on admission, and almost died in their mother's arms while waiting to be admitted.

The Walker Gordon laboratory, which has done such good work in many American cities, has established a farm at Sudbury, which provides all the milk for the hospital. The special point about this farm, which is too little known to the medical profession and the public, is that the milk is kept absolutely pure from the time it leaves the cow till it reaches the child's mouth. The cows are examined at regular intervals by a veterinary surgeon and none are accepted which re-act to the tuberculin test. The cowhouse is kept away from all animals, horse-manure and flies, is well ventilated, and furnished with superficial drains which are washed down by hydrants twice a day before milking. The diet of the cows is carefully regulated to exclude materials which make the milk noxious for children, such as oil cake, brewer's grains, and turnips. The cows are washed daily, and their udders are cleaned immediately before milking. The milkers wear sterilised jackets and caps, and stringent rules prevent their working if they or any members of their family have any disease. The milk is drawn into sterilised pails, covered with a metal sieve containing non-absorbent cotton-wool. Immediately after milking, the milk is carried to a room at some distance where, unless required to be used as whole milk, it is passed through the separator, which is driven by machinery, and is then passed over the refrigerating cooler, which is worked by cold brine sent through by an engine. In this way each pail of milk coming from the cowhouse is reduced from 100° F. to 40° F. within an hour. Nothing is more important than this rapid cooling, for if milk is

allowed to stand at the ordinary temperature the rate of development of the bacteria is prodigious, whereas at 40° F. it is practically nil.

I am able to show you photographs of the various buildings of the farm, and also one of the hospital wards.

The 'whole milk' is transferred to sterilised bottles, closed, and kept in tanks of cold water until it is taken away in the delivery carts. The materials for making the substitute milk are transferred at once to the modifying laboratory, where the various mixtures are prepared by two hospital nurses in exact accordance with the prescriptions. The mixtures are heated at any prescribed temperature, or they are not heated at all, according to the special instructions received. The mixtures are then transferred to the cold water tanks, where they are kept until collected for delivery. One great advantage of this system is that the milk for the child is sent out in separate bottles, one for each meal, which minimises the risk of the food being tampered with. The bottles are plugged with cotton-wool and placed in a basket, but not pasteurised or sterilised unless this has been ordered. In the cases where the milk has to be transported a long distance by rail, the bottles, instead of being placed in a basket, are packed in a special box containing ice in the centre.

After the milk has been delivered care should be taken to preserve it from all contamination, and to keep it cool. When a meal is required for the infant the milk has only to be warmed and the teat applied to the bottle. This again prevents the possibility of using unclean feeding bottles, and the long, insanitary tubes so often seen with them.

The Walker Gordon laboratory does not advertise in lay newspapers, and only supplies substitute milk on a doctor's prescription, but will furnish any amount of ordinary whole milk which is demanded. Their milk, if kept at a low temperature, will remain good for several days in spite of the absence of all preservatives and heating processes. This is enough to show that it is pure and relatively free from germs.

The great objection to this process for the great mass of the community is the cost, which is now calculated at something over 5s. per week for each infant, yet, in spite of the cost, some plan of this kind must be recommended, or the poorer mother who cannot feed her infant from her own breast is quite unable at the present time to provide it with a substitute food at all answering the child's requirements.

Dr. Vincent, who has been in London an able and energetic exponent of the valuable work done by Dr. Rotch and others in the United States, has proposed to take one district as an experiment, and to establish in it an out-patient department, where the babies can be seen twice a week by a doctor, who will order a food suitable for each infant. The food so ordered should be available for the mother every day, though in most cases it would have to be provided at less than cost price. A trained nurse should be in

residence, who should make it her business to visit the mothers, keep in touch with the district nurses already working among the poor, and generally to watch over the work in the district.

(*See Summary of Discussion, page* 387.)

THE PROTECTION AFFORDED TO CHILDREN BY EXISTING POOR LAWS AND THE NECESSITY FOR FURTHER LEGISLATION

By MISS FRANCES ZANETTI

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Amongst the numerous social reforms which characterised the latter part of the nineteenth century, none were more important than the improvement in Poor Law administration. This was most marked as regards the training and protection of children.

For the first thirty or forty years following the introduction of the Poor Law Act of 1834, pauper children knew no life beyond the workhouse walls, no education save the reading and writing which comprised the curriculum of the workhouse schools. They were left, to a great extent, in charge of adult paupers, wore workhouse uniform, and were absolutely branded with pauperism. Little wonder if they returned, in later life, to the one home they had known in childhood.

The establishment about 1864, of barrack schools, built to accommodate from 500 to 1000 children, constituted a great improvement upon the old system.

The boarding-out system, established 1871, showed that at last an attempt was being made to provide the children with some kind of home life, and to give them an opportunity of escape from workhouse environment. This system (an ideal one under proper conditions), being available only in the case of orphan and deserted children, was not sufficient for Unions of any considerable size, and the establishment of Cottage and Scattered Homes followed. One or other of these systems has been adopted in many Unions, and shortly, we may reasonably hope that not any healthy children will remain inside the workhouse.

These are wonderful reforms to have been effected in so short a time. Children of the State have now a chance of moral and physical development equal to, if not better than that of many children of the working-classes. Indeed, so far as allowed by legislation, Guardians of the Poor are providing liberally and thoroughly for children, rightly recognising that money so spent must eventually result in a decrease of pauperism, and the provision of a race

of thrifty, industrious men and women. Unfortunately, legislation does not go nearly far enough, and the Guardians are frustrated by the limitation of their powers. Amongst the most useful enactments of recent years, have been the Poor Law Acts of 1889 and 1899, and the Infant Life Protection Act of 1897, but both need extension, the latter being exceedingly defective.

By the Poor Law Acts of 1889 and 1899, Guardians are empowered to adopt children when—

1. Deserted by parents, or

2. The Guardians are of opinion that by reason of mental deficiency or of vicious habits or mode of life, the parents of the child are unfit to have control of it, or

3. A parent is unable to perform his or her parental duties, by reason of being under sentence of penal servitude, or of being detained under the Inebriates Act of 1898, or

4. A parent of the child has been sentenced to imprisonment in respect of any offence against any of his or her children, or

5. A parent of the child is permanently bedridden or disabled, and is the inmate of a workhouse, and *consents* to the resolution, or

6. Both parents, or in the case of an illegitimate child, the mother of the child, are, or is dead.

The Guardians have full control over such children until they attain the age of eighteen years ; a Court of Summary Jurisdiction may overrule the order of the Guardians, and the Guardians themselves have power to rescind their resolution, and also to compel parents of such children to contribute towards their maintenance.

This latter Act has been the means of rescuing some thousands of children from cruel parents and immoral surroundings, and, by the provision of guardianship up to eighteen years of age, of giving them an excellent start in life.

But the powers given to Guardians under the Acts of 1889 and 1899, might advisedly be extended so as to include children of tramps and vagrants, and in such cases, to compel the parents to work in order to contribute towards the support of the children. An amendment of this nature would undoubtedly prove a check to desertion. At present the class of children, known as 'ins-and-outs,' are a source of considerable anxiety to the authorities. It is in them that the pauper taint is so strongly marked, and their influence is most disastrous to other children in the home, coming, as they do, fresh from degrading conditions of life 'outside'—as the very youngest idiomatically describes the world without the workhouse walls. If these children are to be saved from a lapse into pauperism in later life, and to be prevented from recruiting the ranks of the unfit, they must be completely removed from undesirable surroundings, and protected until they are fit to take care of themselves.

The powers of the Guardians might also, with advantage, be strengthened in regard to any children for whom they have completely provided for a lengthened period of time. At present, many promising children are claimed, at a wage-earning age, by relatives who have evinced little or no interest in them during their chargeability to the Union. The results of good training are likely to be rapidly destroyed when undermined by bad influences at a critical and plastic age. It ought to be possible to allow to the Guardians discretionary powers in dealing with such children for a few years after they are ready to go out to work. Such powers are needed on economical grounds: it is a waste of money to educate and clothe children, if they are to be allowed to degenerate, instead of to progress, and for humanitarian reasons also, since such children are very helpless, and often need protection more after leaving the Homes than during their years of childhood. This latter fact I know from a long experience in visiting such cases.

The children known as 'feeble-minded' should be included amongst these other cases for adoption. No legislation is complete which does not make provision for this class, in whose descendants every type of degeneracy is found. The feeble-minded constitute from one and a half to two per cent. of the school-going population. At present there is no provision for them after sixteen, and family affection often insists upon keeping them at home, with disastrous results. They are easily managed in suitable schools, and, in many cases, can earn a little towards their own support.

Children boarded-out within Unions are, at the present time, inadequately protected. Boarding-out is a very good system, but, unfortunately, is one open to much abuse if not thoroughly carried out. I am of opinion that in most cases, the children are received largely for monetary considerations, or for the sake of the work to be got out of them. This does not necessarily condemn boarding-out, but it is an argument in favour of adequate inspection. To take a sentimental view of the relationship of the child to its foster-parents and to suggest that affection and responsibility are weakened by the inspection of officials, is a mistake. Boarding-out is usually a business undertaking on the part of the persons in charge of the children. I have never found foster-parents, even the best, oblivious of the fact that their charges were 'boarded' with them. Affection for the children follows later.

I knew of one district (where boarding-out was very largely practised) in which, when a deputation of Guardians went to pay a surprise visit, they were directed to the Homes occupied by the children chargeable to them, by persons in the street (not foster-parents), who knew exactly to which Union the several boarded-out children in the neighbourhood belonged. A wrong system, of course, prevailed here, but I have found, in well-managed districts, that each foster-mother usually knows where the other boarded-out children reside. The fact of several children attending one school is partly responsible for this.

It is well, therefore, not to count too much upon the affection of the

foster-parent for the child, but rather to rely upon efficient organisation by a committee of supervision, supplemented by independent inspection. By independent inspection, I mean inspection by an official responsible only to the Guardians. This is indispensable, because voluntary work alone is unreliable. It is often untrained and erratic, liable to suffer from the competition of other demands upon the time and interests of the worker. Further, I find that members of a committee have a tendency to fall into a stereotyped method, to take too much for granted, to trust largely to outward appearances, and often to evince a distaste for plain speaking, and other unpleasant duties, sometimes indispensable in a visit of inspection.

Children boarded-out beyond the limits of the Union, have the advantage of the visits of the inspectors of the Local Government Board, but there is no such provision made for those boarded-out within the Union. Frequently the inspection of these cases is added to the already onerous work of a relieving officer, and the unsuitability of such work to a man is obvious. Where a committee of ladies undertake the duty, there is more hope of success, but boarding-out cannot be properly carried out by voluntary workers alone. Guardians will find it necessary to have inspection by their own official. I have found obvious and palpable defects in cases reported 'satisfactory,' and am convinced that boarding-out within Unions becomes neither more nor less than a system of out-relief to the persons in charge of the children, who consider it unreasonable that they should be expected to spend on the children the money received for maintenance. The sleeping accommodation I have frequently found defective; clothing in pawn, children in charge of drunken persons, and, in a large number of cases, living amidst unsuitable surroundings and insanitary conditions, many learning lessons of deceit from the untruthful tales invented by their foster-parents at the time of the official visit.

Where children of the very poor classes are boarded-out with relatives, their condition will often be pitiable, and although some cases may be capable of improvement, this will only come by untiring vigilance and firmness on the part of Guardians, acting upon official reports.

I think that the best solution of the whole question would be to increase the sum of money allowed for the maintenance of the children. The labourer is worthy of his hire. First, adequately compensate the woman for the extra work entailed by her care of a boarded-out child (the present allowance of 4s. a week is quite inadequate), and then insist upon efficiency.

As regards those children, who, by the provisions of the Infant Life Protection Act, 1897, are under the control of the Guardians, legislation is again defective. The Act, as it now stands, applies only to cases in which two or more children, under the age of five years, are received or maintained, for hire or reward, apart from their parents, for a longer period than for forty-eight hours, and to cases in which children of less than two years of age are adopted for a 'lump' sum, paid down, and not exceeding £20. Most nurse-children

being 'single' cases, a large number are thus unprotected by the law. During the four years in which I inspected for the Chorlton, Manchester, and Prestwich Unions, I visited 761 nurse-children, 622 of whom were 'single,' and other cases not included in the provisions of the Act. Since October 1902 there have been 142 cases in the Chorlton Union, comprising 198 children, of whom 95 were 'single' cases. It cannot be supposed that these latter cases did not need the supervision from which the present Act excluded them.

Inspectors are unanimously of opinion that the Act needs extension, so as to include every case in which a child is received for hire or reward. Unfortunately the Amending Bill, drafted by the Poor Law Unions Association, and introduced in the House of Commons, in 1900, by Mr. Spear, M.P., did not reach a second reading, owing to opposition to the inclusion of the one-child cases. The opponents argued that official inspection was so repugnant to English ideas, that it would cause a dearth of good homes, and that it would so terrify the mothers of illegitimate children, that desertion, infanticide, and even suicide would follow. I do not agree with this. I invariably find that the best nurses court inspection, being sensible of the fact that it strengthens their position. The homes in which a child is nursed from motives of affection, are the ones where visits are most welcome. Similarly, good mothers are glad to know that their babies are protected. I have had many requests from mothers to look after their children, and many letters thanking me for having done so. Where official visits are resented there is reason for suspicion. Experience teaches me that it is 'single' cases that call for most supervision. A woman with two nurse-children must devote most of her time to them, but in the case of one nurse-child, the remuneration is often so small, that the foster-mother finds it necessary to supplement her income by other work, and consequently neglects the child. I knew of a case in which a foster-mother, who went out charing, took the nurse-baby with her, leaving it dirty and neglected in a perambulator from morning till night. In another 'single' case the baby spent at least one afternoon a week alone, whilst its nurse attended the local mothers' meeting. I could quote many unsatisfactory one-child cases, but do not wish to advocate inspection as a preventive of cruelty, but rather as necessary because so many children die from preventable diseases, largely induced by mere carelessness or lamentable ignorance on the part of their nurses, especially as regards feeding. I have known cases in which babies were allowed to eat bacon, potatoes, currant buns, and fruit, and to drink tea, and even beer. Many nurses are not wilfully negligent. In a number of cases they can be taught a few rudimentary principles of hygiene, sanitation, and the care of infants, but they will lapse, again and again, if not stimulated by inspection. Were all cases subject to supervision, the work would be simpler, because the Guardians could insist upon efficiency, or else remove the babies from neglectful nurses

Opposition to inspection is based altogether upon sentimental grounds, which ought not to weigh against the welfare of the children. Where inspection is most

thorough, the children thrive best. The enforcement of the stringent regulations of the Loi Roussel, with its army of paid officials, has reduced the infantile mortality in France. Probably the prohibition of the use of the long-tubed bottle has something to do with this. In Leipzig, the nurse-children are taken, within a week of reception, to the town hall to be weighed, and are visited once every month. This is a more rigorous system of inspection than any proposed here, yet we do not hear of any scarcity of good homes in France or Germany. Rather the fact of being registered as a foster-mother is regarded as a patent of respectability.

No susceptibilities need be wounded by tactful inspection, which should mean visits of a friendly nature, paid rather as an encouragement and recognition of efficiency, than as a hostile endeavour to pounce upon trivial defects. Where inspection of the latter nature is necessary, the homes should be struck off the lists, inefficient housekeepers and ignorant foster-parents being given to understand that the life of a nurse-child or boarded-out child is too valuable to be sacrificed by incapacity or neglect.

There may be more than one opinion about the serious aspect of our declining birth-rate, there can be but one concerning our appalling infantile death-rate. That list is swelled by illegitimate children, many of whom are nurse-children, who cannot be properly safeguarded, until the Infant Life Protection Act includes every case 'single' or otherwise.

When this amendment becomes law, and when greater powers are given to Guardians in respect of any children under their control, and enabling them to adopt feeble-minded children, and the children of vagrants, a sweeping reform will have been effected in Poor Law administration, and one generation alone will witness some arrest of the physical deterioration, which at present is so serious a menace to the welfare of the community and to the commercial prosperity of the nation.

(*See Summary of Discussion, page* 388.)

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN (SCOTTISH BRANCH) AND ITS RELATION TO THE HOME, THE LAW, AND THE STATE

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WHEN asked a very short time ago to undertake the writing of this paper, I at first hesitated, feeling that to do justice to so great and important a subject

a much longer time than was at my disposal was necessary, to collect and put together evidence and proof of the work and scope of the Society throughout the country, and to show the need for such work, and the possibilities of expansion and development. This must be my apology with which I would preface the few remarks I am about to put before you.

A short history or sketch of the Scottish Society will, I think, be both acceptable and helpful before I pass from the particular to the general.

1. As long ago as 1877 Miss E. M. Stirling founded what was known as the Edinburgh and Leith Children's Aid and Refuge; in connection with this Society a shelter from cruelty was opened in the High Street in 1884. In this same year ('84) was started the Edinburgh Society for the Prevention of Cruelty to Children, under the presidency of Lord Polwarth, and two years later, in 1886, these two Societies joined and became one. In 1889 was passed the first Act for Prevention of Cruelty to Children, and in the same year the amalgamation of the Edinburgh and Glasgow Societies took place—the latter city having also started a Society, founded by Mr. James Grahame, in the same year as Edinburgh, 1884. The three combined Societies then took the name of the Scottish National Society for the Prevention of Cruelty to Children. In 1895 the Scottish Society was affiliated to the National Society in England, and became the National Society for the Prevention of Cruelty to Children (Scottish Branch), and was incorporated by Royal Charter, specially bestowed by the late Queen Victoria, the patron. Although affiliated with England, it is a distinct and National Society, having its head office in this ancient Scottish capital. The first Society for Prevention of Cruelty to Children in Great Britain was started in Liverpool, in 1883, by Mr. Frederick Agnew, who had relations in Edinburgh. This originated both the institution of the Edinburgh Society and also the National Society, founded in London by the Rev. Benjamin Waugh. Both Mr. Agnew and Mr. Grahame, founder of the Glasgow Society, obtained their ideas from America, where they had been visiting, and where a Society for Prevention of Cruelty to Children had existed in New York since the year 1874, founded by Mr. Henry Bergh, president of the American Society for Prevention of Cruelty to Animals. Thus New York was the pioneer of all these Societies, but almost equal honour should be paid to Edinburgh, where was originated, by Miss Stirling, the first inception of the scheme in the old country.

The Scottish Society began its existence on a few hundreds a year; now its income is upwards of £10,000, with a reserve fund of £7000. For this great increase the Society is largely indebted to the Children's League of Pity, a band of 9000 children and their friends, whose object is to raise money and interest themselves generally in the Society's work.

Since formation, the Scottish Branch of the Society has received 44,922 complaints, involving the welfare of 108,451 children, 3669 persons have been prosecuted, and all but 64 convicted. 23,765 children have been admitted to

the Society's shelters, clothed and fed, and 9716 have been rescued and placed in positions where they will be properly cared for, besides 330 who have been trained and educated in the Society's Home at Murrayfield, and 82 who have passed through the Crookston Home, Glasgow, since it was opened last May.

2. Branch Committees have been opened all over the country to the number of 71, not including Edinburgh and Glasgow. There are 6 children's shelters and 2 homes, while 40 inspectors are constantly on the alert to prevent wrongs being done to childhood. During the past year, 5812 cases have been dealt with, involving the welfare of 17,121 children, being an increase of 960 and 2800 respectively on the previous year. 603 were convicted, being an increase of 109; and punishment by imprisonment, amounting in the aggregate to 60 years, 11 months, and 1 week; and by fines to the amount of £118, 12s. has been inflicted on parents and guardians for ill-treating and neglecting their children. The officers paid during the year 21,399 visits of supervision.

In 1883 Mr. Grahame, the founder of the Glasgow Society, said that the inhabitants of that city would hardly credit the fact that cruelty to children, such as he described in America, existed in this country, and would not at first support him. Now such a state of things is, alas, almost universally acknowledged, and Societies for Prevention of Cruelty to Children have the substantial support or sympathy of most of us.

The central or head office at 142 High Street, Edinburgh, controls the work done throughout the country, and trains the inspectors before sending them out to the different districts. This training of inspectors and finding suitable men is really one of the most important branches of the work. To quote from Lord Alverstone's (the Lord Chief Justice) speech given in London last year:—'By far the most important work done by any body, other than the heads of societies, is the work of the inspectors, and the central office is where they must be trained before being sent out on their delicate and responsible work. The weight behind the inspector is prosecution, but there are thousands of cases where prosecution is unnecessary,' and where neglect and suffering caused to children through ignorance can be prevented, by wise and kindly advice and guidance, and the home permanently benefited. I intend to amplify and prove this later on.

3. Much has been done, much is being done, but much still remains to do. The Society hardly yet realises its great and far-reaching power under the Act, and how its actual duty should be to go right down into the housing question, the drink question, and into the home-life of the people, if it desires, in the fullest sense, to fulfil its mission and *prevent* the causes that induce to cruelty, neglect, and suffering in the child-life of our nation.

'Everywhere now, sanitary science is seeking, by better systems of drainage inspection, and isolation, and other positive means of prevention, to combat evil at its very source. We must prevent evil at its very beginning rather than attempt to suppress it after it has once become firmly established.' We might

go on to the end of time giving wise advice, and, where this failed, handing over to the law to punish, without really reducing in our country the cruelty and neglect suffered by children. Our Society, to carry out to a logical conclusion the provisions of the Act under which it works, *must* see that the root —the home-life—is planted in healthy soil if bud and flower and fruit is to result. Can this be done? and how can it best be done?

4. In some minds there is a latent prejudice against the Society, because they believe that it destroys parental responsibility, and interferes between husband and wife. But the Society desires to do the very opposite. 'It refrains from interfering with the sanctity of home-life, and of removing children from the guardianship of their parents, unless it is apparent that the latter are totally unfit to be trusted with them, and that in the interest of the children and of the community they should be removed from their charge.' Before taking this step, however, the Society's inspectors try to teach and help by wise counsel and frequent visits of supervision. Carelessness and bad temper on the parents' part are often the cause of much of the suffering of the children. Intemperance is another common factor, and many cases have been known where an inspector has induced the parent to take the pledge, and a renovated home has been the result. Sometimes an insanitary house or an overcrowded room is the cause of much childish suffering, and then a report to the proper authorities may bring about the desired reform. In cases of neglected injuries or sickness or disease, the inspector is often consulted, and his advice is eagerly sought after. And so on, in numberless cases, he can not only be the friend and guardian of the child, but also the friend and adviser of the parent. The 'Children's Man,' as he is often called, is welcomed in many a happy home circle which but for him, backed up by the Society, would be still, as it was when he first entered it—a house of misery. It is such cases, which never come under the notice of the public through the press, that are to him his truest source of pride and congratulation.

Ignorance on the part of the parents is also the cause of much childish suffering and even death. A man recently called at the shelter for advice about his child, whose mother was in prison. It transpired that he fed it, or rather dosed it, with whisky and water. A few days longer of such a diet, and this child would not now be an inmate of an industrial home. Wives come to the shelter for advice and help when their husbands are out of work and they and their children starving. Husbands, with tears in their eyes, plead that something may be done to bring to a sense of duty their drunken wives who seem past cure. It is one of the saddest experiences of the Society and of its warm-hearted inspectors to have to look on and be powerless to help, while lives are being wrecked, homes broken up, and hearts broken. The 'Children's Man' and the 'Children's Man's Society' are the recipients of many a weary-hearted man and woman's life-trouble, as of many a suffering child's confidence.

The power conferred upon the Society by the special Act under which it

works is almost limitless, for it is only necessary to prove that 'any person who causes a child to be treated in such a manner as *likely* to cause it unnecessary suffering or injury to health, shall be guilty of a misdemeanour.' But prevention is the aim of the Society, and not till every other means has been exhausted is prosecution resorted to.

5. 'Through the care of the children whilst their case is under the consideration of the committee, or if prosecution is carried through, during the parents' term of imprisonment, an influence is often gained over the parents, and when they receive their children again—no longer starved and miserable, but well fed and happy—a feeling of affection for, and even of pride in them, is often developed, which it is the aim of the Society's inspectors to encourage.'

Of course there are cases—horrible, brutal, unnatural—where immediate prosecution against the parent or guardian is the only proper and right action. Then the inspector who carried to the shelter the starved, maimed, suffering bit of humanity, perhaps rescued from a dark cellar where it has lain for weeks, takes every means in his power to see that the evidence to prove such cruelty is so conclusive that a conviction is ensured with a verdict of guilty, and a just sentence the result. Or in a case of continued and wilful neglect, where kindly advice and moral suasion have failed, then the law must educate by sharp retribution, and, by making an example of the offender, instil fear of consequences into others. A flagrant case of cruelty and neglect dismissed as not proven, or the case of a child beaten till bruised all over, awarded an utterly inadequate sentence, may do infinite and far-reaching harm to the community that several years may not undo. Leniency for convictions under the Prevention of Cruelty to Children Act should not exist, for no cases should ever be brought to trial that deserve lenient dealing.

6. When the law has done its part, and has meted out retributive justice against vice and crime, and has given as its decision that the parents or guardians of the child are no longer to be allowed to take charge of it, then the State steps in, and through the medium of the Society saves the child for itself. The duty of the Society is then to find out how best the child can be saved for the State, and become a good and useful citizen. The aim should be to make friends not foes for the common weal. By placing the child in the Society's Home, where it is trained for service; by sending it to a training-ship or to an industrial school; by emigrating it to one of our colonies. These are a few of the many channels through which the victim of man's cruelty can grow up to be a useful and respected citizen of the world.

7. I have already spoken upon the Society's Inspectors, and the power conferred upon them to deal with and to improve the home-life of the people under the Act for the Prevention of Cruelty to Children, but there would be an additional and still greater power if as well as these inspectors we had probation officers, as there are in America, or our inspectors could undertake the double duty, working under a Probation Law Act,

which is somewhat similar to our Probation of First Offenders Act in its relation to juvenile delinquents. In America there is a probation law for adults as well as for juveniles, but it is about the latter I will at present speak. Each youthful offender has his case in all its bearings fully investigated by a probation officer prior to being charged before the judge. After careful hearing, the case is decided and a decree given. If the finding of the court is 'guilty,' the child is committed into the charge of a probation officer, and returned to its home, there to be under the supervision of the officer for as long as the court may have determined, from a few months to two or three years—sometimes even until he arrives at majority—at the expiration of which period he must come up to court to receive his discharge—if well reported on—and start life with a clean slate. If badly reported on the term of probation is extended. If again convicted he may be again paroled, and if eventually reported incorrigible, he may be committed to a reformatory. The child must not only report himself to the probation officer at stated times—often weekly—but the officer must visit him at his home and give him friendly advice, and advise his parents also if necessary. Thus the officer is enabled to go into the home, and to see under what conditions the family are living. The delinquent child, together with the Probation Law, has made this possible. Even the casual thinker will see the immense additional power that lies behind this Act to improve the homes and morals of the people, and to gain an insight into the difficulties that surround their lives. Of course the choice of the right officers for this post is of the utmost importance, for it is essential that they give loving, patient, personal service. It has been proved in numberless instances in America that many families have been saved from moral and physical degradation by the wise advice and guidance of probation officers, who first gained admittance into their homes through their delinquent children, or, as some would call them, young criminals.

But the Probation Law in America would only be half wisdom if it did not act in conjunction with the Juvenile Court Law Act. In most of the American States, as also in our own colony of Australia, which indeed was the pioneer in the matter of children's courts, the first one being established in Adelaide, South Australia, in 1890, all juveniles under the age of sixteen—in Australia eighteen—must be tried at a separate time, or in a separate place from adults, and they must not be locked up or placed with adults. In Massachusetts, since 1869, over thirty years, a statute has required that children's cases should be 'heard and determined by themselves, separate from the general and ordinary criminal business of such courts.' In this, as in some other states, there are still no separate children's courts, but in some of the courts the session for adults is formally adjourned, and the room is cleared of all except those who have to do with the juvenile cases; in other courts, the session for juveniles is held in a separate room, or in the judge's private room. 'In either case there are evils, for juveniles under arrest are apt to be mixed with adults while waiting

during the hour or so preceding the trial. If not under arrest, but only summoned, they may wait in the outside lobbies, but get more or less mixed with the throng about and in the court-room.'

In Adelaide and Melbourne in Australia, in New York, Chicago, Baltimore, Buffalo, Philadelphia, and in other cities of America, there is a separate and distinct lock-up, and courts with waiting-rooms provided for the detention and trial of all juveniles. In the country districts it is not practicable to have a separate building, but juvenile delinquents must be tried at a separate hour from the ordinary sittings of the court, and under similar conditions to those observed in the cities.

'Among the advantages of the children's court are its privacy, the absence of loaferdom and of all the associations of criminality and dissipation, from which any decent mother would pray to have her children kept. Even the worst ones who may have been already tainted by crime are not made any the worse for their visit to the court. The prevention of notoriety is another point that will commend itself to all who have to deal with the problems of child-life. There is nothing the youthful 'criminal' enjoys more than to be ranked along with grown-up desperadoes. He rejoices in anything that makes him a hero in the eyes of his small public—his boy companions.'

'A day in a juvenile court is fascinating, and the experiences of a probation officer are not less so. The little culprits are often quite anxious to tell their story to the judge, sometimes so stolid that either way it is pathetic. There is much weeping when children are found guilty, and sudden relief when the meaning of probation is explained to them; and the confidences made to the probation officer are irresistible. In many of the courts the proceedings are quite informal, and the children stand close to the judge and speak to him without fear. In fact, anything that suggests the prison is kept in the background, every effort being made to keep the court bright and cheerful.'

All cases in which children are concerned, under whichever Act they are brought up, as sufferers or as offenders, are tried in the juvenile courts, which are in most places conducted *in camera*, the only persons present besides the judge and the officers of the court being the children dealt with, and parents or guardians, and any witnesses necessary, or those specially interested in the case. Reporters, of course, can be present. 'Special judges are appointed to try all children's cases, whose duty it is to make themselves acquainted with each child's life, home, and surroundings, and their whole heart gets engrossed in the work of child-saving. It is the principle of prevention rather than punishment which distinguishes these courts, and which marks them as part of the great movement everywhere going on to modernise the treatment of offenders. What the judges must ever consider is that it rests with them largely whether the child is to become an enemy of society or a valuable citizen. Hence the need for great wisdom, patience, and sympathy,

particularly as the court must often protect a child from wicked parents or debased guardians.' It must be their special care to know how best to deal with the child, not only for its own good and for its parents' good, but to save it for the State. What an immense and far-reaching power is here exemplified. To save the children, and through them reform their homes and parents! This in its highest ideal means a regenerated nation, for the future nation is springing up in the homes of the people.

If the return of the youthful offenders to their own parents under a suspended sentence, and the oversight of wise sympathetic probation officers, fails to bring about a reformation, or should the homes and surroundings be found to be so bad that the court decides that probation at home would be useless, then they are committed to other guardianship, and generally boarded-out in families to grow up as far away as possible from old associations. The reformatory is never resorted to until all other means have failed. In this country a judge may be fully aware of the evils of a child's surroundings, and yet in nine cases out of ten he is powerless to do otherwise than send him back to those evils to fight them or to succumb, and add another criminal to swell our already overcrowded prisons. 'How long are we to continue to allow a bad home environment, parental neglect, or the foul contact of police-courts and confirmed criminals to nurture our little ones in a life of wrong-doing? For no longer can we be blinded to the actual facts—that juvenile crime is alarmingly prevalent in most of our large cities, and that experience has already taught us that it can best be checked by giving our children purer home surroundings.'

In America and Australia State aid to a certain extent is given for the maintenance of boarded-out children committed by juvenile courts; and that they may realise their responsibilities, parents and near relations have to contribute weekly or monthly, payment being strictly enforced. Would our State be poorer in its pocket if it recognised its responsibility to the full? In the latest report issued by the Prison Commissioners for 1903, the cost per head per annum in one of our prisons is £25, 2s. 5d., and in a convict prison £43, 4s. 8d. Surely prevention would be better than cure, even from the matter of fact view of pounds, shillings, and pence.

In our Acts dealing with children there is no uniformity of age at which the State assumes or ceases to assume control; it varies under different conditions and in different Acts from 16, 18, 19, to 21 years of age. It seems a great pity that the presiding judge who knows, or should know, all the circumstances of the case, cannot use his own discretion as to this age limit; and, if he thinks necessary, keep a delinquent child away from bad and evil home surroundings until it is of age. For instance, take the case of a girl just over sixteen who, with a bad home and an evil mother, has been convicted of stealing. Only two courses are open to the judge if she is found guilty. She can be reprimanded under the First Offenders Act, or she can be imprisoned,

but must in both cases return to her—save the mark—home. With a boy it would be the same, and yet we are told that nearly one-third of all burglars are lads from sixteen to twenty-one!

It is becoming more and more recognised that the wisest plan for dealing with the delinquent or neglected children of evil or cruel parents, or those without parents, is to board them in rural families, under constant and watchful supervision, rather than to place many together in institutions or in villages. They must, however, be where they can attend school and church regularly. There is an excellent society in Pennsylvania called the Children's Aid Society, which is now in its twenty-third year. Starting out with the simple proposition that the best place to rear or to place a child is to board it out in a good home, the Society has never wavered for one moment in support of that principle, and the results after all these years have justified it. To quote from their own report: 'Accounts that come in from "neglected," "homeless," "delinquent," and "incorrigible" children, are almost monotonously favourable, showing that a good home, with judicious care, is all that is necessary to save to the State an enormous proportion of children who are cast adrift by misfortune and crime.'

It is a well-known fact in our own country that children, on coming out of industrial homes or reformatories, are often claimed by evil parents or guardians to be made use of at a wage-earning age, or initiated into a life of vice and crime. If boarded-out in our colonies, such an eventuality would be practically impossible. There might, with advantage, be inaugurated a scheme to emigrate State children to Canada, South Africa, and Australia. To meet an objection that might be urged against such a scheme, viz., that vice and crime are hereditary, I would say that in our present enlightened age, the belief in the law of heredity is practically nil, compared to the law of evil environment and example. I understand that no children are now sent to our colonies from Scotland, and in England less than 200 were emigrated to Canada in 1902, probably fewer this last year. Our own country is so small that we cannot isolate in farms or country homes as we could in our vast colonies. *We* suffer from *over*-population, our colonies from *under*-population. If properly organised and placed before their respective governments, they should welcome and aid in such a scheme.

Want of true education—moral, physical and mental—is at the root of most of the evils we attempt to reform. Education in its widest sense rather than in its generally accepted term. As Webster's old dictionary has it: 'To inform and enlighten the understanding, to instil into the mind principles of morals, religion, and behaviour, to instruct, to bring up, to train, to mature, to discipline.' Our rulers and law-makers require to be 'informed' and 'enlightened' as well as the people, so that they may feel impelled to inquire into evils, and to draw up—and see that they are passed through Parliament—Bills or amendments to existing Acts, to remedy those evils and not allow philan-

thropists to fight for twenty years or longer—as has been the case with a recent Bill—against apathy and intolerance.

I have shown, I think, very clearly the great improvement that takes place in many homes following on the kindly visits of supervision and the friendly warnings of the Inspectors of the Society when they have found children being neglected through ignorance or any other cause. I have also proved, I think, that juvenile delinquents paroled under the Probation Law are similarly benefited. Now, why should not the Juvenile Court Law Act and the Probation Law go hand in hand all along the line, meaning by this that the Probation Law might be made use of in *all* cases in which children are concerned. To further explain myself, sentences awarded under the Prevention of Cruelty to Children Act might be *deferred*, and the prisoners put on parole under probation exactly in the same way as juvenile delinquents. For instance, a man may be imprisoned for neglecting or being cruel to his children. His sentence completed, he returns home to find his family on the verge of starvation—nearly everything, household goods as well as clothes, pawned, and his place at his work filled up. He *may* pull through all right, he may *not*. In any case, 'the innocent have suffered as well as the guilty.' Are we not too apt to take this saying as an inevitable and natural consequence of evil? Ought we not rather to blame ourselves for imagining such a consequence must be inevitable? If he received a *deferred* sentence, and was placed on parole under the supervision of a probation officer for several months, much of the misery I have hinted at might be averted and yet justice not be defeated. Surely it is not a Utopian idea to suggest that in every case where there are children at home to suffer, each convicted prisoner, man or woman, be they thief or drunken brawler, instead of being sent to jail, should be probationed, unless they be incorrigible or dangerous criminals. I think if this became law our prisons would soon be very empty, the State Exchequer fuller, much less want and misery among our children, crime lessened, and the nation stronger. It is, strangely enough, sometimes an actual fact, that the law violates its own Act, and *causes* suffering to children. Can it plead ignorance or carelessness? One more point, to emphasise my plea for children's courts and for the Probation Law. It is well known to the Society, as I have illustrated elsewhere in this paper, both here and in England, that it is not advisable to prosecute under the Act of Prevention of Cruelty to Children unless an adequate sentence is assured. And yet it may be the wisest judgment, and one that may avert further suffering to the children, that dismisses a case as 'not proven,' or, if found 'guilty,' inflicts only a small fine. The judge believes that the prisoner is worthy of dire punishment, and yet he may let him go free—perhaps with a strong admonition—knowing that misery might follow at home were he sent to jail. The 'man in the street' does not give the judge credit for this wisdom, and blames him, raising an outcry in the press, while all the time it is our present law that is at fault.

No judge would, I believe, hesitate to award a severe, if *deferred*, sentence, and let the prisoner go on parole under probation.

Although perhaps a little wide of my subject, I would like to say a few final words as to the best means of preventing child-suffering and crime, over and above the patent facts of better homes, better wages, and temperance reform. These are, increased facilities for technical education throughout the country, not only encouraged by the authorities but by the employers of labour, for apprenticeship has practically become a dead letter so far as teaching a lad his trade is concerned. Increased facilities for girls to learn to become good housewives and mothers; organised physical-training, sports and outdoor games; wise recreation, the latter for the parents as well as for the children, and especially necessary during the New Year's holidays; summer ploys, when all schools, including Sunday-schools, and all evening classes are closed, and the children and lads and girls are left to their own devices for good or for evil. 'Advice' bureaus for parents should be opened, and 'Advice and Employment' bureaus for girls and lads. In conjunction with these bureaus, there might be a system of 'thrift' and 'out-of-work' insurance for the aid of families when the bread-winner is out of work, and when the children must inevitably suffer if help in some form is not given. Some most sad cases of this kind have lately come to my personal knowledge, the respectability of the families vouched for by our inspectors. For instance, the father hunting the country for work, the mother and children starving at home.

A 'People's Club' should be established in all towns, with branches in existing buildings of every village, from, and in which, most of the foregoing suggestions, and many others, could be carried out and organised.

We must, at any rate, to do our duty, make the attempt to educate—again I mean in its widest sense—the rising generation, the upper ten thousand as well as the millions, on all points up to the ideal, and it is a *possible Ideal*, if the nation is to progress. It is true that 'no country is so strong that it can afford to make one single needless enemy,' and it is also true that that country is strongest whose people are self-reliant and independent, not in democratic disloyalty but in loyal fealty to State and Empire.

Since writing the above, I have just heard that about two months ago, on the representation of Lord Meath to the Lord Lieutenant of Ireland, arrangements have been made to try children's cases either in a separate room or at different times or days to adult cases, in Dublin, Belfast, and Cork. Similar arrangements are being carried out in Edinburgh, with the full approval of our Lord Provost, Sir Robert Cranston, and of other high officials. As far as I can learn, nowhere in England are these wise changes being instituted.

(*See Summary of Discussion, page* 388.)

THE BOARDING-OUT OF PAUPER CHILDREN IN SCOTLAND

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When, a few weeks ago, your Committee did me the honour of inviting me to write a paper on the subject of our Scottish Boarding-out System, I at first hesitated to undertake it, but a little reflection convinced me that they were not unwise in giving the subject the prominence they proposed. It seemed to me that the development of that branch of our Poor Law administration which includes the boarding-out of children, very forcibly illustrates some of the more striking characteristics belonging to our Scottish system of Poor Law.

In the first place, the boarding-out system in Scotland is a spontaneous growth without statutory basis, and is the outcome of the best thought of the administration of our Scottish Poor Law for the last century.

In the second place, the leading feature of our Scottish Poor Law Relief—indeed its hall-mark—cannot be too often or too widely published. Of course it is well known that it gives no relief to the able-bodied, and in this respect it contrasts with the English and Irish systems. But there is another distinction, perhaps of greater practical import. The two latter are largely in-door systems of relief, the Scottish system is an out-door one. And the boarding-out of the children is an inherent part of the out-door system.

In the third place, irrespective of whether the boarding-out system is originally an offshoot from the indoor or the outdoor branch of our relief system, its aim is to relieve the children of the stigma of pauperism as it is understood in Scotland, and to bring them up and provide them with surroundings and a home life, so that when they go out into the world they shall in no way be tainted or disabled by the trying experience of a poorhouse existence, which is the only alternative. Let me quote what an inspector says upon this point:—'It has always been the practice of the Parochial Board to board out children, as, when they were put to the poorhouse and became of age to be struck off the roll, there was always great difficulty in getting situations for them.'

In the fourth place, the statistics of the boarding-out system afford perhaps the best illustration that can be found of the merits of our Poor Law system as a whole. They enable us to judge whether we are successfully grappling with the vast social problem that we see around us,—and whether the indications point to an increase or a diminution in the number of those who may require relief in the future.

The history of the origin of the system is perhaps not of much importance for our present purpose. It has been said to date back one hundred years, and

this may be true. It was practised and encouraged by the Church long prior to 1843—the year of the Scottish Poor Law Inquiry. There is ample evidence to this effect. Let me quote from the Session-clerk of Rothesay parish :—

'Both the deserted children and the orphans are boarded-out. The parent of one of the families of the deserted children was a tradesman ; the mother is dead. The mother of the other family has gone to America, and has sent for her children. Two shillings a week is paid for boarding-out each of the children. In general there is only one child or the children of the same family boarded in the same house, except in the case of Miss Craig's house, who commenced an institution about a twelvemonth ago for the care of orphans, and who has several females to superintend the different departments of it. In that institution they have a child from each of two families. There they pay for one child two shillings, and for the other two shillings and sixpence, the latter being the elder. Witness and others of the elders call occasionally to see that the orphans are properly taken care of. He considers that Miss Craig pays very great attention to the orphans. He has not seen anything equal to it in this part of the country ; and she pays very great attention to the education of the children, and takes them regularly to church with her.'

It is enough to show the growth of the boarding-out system since the year 1845. From that year dates the foundation of the present structure of Scottish Poor Law administration. Indeed the Act of that year is its charter, and there has, practically speaking, been no Scottish legislation since that year that in any way affects the general principles of our Scottish Poor Law or its methods of administration.

We have done well without legislation, which seems to me to say a good deal both for the soundness of these principles and for the practical wisdom and tactful administration of the local bodies and their officials in our parochial areas.

The Poorhouse Rules, originally framed by the Board of Supervision in 1850, provide that :—

'The house committee shall determine what poor children admitted to the Poorhouse shall be boarded-out, and shall see that such as are so boarded are placed with proper persons, that their education is properly attended to, and that they are trained to habits of industry. The house committee shall also see that proper masters or employers are provided for all pauper children under the charge of the committee, who are apprenticed or sent to service, and that the chaplain and the house governor, or other persons charged with that duty, continue to exercise a regular superintendence in respect to them, so long as they are chargeable to the Parish.'

It is right to add that this rule was only operative where the Parochial Boards of the parishes to which the children were chargeable did not themselves exercise the power of boarding them out—the counsel of perfection seldom attainable being that the children should never get inside the poorhouse gates.

I should like to quote Sir John M'Neill, then the Chairman of the Board of Supervision, who stated before a Select Committee of the House of Commons in 1870 (bearing out what I have said) regarding the history of boarding-out :—

'The rule of requiring all deserted or orphan children to be boarded-out is almost universal; I must say that we have no positive authority to enforce that. It has been done by the exercise of influence on the parochial boards, by the good will of the parochial boards themselves, and by the perception in a series of years of its great advantage to the Parish. What happens is this: the children are boarded-out in the country, one, perhaps two, rarely more than three, in a family; they grow up with the family; they are treated as members of the family; they acquire the habits and feelings of the persons amongst whom they are brought up; they see the struggles of the family to maintain their own independence; they see the kind feeling that is entertained in reference to paupers; they acquire a sort of domestic attachment to the father and mother, or to the old woman with whom they are boarding, and they are well educated, and ultimately they melt into the population, so that you cannot find a trace of them, and they are not distinguishable from the people who have been brought up in independence. . . . Anything more satisfactory than the working of that system I have not to boast of in the administration of the Poor Law.'

In 1875 the Board of Supervision obtained returns of all the boarded-out children in Scotland, and Sir John Skelton's very full report following up these returns bore that the system had been attended with the most beneficial results; its success depending (1) on the care and judgment with which the selection of guardians was made; (2) on the thoroughness of the inspection and supervision; (3) on the limitation of the numbers boarded in each dwelling; and (4) on the limitation of the numbers boarded in each parish.

In 1880 Sir John Skelton wrote another article on the subject, and in 1882 further regulations were issued requiring a list and other particulars to be given annually by the boarding parish to the inspector of the parish of residence of all children boarded-out in the latter parish. This should of course apply, whether the child is boarded in a private house or in a public institution, and I think it should also be extended to include notice when the child ceases to be chargeable. In 1892 Mr. Peterkin, the well-known general superintendent of the Board of Supervision, conducted an exhaustive inquiry into the system—visiting a number of parishes and conferring with the inspectors. I do not trouble you with statistics given in that report, further than to say that at that date the amount expended on boarded-out children in Scotland was not less than £37,000 yearly.

In estimating the success of boarding-out it must, as I have said, be borne in mind that our Poor Law system is an outdoor system of relief. At 15th May 1903 the ordinary poor of Scotland—*i.e.* excluding lunatics—numbered 88,823, of whom 11,711 were indoor and 77,112 outdoor.

In Scotland the poorhouse has always borne an evil reputation—indoor

relief was always distasteful, and was, and is, regarded as conveying a stigma which does not attach to the recipient of outdoor relief. The Scotsman has always enjoyed an independence of character and a measure of self-respect which make him view the house in the light of a prison, to which the straits of poverty and want are generally preferred. Friends and relations will frequently come forward to assist to their last penny rather than suffer a less fortunate brother to enter its walls. One example of this is the fact that rather than permit a mother with bastard offspring to take such relief—for by our rules such women are debarred from claiming outdoor relief—the father will often come forward and marry her—a very striking and salutary result from every point of view, but one that often occurs in the administration of our system.

This innate dislike to the poorhouse must always be kept in mind when the two systems, as worked in England and Scotland respectively, are compared with one another. I have observed that in criticisms which have been passed in England upon the possibility of any practical realisation of the theory, that our main effort ought to be to remove as far as possible from the children the taint of pauperism, it has been said that the facts of the situation make such removal impossible. No doubt that is so far literally true, unless the distinction to which I have called attention between indoor—that is poorhouse—and outdoor relief be remembered. With us it is a real distinction, and it is not perhaps so much the effect it has upon the children themselves, as the prejudicial influence it may exercise upon their subsequent prospects. A boarded-out child will readily get employment where a child bred in the poorhouse will not.

Let me give you a few figures relating to the growth of the boarding-out system which seem to me very instructive. In 1903, out of the total ordinary pauperism of 89,000, there were 7110 children in receipt of relief in Scotland Those 7110 children were made up (1) of 2891 orphans; (2) of 1299 deserted children; and (3) of 2920 children separated from their parents. The last class do not appear to be boarded-out in England—orphans and deserted children alone are dealt with.[1] Of the 7110, 6195, or 87 per cent., were boarded-out—1800 with relatives and 4395 with strangers. That leaves a balance of 915 to be accounted for—mainly in the poorhouses of the country—some of them sick and infirm and others probably waiting to be boarded-out. The statistics of children in the poorhouses, as at 1st January 1903, show that there were 1721 children inmates of the poorhouses as at that date. But the 1721 include dependants, *i.e.* such children as are there along with their parents or either of them.

Taking these figures as a text, what do they suggest?

In the first place, taking the aggregate number of boarded-out children in the year 1903—amounting, as I have said, to 6195—we find that this is the

[1] In England, from a return made in 1897, I find there were only 1957 children boarded-out with committees beyond the limits of the Unions to which they are chargeable, and of these the Metropolitan Board of Guardians were responsible for something like 1000.

largest number yet reached in any year. Since 1875 there has been a gradual increase in the figures. In that year I find that the number then boarded-out was only 4512, of whom over 83 per cent. attended the parish school, to which they were free to go along with the other residents in the parish.

But while there has been this increase in the aggregate numbers, the increase in the percentage is even more striking. Thus in 1875 I find that some 66 per cent. of the orphan and deserted children[1] were boarded-out, whereas in 1903, 90 per cent. of such children were boarded out. It is also interesting and very suggestive to find that whereas out of a total of 5133 boarded-out in 1880, 40 per cent. were boarded with relatives and 60 per cent. with strangers; in 1903, out of a total of 6195, only 29 per cent. were boarded with relatives and 71 per cent. with strangers. For obvious reasons, I think that this denotes an improved condition of things.

Then there are further instructive figures. The percentage of children to the total ordinary inmates in poorhouses in the year 1875 was something like 22·50. In 1903 we find it is reduced to something like 14 per cent. This reduction has been gradual during the whole period from 1875 onwards, showing how the boarding-out process has steadily increased.

There is this further fact, which is amply demonstrated—that whereas the number of orphans and of deserted children who are receiving relief has very materially decreased during the last thirty years, the number of children who have been separated from their parents is a gradually increasing quantity, and is now more than double that of the deserted, and equal to that of the orphans.

These figures seem further to indicate, in the first place, a growing tendency on the part of charitable and other agencies to look after orphan children and so prevent them coming on the rates. It may be that parents make better provision for their children than formerly. But, whatever be the cause, the fact remains, that, in spite of a largely increased population, the number of orphan children chargeable to the rates in Scotland has decreased some 32 per cent. during the last thirty years. Again, the figures seem to supply a forcible answer to the criticism that the practice of removing the children from degraded and vicious parents, and boarding them out—thereby releasing the parents from their natural obligation and duty—is a direct incentive and encouragement to the parents to pursue the course of immorality and vice that has made such separation necessary. The contention is that the removal of the children and the release of the parent from his natural obligation to rear and maintain his offspring must tend to increase the number of desertions. The champions of this argument must look for support to their contention elsewhere than in our Scottish figures. If the practice of removing the children from their depraved surroundings had led to a deliberate purpose on the part of the parents to evade and relieve themselves of their responsibilities by putting them on the Local

[1] Separated children are not included in these percentages.

Authorities, the figures would surely have shown this ere now. We should have expected a large increase in the number of deserted children, whereas, as I have said, there is a considerable decrease—amounting to about 30 per cent. since 1875.

Another factor of much importance, of which you will not have failed to take note, is the steady increase in the number of children who are separated from their parents, and are now getting relief. This increase dates from the year 1890, the first year of which we have reliable data, but the rapid rise to a total of 2920 in 1903 may be accounted for by the passing of the Custody of Children Act, 1891, and Prevention of Cruelty to Children Act, 1894, and by a more liberal application of the provisions of the Industrial Schools Act than had hitherto prevailed. We cannot but regard these results as most salutary, and it occurs to me to suggest that the diminution in the numbers of deserted children may be partially due to the consideration that, through the operation of the two Acts to which I have referred, the children are probably now rescued from their fate before the stage of desertion has been reached.

We are, in Scotland, as thoroughly impressed as our friends in the south can be that the key-note of the system is 'thorough vigilant and constant inspection.' But we do think that this inspection may be overdone. It must not be too inquisitorial, and it may easily be carried to excess. The primary responsibility rests with the parish to which the child is chargeable, and which stands to the child *in loco parentis*. The care and supervision exercised are, or ought to be, the same as would obtain in the ordinary relationship of parent and child. The parental duty to the boarded-out child is discharged by deputy, and the foster-parent to whom the child is transferred takes upon himself the duties and liabilities of the real parent. There is, of course, a periodical inspection by the inspector of the parish of chargeability, and sometimes by duly authorised members of the Parish Council, or by a Children's Committee. Our parishes in Scotland are very much smaller than the English unions, and the inspector (whose duties are akin to those of the relieving officer) and his staff must necessarily be very much better acquainted with the individual circumstances and surroundings of those who receive relief than the clerks and relieving officers of an English union. Further, to invest the officials of the parish of residence with any large powers of interference, or of investigation, other than they possess as members of the public, would be foreign to our Scottish system. If the parish of residence, or its authorities, have reason to think that matters are not right, or that foster-parents are neglectful, or are falling short of their duty, they will make intimation accordingly to the parish council or inspector of the parent parish. The boarded-out child deserves and is entitled to have the same treatment as the foster-parent would bestow upon his own child, and if he does not get this, the neighbours will speak out. Any other rule would seem to us in Scotland at variance with the principle which underlies our whole system. We endeavour to achieve a result which

separates and divorces the child from his early upbringing and surroundings, and will make him lose the sense of his pauper origin in the new home which is provided for him. He grows up often in ignorance of his past—always with every opportunity of forgetting it, and uncontaminated by it—as an ordinary citizen determined to make his way in the world, and to earn an honourable livelihood in the direction which his own choice may select for him.

It is, I believe, frequently alleged that there is a looseness and inefficiency in the supervision exercised in Scotland. It is probably quite true that we place more reliance and trust in the foster-parents, because perhaps in a community like ours they must be better known than in the larger population of the south. They are, as I have said, carefully selected by the inspector of poor of the parish to whom the child is chargeable, and whose parish council stand to the child *in loco parentis*—a relation of real responsibility and serious duty. We do not interpose any intermediate authority. We have no voluntary committees of ladies and gentlemen, and we have no official orders defining and regulating boarding-out within and without the union. The whole duty and responsibility rest, in the first place, with the inspector of poor, who knows that he must answer for the discharge of it to his Parish Council, and then to the Local Government Board. The Parish Councils (of which ladies are often members), as I have said, pay periodical visits to the foster-parents, and in some cases get reports from the inspectors of the parish in which the children are boarded. If there be cause for it the authorities in the resident parish, or perhaps a neighbour, will communicate with the inspector of the boarding parish. Indeed, the inspector of the parish of residence has an official duty to report any abuse or irregularity, or any circumstance affecting the welfare of the child that may come to his knowledge. At the same time, to carry inspection to the length to which it appears to be necessary to carry it in England would be, to my mind, to seriously endanger the whole system. It seems to me that you cannot expect a foster-parent to place his foster-children on a higher pedestal than he would his own children, and that when an inspector enters the foster-parent's house for supervision duty he should always have that standard, and that standard only, in view. But I would not carry it further. I agree with the view stated by a very experienced inspector of poor, and quoted in the Report upon our system prepared in 1892 by Mr. Peterkin, who says :—

'The class of guardian now selected would not, from their position, tolerate for a moment the supervision of the local inspector. In fact, I have had complaints where an inspector, on receipt of the annual list of children boarded in his parish, visited the homes, inspected the clothing, accommodation, etc., the result being an intimation that if such was to be continued the children would require to be withdrawn. Local official supervision would, I am confident, but tend to destroy the family life which is so much to be desired between the children and their guardians, more especially when all the supervision and

visitation necessary is duly exercised by the parish which boards out the children.'

And Mr. Peterkin added himself:—

'Wishing to see some of the places where other parish pauper children were boarded, I asked a local inspector to act as my guide. He did so. In asking for information, and showing me the sleeping and other arrangements for the children, I was subsequently informed, that very serious offence was given chiefly on the ground apparently that I was accompanied by the local inspector of poor. This is given as an illustration of the feeling which exists among guardians against supervision on the part of local inspectors, when the children are visited and arranged for by the inspectors of the parishes to which they belong. On the whole, it appears to me that it will be quite sufficient to reserve our power of inquiry and visiting, if necessary, when occasion leading to suspicion of neglect or ill-treatment arises.'

Considering that there are so many opportunities in the thinly-populated county parishes (where children are chiefly boarded-out) for observing them from time to time, and their relations with their foster-parents, it is very singular that there should have been so few complaints during the last fifty years. Such as have been made have been at the instance of ratepayers of the parish in which they were boarded, who have objected to the cost of the education of these children, and of the provision of school accommodation which it was necessary to make for them. I may give an example. There are a number of children boarded in the parish of Kilfinichen, partly in the Island of Mull and partly in Iona. Three Glasgow children were boarded in the Mull portion of the parish in February 1901, but, owing to the altered conditions of the home, they were removed in April 1902. As two of them were then receiving medical attention, it was thought advisable to retain them in the same district; and, on the recommendation of the schoolmaster in Iona, the children were placed with Mr. M'Innes, where they received not only the attention of the guardian and his aunt, but also of the schoolmaster's wife, who was a trained nurse. A complaint of overcrowding was made which, on full inquiry, turned out to be without foundation, and now the complaint has taken a different form. The School Board object to the cost of the education of these and other children; but on inquiry it appears that there is ample school accommodation in the parish, and that from the point of view of expense, it is a considerable pecuniary benefit to the parish to have these children to educate, as a much larger grant is earned than would otherwise be the case. Such complaints are easily answered and dealt with, and taking the country as a whole, it is very satisfactory to realise that the population amongst whom these children live and thrive do not appear to consider their presence unwelcome, and that they often settle down there in after life.

Another cardinal difference between the Scottish and English systems to which I have already alluded is that in Scotland boarded-out children all

necessarily attend the parish school along with the other resident children of the parish. We are absolutely free from all questions of Poor Law Schools, District and Separate Schools, Cottage Home Schools, and Detached Homes, and their enormous cost (the amount spent in the erection of one Poor Law school recently reaching the sum of £177,100), which seem to raise so much discussion and difference in the south. One feature of them seems clear enough and can admit of no dispute. It is this—that their existence must at once place a distinguishing mark on the scholars who attend them. By attendance in the parish schools of Scotland our children are of course subjected to the ordinary discipline of the School Board, and should they fail to attend, either from illness or from any other cause, or should there be anything calling for remark in their condition or conduct, it is the duty of the schoolmaster, who very frequently is also the inspector of poor of the parish, to take notice of and report it. In a word, they are in every sense on an equality with the other children as regards their education until they reach the age of puberty and become *foris familiated.* The schoolmaster sends to the inspector of the parish of residence reports of the school attendances, along with the account for the school books. Again, the boarded-out children probably attend the parish church, or it may be the church of another denomination, and the parishes in which, as a rule, they are boarded-out are not so populous as to make it impossible for the clergyman to keep a ministerial eye upon them. The daily life, therefore, of these children is in no respect dissimilar from that of the ordinary child.

As regards the kind of parish and the class of foster-parent selected for these boarded-out children, one cannot do better than quote from a paper written by Sir John Skelton in the year 1880. The description, of course, still holds good :—

'Great care is taken as a rule in selecting a proper home. The class most in favour with the best inspectors is the class of "cottars" and small farmers who are very numerous in the upland districts of Scotland. The men and women who form this class are an active, sober, thrifty, God-fearing people—people of uncommon intelligence and untiring industry (it is wonderful what crops of oats and potatoes they contrive to raise on their patches of moorland soil); and their cottages are somewhat better than those of the farm labourers round about them. The child soon becomes used to his new surroundings, the change of air and scene is all in his favour; a few months pass away, and it is difficult to identify the sturdy sunburnt little fellow at play among the stooks with the sickly, stunted, and rickety invalid who had grown prematurely old among the slums of the city. The boy is sent daily to the parish school, where he associates with the other children on equal terms; as he grows bigger he is taught how to handle spade and harrow and plough (if a girl, she is initiated into the mysteries of housekeeping and domestic service); he comes to love the good people with whom he has lived as long as he can remember, and when he leaves them to learn a handicraft, or to try his fortune in the New

World, he continues to look back upon the cheerful upland farmhouse as the real home of his childhood, and is always eager to renew his intercourse with its kindly inmates. Such a lad has had a fair start in the world; and it is his own fault and not the fault of the system if he fails to make his way among his fellows.'

To quote Mr. Wallace, the late Inspector of Govan Parish:—'The chief concern of Parish Councils in boarding-out children should be to secure clean, comfortable, and well-aired homes. Too much visitation and supervision would be expensive and possibly irritating to respectable guardians. . . . They are visited once a year by the members of the Parish Council, but the Children's Inspector or I myself visit them twice or thrice a year where there are a number of them together.'

The Parish Councils may board out where they please, but always take care to secure foster-parents of the same religious denomination as the children. I notice further, that it is often said that the footing upon which children are boarded-out must be regarded as a business footing; in other words, that you are to approach the question from the point of view of a commercial transaction, and that you must take every step to satisfy yourself that the letter of the bargain or contract is carried out in every particular. I am not prepared to admit, and I do not think any Scotsman would, that the money payment is the only or even the main inducement to a foster-parent or guardian when he agrees to accept the custody and care of a boarded-out child. But no doubt opinions may differ upon this point, and so also may the facts, because, while in one case the interest in and liking for the child may be the motive, in another the element of gain, even to the extent of a few pence a week, may be a main attraction. I shall give the opinions of two of our most trusted officials—Mr. Motion of Glasgow and Mr. Kyd of Dundee—both thoroughly disinterested and full of zeal—to whom the boarded-out system owes much. One of them says:—

'As to the motives which, as a rule, actuate the guardians in taking pauper children, I am of opinion that two-thirds of the number apply from their liking towards young folks and the desire to have them going about the house. The remaining third are, roughly, those who take one child only for assistance, going messages, etc., and those who take children from a commercial standpoint. The latter, however, are very soon found out in their lack of proper care and interest in their charges, although it has also to be stated on their behalf that some afterwards evince this proper spirit and would rather lose the aliment than have the children removed. It not infrequently happens that applications are made because their own families have grown up and left the house, and our children are desired to replace, in a way, their own flesh and blood. In other cases, mainly among the crofting population, the aliment is of undoubted advantage, because although there is plenty of food and milk, there is sometimes a scarcity of ready cash. Taken all over, I have no hesitation in stating

that we have now an excellent class of guardians who look properly after the children, and in a parish like this where—as I have already indicated, with the interest taken by the local clergy, school teachers, etc., and the frequent visits of the inspector and his assistants to the different localities—an improper guardian cannot remain undetected, and, of course, the children are at once removed from his care.'

The other says that, while he cannot affirm that the guardians take children from pure love, he cannot affirm that they take them altogether from a commercial point of view. He thinks it is 'on account of mutual benefits.'

And I am glad to be able to cite the Report of Mr. Mundella's Committee of 1897 to a similar effect.

It is not necessary for our present purpose to speculate further upon this matter. It has, however, a bearing upon the argument as to the nature and extent of the inspection required. I should be sorry to take the view, which seems to be taken elsewhere sometimes, that you are bound to assume that all foster-parents or guardians are inclined to do as little as they can for the children—to bestow upon them scant attention, perhaps to give them insufficient fare, to keep them untidy and unclean, and, in a word, to perform their duties towards these children with as little regard to their welfare and comfort as possible. In Scotland I think the assumption has been rather the other way. We are prepared to hold that the foster-parents, as a rule, fulfil their obligations, and attend to the rearing and education of the children committed to them in an efficient and appropriate manner. We are inclined to accept the view that all is right until it has been proved to be wrong.

At the same time this difference in the attitude in which we regard the question from that prevailing elsewhere may be in some measure due to the fact that the conditions in Scotland are somewhat different from those obtaining in the sister countries. Mr. Henley, who is, I suppose, the Nestor of the English Poor Law Service, when reporting very favourably on the Scottish boarding-out system in 1870, said very truly that the different social and economical circumstances of the two countries must doubtless be taken into account in deducing arguments or illustrations from the one as applicable to the other. It has further been said by a recent English writer: 'English ignorance of what goes on beyond the border is proverbial, and foreigners appear to have no conception that Scotland has still its own laws, and its own methods of administration.' And it is very significant that in recent debates in the House of Commons on treatment of boarded-out children (one last session, and another only a few days ago) no reference whatever was made to our Scottish system; and we find even Sir John Gorst takes occasion to go to New Zealand to illustrate the advantages of taking children out of the hands of worthless parents.

I have already stated my belief that if there be fault to find or neglect to remark, on the part of the guardians, such fault or neglect will not pass

unnoticed. In a case of the kind, where the minister of a parish brought under official notice an alleged neglect of children by their guardians, and thereby subjected himself to an action for libel, the Court took the view that his statements were privileged, and that, even although they were not well-founded, he could not be held liable in damages unless they were made maliciously and without probable cause. It was hinted by the Court that a similar doctrine would apply to such complaints even where made by any member of the public. This provides a very substantial safeguard against abuse, and public opinion will, I think, readily respond to the solemn duty thus imposed upon it.

There is the further check in Scotland, which does not exist elsewhere, that in the event of ill-usage extending to cruelty, or to culpable neglect amounting to crime, recourse can always be had to the Crown authorities through the Procurator-Fiscal.

Again, according to our Poor Law, where a poor person is not getting sufficient relief, or the nature or quality of the relief is matter for complaint, an appeal is open to the Local Government Board. Petitions to the Board because of the inadequacy of the relief given to individual paupers are numerous, and always receive most careful and anxious attention. In England, on the other hand, there is statutory provision that the Local Government Board may not interfere with the discretion of the Local Authorities in any individual case for the purpose of ordering relief.

So that, to sum up, keeping in view the fact that, should there be any cause for supposing, or even suspecting, that the interests of the boarded-out child are not sufficiently cared for or protected by the guardian in whose charge he is put, not only the schoolmaster, who sees him every day, and the minister, who sees him many days, but also the neighbour, and the Inspector of Poor and Parish Council of the parish of residence, and, if need be, the Crown officials, have a duty second only to that of the Inspector of Poor and the Parish Council or the Children's Committee of the parish of chargeability, to give information which will lead to inquiry, and, if need be, redress. There is also the consideration that any individual in receipt of relief in Scotland may appeal to the Local Government Board on the ground that the relief afforded is insufficient. The possibility of abuse or neglect is thus very much minimised, and the need for a policy of conducting our inspections in Scotland on inquisitorial lines is, I think, avoided.

In parishes and in homes such as we have described, the food of the children is of a simple and sustaining kind, and the cost of maintenance must be less than in a populous centre. The guardian often has a cow or two, and good milk is to be had, although, unfortunately, it seems only too true that the excessive use of tea, with its evil consequences, is spreading everywhere. It is taking the place of more wholesome nourishment, and is 'the bane of the rising generation and also of their elders.' In the report of a medical officer of one of the Highland counties we read:—'Tea, flour scones or baker's bread, and

jam, or a little butter, constitute mainly the food of children attending school, superseding porridge and milk and potatoes and fish, which used to be the common diet. Among adults tea is, as a general rule, taken after every meal—be it fish, flesh, or fowl—consequently indigestion is increasing. I already see that children have not the same bloom that they had, and that physique is deteriorating.'

Some further figures seem necessary to show the extent of the boarding-out system. There are 874 parishes or Poor Law areas in Scotland. But of these, 340 had no orphan, or deserted, or separated children as at 15th May 1903, leaving therefore only 534 parishes which had such children—either one or more. In 124 of these 534 there was only one child chargeable; in 104, two children; in 117, three or four children; in 101, five and under ten children; in 55, ten and under twenty children; in 23, twenty and under fifty children; in 3, fifty and under one hundred children; in 2, one hundred and under two hundred children; in one, 200 and under 300 children; in one, 300 and under 400; in one, 500 and under 600; in one, 600 and under 700; and in the remaining one over 2000 children.

The number of parishes which had 20 or more children under their charge was 33, the children numbering 4920, of whom 4241 were boarded-out, being 85 per cent. The eight large cities had a total of orphan, deserted, and separated children, as at 15th May 1903, of 4135, of whom 3552 were boarded-out or 85.9 per cent.

I further find that in Edinburgh the boarded-out children are distributed somewhat as follows:—

87	guardians	have 1	child.
50	,,	,, 2	children.
29	,,	,, 3	,,
21	,,	,, 4	,,
9	,,	,, 5	,,
5	,,	,, 6	,,

In Glasgow again:—

265	guardians	have 1	child.
267	,,	,, 2	children
163	,,	,, 3	,,
110	,,	,, 4	,,
20	,,	,, 5	,,

In Dundee:—

45	guardians	have 1	child.
30	,,	,, 2	children.
13	,,	,, 3	,,
7	,,	,, 4	,,

and there are not more than four boarded with any one.

Where the number of children boarded with any one guardian exceeds four, it is explained that it is so chiefly because the children are of the same family,

and it will be generally conceded that where it is possible the family tie ought to be preserved even in the case of boarded-out children.

Here, again, are the statistics of the boarded-out children in Dundee, as illustrative of the practice. During the five years from 15th May 1899 to 15th May 1904 the number of boarded-out children was 354—152 boys and 202 girls. Of these, 172 are still chargeable and boarded-out, leaving 182 who have ceased to be chargeable. Of the 182, 153—55 boys and 98 girls—are now self-supporting, and, so far as known, doing well. Of the remainder, 23 were either sent to an orphanage owing to the death of guardians, or to hospital owing to illness, and others have died. Two alone are known to have turned out badly. Going further back than these five years, there is only one case of a former boarded-out child who is now chargeable to the parish—the cause being imbecility—and among the boarded-out children now chargeable to the parish, there is one illegitimate boy whose mother had been boarded-out, and brought up by the parish. Three boys now boarded-out are beyond the age of fourteen, and are learning trades. They reside in a working-boys' home where some twenty boys are boarded, and are employed with firms outside. There is always an opening in this home for any boy who desires to learn a trade. The practice of the parish council is to assist the boys with a small aliment so long as their earnings are under 5s. a week, and, after this wage is reached, the authorities in charge of the home do not look for any further pecuniary assistance beyond a supply of clothing which is given them until they can afford to do without it. The system has worked very satisfactorily for a number of years, and the boys are employed as bookbinders, upholsterers, cabinet-makers, etc. They go out and in to the home at their leisure, having a fixed hour for returning at night. They accompany the superintendent of the home to church on Sundays, and they attend evening classes on week nights. Their holidays they are in the habit of spending with their old guardians.

Further statistics of boarded-out children from this parish show that a boarded-out child was recently sent by her foster-parents to a boarding-school in London, where they now live. There are also cases of boarded-out children becoming pupil-teachers in the school in which they were educated, and in another case an apprentice in the office of a well-known professional gentleman. There are two poorhouses in this parish, and the schoolhouse adjoins one of these. I have myself seen the poorhouse children, that is the children who are dependants and whose parents are inmates of the poorhouse, some twenty or thirty of them on their way to school after having returned to the poorhouse in the middle of the day for their dinner. I mention this for the purpose of showing that in Scotland, as I have said, the ordinary school board education is open to the poorhouse children as it is to others, and that it is almost always now taken advantage of.

I do not trouble you with further statistics, but I may refer to the elaborate

results from time to time published by Glasgow Parish Council of their boarding-out system, containing reports by their Visiting Committee and records of the future history of their children. I hold a copy of the publication of 1902 in my hand.

Such, then, are the conditions under which the boarding work is conducted at present in Scotland. We think that there are sufficient safeguards against abuses to justify us in assuming their non-existence. We feel sure that if they did exist it would not be long before we heard of them. Isolated cases, of course, must occur. It is nearly sixty years since Lord Colonsay's great measure, from which dates a new era of Poor Law administration. Our boarding-out system, which was not then new, but only entered upon a fresh lease of life, has since been well tried, and has stood the test of all these years. There have been official reports and papers on the working of the system—very full and very instructive—and the system has always borne the ordeal well. But it is not without its critics. There are those who advocate a closer and a stricter discipline and a direct responsibility to the central board. Such opinion is entitled to the greatest respect, and in the report of a Departmental Committee relating to the distribution of the Medical Relief Grant recently published, it is suggested that the time has come for another official inquiry, some ten years having elapsed since the last.

Let it be borne in mind that the introduction of other methods of supervision, which are elsewhere commended, would cost money, and we neither have it ourselves nor should be likely to get it if we asked for it. There are many more pressing needs. In Scotland the Local Government Board vote is £14,598, and the Scottish Office £15,495—together (covering all the ordinary local administration of Scotland), about £30,000; in Ireland the Local Government Board vote alone is £62,886; and in England, £227,089. Besides, we regard the care and welfare of these children as a local rather than an imperial duty.

No doubt there are numerous bequests and mortifications for Poor Law purposes in Scotland locally administered, the distribution of which might in some cases be directed to a purpose like the present. No doubt also there is a growing difficulty in finding suitable foster-parents and suitable homes for these poor children, owing to changed conditions and modes of life—and, in this connection it seems not inappropriate to suggest that another field for boarding-out and training these children might be found if we possessed a training-ship such as that which the managers of the Metropolitan Asylums District have for the maintenance and instruction of poor boys for the Royal Navy or the mercantile marine. Eight thousand boys have, I understand, passed through the *Exmouth* alone during recent years.

But take it as I have attempted to describe it—Scotland is proud of her system of boarding-out. It is an inward growth, in its origin certainly spontaneous, and in its development unfettered, I think, by the restraints of official

orders or the aggressive interference of centralised authority. A recent development has been the establishment, by Govan Parish Council, of a convalescent home in the island of Bute, which has already done much for the sickly children, and the Board permit contributions to other convalescent homes which offer similar advantages, and to which children are sent when out of health on the recommendation of the doctor. We are convinced that boarding-out has done and is doing a great work, and I hope it may be long before any parish council in Scotland find cause to discontinue it. The children grow up to be moral men and women, and good citizens. The failures are few. Upbringing, association, and environment are everything, and heredity seems to count for little in the long-run.

(*See Summary of Discussion, page* 390.)

BOARDING-OUT OF PARISH CHILDREN IN SCOTLAND

By Miss AIKMAN

Member of Glasgow Parish Council

The problem of the children is the most pressing of all; it lies at the root of all social well-being and progress. If we can secure for the children of our cities a pure, healthy life, a wholesome environment, and a reasonable opportunity of forming good habits, then the future welfare of the city and citizens will also be secured. Neglect of the children is not only criminal, it is also suicidal.

In the preamble to the Education Scheme of 1560, our forefathers said:—'Of necessitie it is that your honours be most cairful for the virtuous education and Godlie upbringing of the youth of this realm.' That warning is even more needed to-day, for there is an awful waste of young life going on in our cities.

No subject connected with the practical administration of the Poor Law is so full of interest as that which deals with the care of the children chargeable to the rates. A marked preference has been shown in Scotland for the system of boarding such children in private dwellings, instead of in large institutions.

The Scotch system can be better explained if classified as follows:—(1) The origin; (2) the need; (3) the cost; (4) the result.

(1) The origin.

The boarding-out of parish children in Scotland has been in operation since about the year 1579. An Act passed by the Parliament of that date, entitled, 'For Punischment of Strong and Idle Beggars, and Relief of the Pure and Impotent,' contained the following clause relating to 'Beggers' Bairnes':—'And gif any Begger's Bairne, being above the age of five years and within fourteen, male or female, sall be liked of be ony subject of the Realme of

honest estait, the said person sall have the Bairne, be the ordour and direction of the said Provost and Baillies within the Burgh, or the judge of every Parochin to Landwart ; gif he be a male child, to the age of 24 years ; and gif she be a woman child, to the age of 22 years ; and gif they depart or be taken or intised from their maisters' or mistresses' service, the maister or mistress to have the like action and remedie as for their hired servants, or prentises, as well against the bairnie as against the taker and intiser thereof.'

Since that date, various other laws and regulations have come into operation regarding the disposal and upbringing of children who may become chargeable to any parish in Scotland. Without entering into details of these several laws, their purpose and intent may be briefly summarised thus :—'To prevent the continuance of children of beggars, dissolute persons, etc., becoming themselves beggars and dissolute persons, and, if possible, to train them up as respectable citizens, capable of earning their own livelihood in an honest, upright way, and of living decent, law-abiding lives.'

Further, an examination of the Poor Law Acts since 1579 which refer to the management of poor children, shows that the intentions of the framers of those Acts were that every such child should be placed in the position (as far as possible) of children under the care of their parents, viz., in private homes, under the supervision of respectable people, where in after years they may become merged in the local population of the district, and to obviate the stigma of pauperism being applied to such children, and also to foster in their minds the relationships of home life.

(2) The need.

The conditions of life still exist which obtained in Scotland in the year 1579, and which compelled Parliament to make laws regulating the lives of certain classes of the children of the country. In large cities, those conditions now appear in an aggravated form because of the fact that so many people congregate together in slum parts of our cities, where the surroundings are insanitary and dreary.

The city child is often heavily handicapped from birth, entering on life with a poor physique, and with strong predispositions to disease and vice. The whole environment, inside and outside the house, is degrading and brutalising. What chance of a true human life have children brought up in those miserable dwellings? Where there is neither room nor decency, how can virtue flourish?

To any person acquainted with the manner in which so many poor children are reared in large cities, in the midst of dirt and squalor, where intemperance reigns in all its most horrible and debasing phases, it is palpably evident that to remove a child from such brutalising influences to a healthy country district, where he can breathe pure air, and enjoy the blessings of sunshine, must of itself be beneficial to such a child.

But when one goes deeper into the matter, and realises what a terrible training the children of our slums are undergoing, the clamant need for boarding-out

must appeal very forcibly. Young children, who scarcely know the alphabet, have in many cases been trained by their parents to be expert thieves and pick-pockets; and their knowledge of the seamy side of life appals every one who believes that childhood and innocence are (or ought to be) twin sisters.

It has been proved over and over again, that where children are allowed to remain under such degrading conditions, they are almost certain to grow into poorhouse pests and criminals, men and women who are a burden on and a menace to society. It is saddening to read the records of the lives of those parents—a record in the majority of cases of drunkenness, illegitimacy, and crime; a record which makes one think it well-nigh hopeless that the children of such parents should ever become useful members of the community.

Surely the State is warranted in stepping in and removing those children to more healthy surroundings, where both morally and physically they will get a chance in life.

The placing of those children separately in private homes, where they live with respectable people, and where the decencies of life are observed, must be beneficial in every way to the children, and will in a great measure help to obliterate from their young minds the scenes of vice and misery with which they were all too familiar in their earlier days.

The majority of children boarded out by the parish councils in Scotland are composed of deserted and separated children, who have become chargeable to the rates as the result of the lives led by their parents. The following statistics of the Glasgow Parish Council are a fair sample of what prevails all over the country.

Boarded-Out Children

No. of children on Boarded-Out Roll at 15th March 1904:—

Orphans.	Deserted.	Separated.	Total.	Prot.	R.C.
435	280	*1192	1907	1061	846

* Classification of Separated Cases

Both parents drunken, been in prison, etc.	193
Parents sent to prison (Cruelty to Children Act)	62
Father dead; mother drunken and immoral	317
Father in hospital seriously ill; mother dead	32
Mother in hospital seriously ill; father dead	19
Mother dead; father been drunken, in prison, or in desertion	148
Illegitimate; mother been drunken, immoral, or in prison, etc.	222
Father dead; mother unfit to support, not suitable, unable to control, etc.	147
From variety, such as remits from Sheriff Court; one parent dead; other in asylum; illegitimate through bigamous marriage, etc.	36
Father in hospital; mother drunken	21
	1202
Deduct separated cases taken off Roll during month	10
	1192

(3) The cost.

The average cost of maintenance for a boarded-out child under the Glasgow Parish Council amounted to slightly over £18 per annum for the year 1903. This sum included aliment, clothes, school-books, medical relief, and visitations by members of council, and the Inspector of Poor and his assistants. The aliment paid at present is 3s. weekly for children under six years old, 3s. 6d. for children between the ages of six and ten, and 4s. for children above ten years. In cases where a child is delicate and requires special nourishment and care, the aliment is increased in proportion.

Nothing is spared to equip the child thoroughly for a successful future. If a child shows special aptitude in any particular line, care is taken to provide whatever is necessary to follow it out.

It may be of interest to note that, where at all possible, brothers and sisters are placed together, so that the family tie may not be altogether broken.

A few details as to the manner in which the Glasgow Parish Council conduct this part of their work may not come amiss here.

When a child becomes chargeable to the parish, its application record is submitted to the daily relief committee, who, after careful consideration of the circumstances, character, etc., of the parents, remit it to the children's committee to be boarded-out. There is no fixed period of probation in the poorhouse before a child is sent to the country. If the medical officer certifies, on a special medical certificate, that the child is free from infectious disease, and can safely be sent to the country, it may be sent off within a few days of becoming chargeable.

Children from a few months up to thirteen years of age are boarded-out.

Before being boarded-out, a child is supplied with a new outfit of clothing, comprising, in the case of boys :—a suit of tweed clothes, boots and stockings, shirt, cravat, tie, cap, and collar ; in the case of girls :—hat, ulster, serge dress, boots and stockings, and underclothing. The children are removed to the homes of their guardians by the children's inspectors. A duplicate of the outfit of clothing is either taken with the children for their use, or it is forwarded the next day. For children over ten years of age a clothes-chest is provided, so that the child may learn habits of tidiness and carefulness in folding and putting away the clothing not in use. Every year a full outfit of clothing is sent for each child ; or where a guardian prefers to supply the clothing herself, an annual sum of £2, 12s. for each child is granted.

An agreement form is signed by the guardian, binding her to train the child properly, to send it to school and church regularly, to keep its clothing in good order and repair, and in all respects to treat it as if it were her own child. Also, she must agree to keep the child at a certain rate of aliment ; and, when its education is completed, to secure a situation for it.

The children are visited at least twice a year by the inspector or his assistants, and once a year by two members of council, accompanied by an

official, and all are surprise visits. The school where the children are being educated is first visited, where the children are seen, their clothing examined, and a report received from the teacher as to attendance, etc. Then the homes are inspected, and the visiting-book filled up, stating whether the visitors are satisfied as to the condition of the children and of the home, and if the sleeping arrangements are satisfactory.

The majority of the guardians of these children are crofters and villagers, who have comfortable homes, and are found to be of respectable character.

Should a child become sick, the guardian is empowered to call in the local medical officer to treat and prescribe for the child, and the account is sent direct to the inspector. If the illness is so serious as to require hospital treatment, the child (if fit for removal) is brought back to the parish hospital, and when recovered, is returned to its guardian.

The parish council pays for all school-books, stationery, etc., and the schoolmaster furnishes, every three months, on special forms supplied to him by the inspector, a note of the boarded-out children's attendance at school, so that if a child is detained at home (except for illness) there is no possibility of concealment.

After a child has left school, a situation is found for it, either by its guardian or by the inspector. In the majority of cases, the child obtains employment in the district where it is boarded, and often continues to live with the guardian.

The aliment for each child is remitted direct to the guardian by money order, once every four weeks.

The above facts, though directly applicable only to the Glasgow Parish Council, seem to apply generally to the boarding-out of parish children all over Scotland.

(4) The result.

The boarding-out system for children thrown on the rates for support, has been the means by which thousands of children have been raised to the higher grade of self-supporting and independent workers.

The results are most cheering; many of the children become useful citizens, and they rarely forget their foster-parents.

The unsatisfactory children are those who become chargeable after ten or twelve years of age, by which time they are usually corrupted by their evil surroundings. Sometimes, too, the parents get hold of the children after they begin to work, and undo at least part of what has been done for them.

On the whole, however, the boarding-out system for children is a marked success, and in a few instances it has been the means whereby the parents have regained at least some degree of respectability, and have become able to maintain themselves. The adoption of the boarding-out system will be a great factor in reducing hereditary pauperism to a minimum.

Appended is a carefully compiled table, showing the result of an inquiry

into the whereabouts, characters, and occupations of children taken off the boarded-out roll of the Glasgow Parish Council, during ten years ended 15th May 1902 :—

GLASGOW PARISH COUNCIL

Statistics showing Number of Children taken off Roll for Work during ten years ended 15th May 1902; also their Whereabouts, Characters, and Occupations.

	1892-1902. Males.	Females.	Total.
Number of Schedules sent out to Guardians, .	491	378	869
Returned through Post Office 'Not Found,' Guardians having died or removed, .	21	30	51
Returned by Guardians who could give no information, ...	27	19	46
Reported on by Guardian as Good,* . .	430	322	752
Reported on by Guardian as Doubtful or Unsatisfactory,*	13	7	20
Total, . .	491	378	869

* The foregoing 772 children accounted for were located as follows :—

	Males.	Females	Total.
Located in Glasgow, ...	48	42	90
Located elsewhere, ...	380	280	660
Emigrated, ...	15	7	22
Total, .	443	329	772

OCCUPATIONS

	1892-1902. Males.	Females.	Total.
Trades, ...	95	21	116
Farm Servants, ...	97	50	147
Domestic Servants, ...	—	158	158
Miners, ...	41	—	41
Millworkers, ...	35	27	62
Ironworkers, ...	11	—	11
Labourers, ...	54	—	54
Tram-car Drivers, ...	4	—	4
Clerks, ...	8	—	8
Soldiers, ...	19	—	19
Sailors, ...	10	—	10
Carters, ...	2	—	2
School Teachers, ...	—	1	1
Postman, ...	1	—	1
Railway Porter, ...	1	—	1
Dairyman, ...	1	—	1
Roadman, ...	1	—	1
Warehouseman, ...	1	—	1
Shopmen, ...	5	—	5
Carry forward, .	386	257	643

	1892-1902. Males.	Females.	Total.
Brought forward, .	386	257	643
Outworkers, ...	—	5	5
Stair-gas Lighter, ...	1	—	1
Deaf and Dumb Institution, . . .	—	3	3
Returned to Poorhouse, . . .	14	6	20
Adopted by Guardian, . . .	18	24	42
To Parents or Relatives, . . .	11	22	33
Died, ...	13	12	25
Total, . .	443	329	772

	Males.	Females.	Total.
Of this number subsequently married, .	17	26	43

Regarding the 20 doubtful cases, only one has been convicted of crime, but is now doing better, and living with his brother.

Of the 20 cases re-admitted to poorhouse, these were principally for hospital treatment. There were 11 subsequently boarded out with other guardians, 2 sent to a situation, and 4 handed over to parents and grandparents, 1 placed on out-door roll, and 2 still in poorhouse.

Referring to those not traced (who are composed principally of that number who were boarded with relatives in the town) from what was known of them while with their guardians, there is little doubt that the proportion of well-doing will compare favourably with above.

(*See Summary of Discussion, page* 390.)

THE ENGLISH BOARDING-OUT SYSTEM

By MISS MASON

Local Government Board (England) Senior Inspector of Boarding-out

It is no doubt true that 'that which is best administered is best.' We may go further and say that a bad system well administered is better than a good one badly administered. But why should we be content with either of these alternatives? There is something beyond and higher than this. Why not aim at best administering the best system?

The boarding-out system is, in my experience, either quite the very best or the very worst of systems, according to the manner in which it is administered.

And, as this is an International Congress, and there are, I hope, many strangers present, it may be as well to explain what my experience is, and why I always give *experience*, not *opinion*.

For nineteen years I have been Local Government Board official Inspector of Boarding-out. For thirteen years I was the only such Inspector, and inspected single-handed the whole of the children boarded-out beyond the Union in

England and Wales. Only six years ago a second lady was appointed as Inspector, and now a third has been added. For some years before my official appointment I had voluntarily supervised the whole of the children boarded-out within the Unions of my own county, Notts, through a staff of ladies whom I enlisted and appointed with the concurrence of the Guardians. And occasionally, when circumstances demanded it, I attended each of the eight Boards of Guardians by their invitation, judging it better to devote myself to a particular work, the care of the children, rather than to a particular place, by becoming a Guardian myself of one Union. And before this, for the whole of my life, as long as I can remember, I, with the rest of my family, lived and worked among the poor or labouring people in various parts of England and Wales.

This was why the Local Government Board asked me to undertake my present office.

In England there are two kinds of official boarding-out:—

1. Beyond the Union.
2. Within the Union.

1. In 1870, an order of the Local Government Board was issued, by which it became for the first time legal to board children out beyond the limits of the Union to which they are chargeable. In this case they must be sent to a voluntary committee of unpaid persons, who must be officially authorised, both individually and collectively, by the Local Government Board, for the supervision of the children. A committee must consist of not less than three persons, some of whom *may* be gentlemen, but one or more of whom *must* be ladies, in order to carry out the kind of inspection I am going to describe. Before any committee is thus authorised, they must all sign a form of engagement to keep the regulations of the Local Government Board, and any member who may be added later must also sign a form to the same effect. These committees are now authorised to board children out only within limited areas, consisting of certain defined parishes. The Guardians must, in every case, enter into a formal agreement with the committee as to rates of payment, etc., and this agreement must receive the sanction of the Local Government Board. With this sanction any Board or Boards of Guardians may send children to any certified committee in England or Wales. The committee undertake the finding of the homes, and the entire supervision of the children; and the payments to the foster-parents are made through them by the Guardians. The committee have to appoint one of their number to act as secretary in their correspondence with the Local Government Board and the Guardians. The committee are bound to hold meetings at least quarterly, visit the children at least every six weeks, inspect them and their homes, and report to the Guardians on every child and home at least once a quarter.

2. Within the Union, that is the parishes of the Union—the children being supposed to be under the immediate eye of the Guardians are under the

supervision of their own officers, the Relieving and Medical Officers—acting under the regulations of the Local Government Board.

But in 1889 a Within Unions Order was issued, enabling Guardians, if they please, to dispense with the inspection of the relieving officer, and place the children instead under the supervision of a committee or committees of ladies within the Union. These committees must be authorised by the Local Government Board in the same manner as committees beyond the Union, and they undertake the selection of the homes and their supervision and that of the children in the same manner as committees beyond the Union. In both cases the Guardians retain the control of the children, and the power of removing them from their homes.

The committees, both within and beyond the Union, are kept up to their numbers by the Local Government Board, to whom they are bound to send returns of the names and addresses of all their members every January and July. If the number of these supervisors falls off, the Local Government Board write and ask them to fill them up by enlisting fresh persons. If any unauthorised person is added, the Local Government Board write to inquire about him or her, and, if found to be apparently suitable, this person is authorised individually by the Local Government Board as an added member.

But it is boarding-out beyond the Union only which is inspected by the Local Government Board inspectors, who are required, if possible, to visit each committee once a year, and as many of the children under each as they can, and report to the Local Government Board upon each committee, child, and home that they visit. But the inspectors are in no way responsible for the children, or their placing out, or subsequent supervision. It is the local committees who are entirely responsible for them, and the inspector's visits are only made for the purpose of ascertaining how their work is carried on, and, though finding fault when necessary, helping and encouraging them in it. The Local Government Board insists upon the placing of the children under committees, not individuals, as individuals may die, leave the neighbourhood, or cease to take an interest in the children. It has been said, most untruly, that the committee lapse, and cease by-and-by to take an interest in the children. So long as any children remain boarded out in any neighbourhood the Local Government Board, through their inspectors, keep the committee up to the mark.

The work of a committee is twofold. There is the inspection necessary to discover abuses; but there is the pleasanter side of friendship, help, and encouragement to foster-parents and children. It is absolutely impossible that this friendly work can be carried on by any one who is not resident on the spot. An official inspector may, and should be, from her wide experience, quicker to detect abuses; but, not living among the foster-parents and children, she cannot befriend them as do the local committees. Nor would the committees take the same interest in them if the inspectors, by attempting it, or by too frequent visits, were to take their responsibility from them.

My nineteen years' official experience is that these responsible committees of ladies on the spot befriend the children in every possible way. They look after their education and moral and religious training, encourage them by giving them prizes, books, toys, and all kinds of treats—sometimes teach them themselves; look after their clothing, cleanliness, and health, their beds and sleeping arrangements, and all else. I know one lady who, through a cold winter, sat up night after night with a dying child. And last, but not least, as a rule the committee find situations for the children when of proper age, and continue to look after them when in service, and prevent their return to the Union between situations. Not long ago I visited a lady who had taken two such girls into her own house and service—one because she was delicate, scrofulous, of defective sight, amounting to blindness at times; the other because she had such a bad temper that she could not keep her situations. Could any inspector from a distance do such things as these?

It is almost unnecessary in such an audience to enumerate the advantages of the boarding-out system. It is the cheapest. It costs, roughly speaking, only about £14 per year per child. There are no building, establishment, or staff expenses. In England, half-a-crown a quarter to the relieving and medical officers each, for each child boarded out within the Union, are all the charges of this nature; and beyond the Union there are only the salaries and travelling expenses of the official inspectors.

A natural family life teaches the children how to mix with the world and take care of themselves. They learn the value of money by errands to the shops, and so on. And though ordinary cottage life certainly does *not* train girls for domestic service in larger houses, they learn that ordinary domestic cottage life against the time when they become the wives of labourers or working men.

As to boys, the boarding-out system is to some extent a means of bringing labourers back to the land. A few years ago there was an over-supply of labour, and work was not always to be had. Now it is the reverse. Labour is scarce. In the space of this paper I cannot discuss this large question, but will say shortly that, in my experience, an agricultural labourer's life is, if dull and monotonous, on the whole a happier and certainly a healthier life than that of an unskilled town workman, and that, for unskilled workmen, it is better paid taking into account the extras and additional payments made in kind in the country and the lesser cost of rent and living.

In a certain proportion of cases the foster-parents become really attached to the children, who thus gain a real home, and sometimes fathers and mothers who could scarcely care or do more for them if they were really their own. Many of these poor children are sickly or affected by repulsive diseases. It would be impossible to speak too highly of the care and nursing bestowed upon them by some foster-parents. Others, again, spend upon them much more than they receive for their food and clothing. For instance, some I

know have bought pianos for them, and give them music-lessons. But these are the exceptions, not the rule, and nothing has done more to damage the boarding-out system than the claim made for it by its extreme advocates that this disinterested affection is general.

The average foster-parent takes the child for the profit which is certainly made upon its allowance of four shillings a week for maintenance, and ten shillings a quarter for clothing, besides having doctors, medicines, any extras, and school expenses free. And if the foster-parent gives the child a sufficient value in return, and treats it kindly, that is all we need demand.

But the greatest advantage of the boarding-out system is one possessed by no other, in that the child has a foothold in the world, and friends, or at least acquaintances, and a place to return to between situations or on a holiday when in service. In this respect all Poor Law and most voluntary institutions are alike. None of them can receive the children back in after life as to a real home. In this respect a cottage home, or 'scattered home,' however small and however home-like it is made to appear, has not the smallest advantage over the largest 'barrack school.' But it is the almost universal rule that boarded-out children thus return in after life to their foster-parents, and this is equally the case whether the home has been good or bad, for the child knows no other. Moreover, the foster-parents welcome the children back, if not from affection, at least from force of habit, or for the sake of their services or their payments as lodgers. The fact that a child thus returns is not a proof of the satisfactory character of a particular home, but of the advantages of the boarding-out system generally; and, whatever the motives of the foster-parents, the child still has a home of some kind. But it shows the extreme importance of placing children only in homes where the influence which is to last through life shall be good, moral, and wholesome.

On the other hand, no other system is open to the abuses of boarding-out. Foster-parents may, and not infrequently do, take children for the sake of the profit to be made out of their payments or services, and ill-treat, starve, neglect, or drudge them.

The committees or supervisors may, and often do, place children with persons in whom they are interested, not for the sake of the children, but that of the benefit of their payments to the foster-parents. I have even known cases where it would seem that the children's payments were paying the rents of foster-parents who were tenants of members of the boarding-out committee.

Whatever the system of boarding-out, every one agrees that two things are necessary: (1) Careful selection of the homes and foster-parents; and (2) careful supervision and inspection of them afterwards. No one disputes this; but the question is: What are proper selection and supervision?

Selection.—Few people will deny that the foster-parents should be of respectable character. This, however, is not all. They should be possessed

of sufficient means not to depend upon the children's payments for a living. The presence or absence of other children in the house must be considered, and, by the English rules, there may not be more than five in all, when a child is first boarded-out there. It is not usually a good plan to place children where there are young babies, as they are apt to be used as nurses and drudges rather than as children of the house. Nor is it wise, as a rule, to place boys with widows or single women, as they grow out of control. They are better placed where there is a man. Houses where lodgers are received are not, as a rule, desirable; and where the family consists, or is to consist, of a married couple and both boys and girls, three bedrooms are necessary for the proper separation of the sexes. Now, if each of us were to think of the houses, one by one, in whatever village we know best, we should find that those where all these conditions are fulfilled, and where, in addition, the occupiers are willing to board children, are few and far between. Those who urge boarding-out on a wholesale scale, and state that good homes are to be found everywhere and in large numbers, are either ignorant of country life or wilfully shut their eyes to facts.

Further, it is not every child that is suitable for boarding-out. Foster-parents would not receive those who have parents able to claim them whenever they pleased, and upset all they had done for the children. Foster-parents do not, and cannot be expected, to take to elder children with habits already formed as they can to little ones, whom, as they say, they can train in their own ways. Elder children are, therefore, taken more for the sake of their services, and are not always kindly treated.

Moreover, the form of agreement between Guardians and boarding-out committees in England contains a clause expressly providing that the Guardians shall receive back any child who after being boarded-out shall be found to be suffering from any incurable bodily disease, or from lunacy, or shall in the judgment of the committee be incorrigible and of confirmed bad habits. A considerable number of boarded-out children are thus actually returned upon the Guardians' hands. The boarding-out system thus only deals with the pick of the children, and cannot be fairly compared with the schools or other systems which have to deal with all, including the rejected of the boarding-out, and make the best of them.

Boarding-out, though the best of systems for those children it can properly deal with, must therefore be supplemented by other methods, and cannot be universal or general.

Proper Inspection.—But though a home may be thoroughly well chosen, and the foster-parents long and intimately known as of excellent character, there is no saying beforehand how any one will turn out in his or her treatment of children. Besides, it should be remembered, there are likes and dislikes between children and grown-ups, and where one may suit another may not. It is easy to be kind to a child you are fond of. It is not so easy when the child

is naughty, troublesome, or disagreeable in its habits. It then requires much patience and a strong sense of duty to deal with it properly. You cannot tell how any foster-parents will act till they are tried, and if you are to board-out only perfect children the system must be very inadequate.

Not one person, but every one, says: 'Yes, I dare say abuses may happen elsewhere, but it is not possible here, where we know the foster-parents so well.' I could give you any number of instances where persons who have said this to me have been amazed and shocked at circumstances which I have afterwards discovered.

Now, how are we to prevent such abuses? We can never prevent them altogether; but by thorough inspection we can discover them before they have gone far, and can remove the child to a better home.

Every one agrees that proper inspection is necessary, but, in fact, comparatively few people know what thorough inspection really is. The gentlemen present will, I hope, not misunderstand me when I say that it can only be carried out by ladies. I am not one of that class of persons who are so fond of comparing men and women to the advantage of the latter. In my experience men and women are much alike, taken generally, and men and women both differ alike in character individually. My reason for saying that women only can inspect thoroughly is not because I think women better or sharper than men, but because there are certain things which it is quite proper for a woman and most improper for a man to do.

For myself, I always take off or lower the girls' frocks, so as to see whether their bodies are clean and whether they are free from bruises. If children are beaten, it is generally with a hard stick on the upper part of the arms or shoulders, and generally on the left side, because those who whack them in temper seize them, facing them, with the left hand, and strike them with the right. I also turn up the girls' petticoats to see what underclothing they have on, and take off at least one boot and stocking to see their condition, and whether the child has been washed or not. I make the same examinations also in the case of boys; and it must be evident that while there can be objection to a lady thus inspecting boys, it is impossible for a gentleman to do the same in the case of girls.

It is, as a rule, only actual experience of the revelations produced by this kind of bodily inspection of the children which convinces any one of its necessity. It is difficult to believe that a child one may see constantly, even daily, with a clean, tidy outside, and a rosy, smiling face, and boarded-out with a well-known and trusted neighbour, may, under its nice frock or suit, hide a skin incrusted with dirt of months, or even years' standing, or be beaten black and blue. Yet such cases I have found over and over again, and it is only this sort of inspection that shows up those foster-parents who attempt to deceive by a fair outside and protestations of affection or virtuous sentiments. Any one can see when a child is openly neglected or ill-treated. Those are not the worst

cases, nor those we have so much to guard against, as those where the foster-parents deceive by a plausible exterior and behaviour.

Inspectors, like rulers, are not merely a terror to evil-doers, but for the praise of those that do well. No foster-parents who are doing their duty resent thorough inspection, which only does them justice. They say it is what they would wish to be done in the case of their own children if they were left orphans, and the more thoroughly the committees carry out their duties the more the foster-parents respect and praise them to me. Before I began my official work, nineteen years ago, a dying mother, a working-man's wife, begged me, on her death-bed, to inspect in the manner I do. I gave her my promise, and have kept it.

This kind of inspection does not come by nature: training is required by object-lesson. I have thus trained nearly all the ladies' committees in England, and also each new inspector as she has been appointed, taking them out with me on my inspections; and the new inspectors now train their committees, and will, I hope, train other inspectors in their turn.

I do not claim that English Poor Law systems and methods are perfect. I do not even advocate the boarding-out of children within the Union on the English system. But I do claim that the English system of boarding-out beyond the Union, under the thorough inspection of responsible local committees of ladies and gentlemen, with the official inspection of ladies as Local Government Board inspectors is, so far as I know, the best in existence.

I should add that Ireland, so often considered behindhand, is really far in advance. By recent legislation, or orders, it is obligatory upon every Board of Guardians who board-out any children, to appoint a committee of ladies for their supervision, whether within or beyond the Union; and two ladies have now been appointed by the Irish Local Government Board as official inspectors of boarding-out. Given time enough for organisation and experience, the Irish system of visitation and inspection may become as good as the English.

The English system of boarding-out is based upon the recognition that *thorough* inspection is absolutely necessary, and that such inspection can only be carried out by ladies:—

1. As constant and resident committees of supervision;
2. As independent official inspectors from the Government central department.

(*See Summary of Discussion, page* 390.)

THE EDUCATION AND AFTER CARE OF CRIPPLE CHILDREN

By MRS. BURGWIN

Superintendent of Special Schools under the London School Board

Ladies and Gentlemen,—In his admirable opening address, Lord Balfour defined the object of our deliberations as the discussion of methods 'by which help can best be given to our weaker and less fortunate brethren, without relegating them to special institutions where recipients of relief are congregated together.' I venture to think that the subject of my paper falls very specially within the four corners of the President's definition.

No one can be weaker or less fortunate than the cripple; no one is more heavily handicapped in the race of life; no one is in greater need of help. By 'help' I do not mean mere charitable gifts whether of kind or sympathy, I mean systematic, organised education and training which will enable the cripple to make the best possible use of life, which will give it the means of utilising its cribb'd and cabin'd existence to the best possible advantage, which will open its mind, discipline its character, and train whatever manual dexterity it is capable of, so that it may be alert and self-reliant and in so far as is possible, fill a useful niche in the world. Elementary education is now the inalienable right of every child in the land. Every normal child has long been swept into the educational net; the cripple child has only recently become an object of concern to the State and to local educational authorities. Until recently, physically defective children were regarded educationally as hopelessly derelict. Medical science has spared no effort to cope with their physical infirmities. We have long had institutions directing their energies to the bodily improvement of cripples; we waited until the nineteenth century was at its expiring gasp before providing institutions directed to their mental, moral, and manual development.

In discussing this most important subject, I shall perhaps be most usefully employed if I direct my remarks to the means by which the London Educational Authority has sought to solve the difficult problem of cripple education. I have had the honour of directing this work from its inception to the present time, and I may therefore be assumed to have studied the problem at first hand. Seven or eight years ago parents could hardly be persuaded that there was any effective method of educating the physically defective child. Where the parents were indulgent, the child was petted and spoiled; where the parents were degraded and debased, they traded shamelessly on the child's infirmities. The ordinary day school was out of the question for most crippled children. Locomotion was in many cases an insuperable obstacle, and the

schoolroom equipment was only adapted to healthy, normal children. Where cripples did find their way into the ordinary day school their training was too often warped by the well-meant but unfortunate attitude of the teacher, who utilised the afflicted child as an object lesson to enforce kindness, sympathy and humanity on the minds of the normal scholars. Now this is precisely the atmosphere which is fatal to the right training of the physically defective child. There should be no harping upon its deficiencies; it should not be taught to regard itself as dependent upon the charity of others. Attention should always be directed to its capabilities; it should be taught to help itself wherever possible, and to strive more and more to stand upon its own feet and fend for itself.

The charter of the cripple children of the working-classes is the Enabling Act of 1889, by which the Education Department legalised the expenditure of the rates upon their education, and itself made an annual grant in aid, amounting to 8os. for juniors, and 9os. for seniors. The first cripple school was opened in February 1899 and now we have eleven such schools, with accommodation for 700 scholars.

To these schools are admitted what are technically known as 'physically defectives,' a term which includes not only cripples but bad cases of heart disease, and even children too delicate to attend the ordinary school. Physically defectives who are also mentally defectives are not admitted; provision is soon to be made for these doubly afflicted ones in the schools for mentally defective children. No tubercular child is admitted if the case is at all contagious or if its wounds require dressing.

Prior to its admission the child is examined by the Medical Officer of the Educational Authority, an official who must also be sanctioned by the Education Department. Periodically during its attendance the child is re-examined.

Let me briefly describe the school day of one of our cripple scholars. Before 10 o'clock in the morning an ambulance stops at the door of the child's home. A trained nurse accompanies the ambulance and assists the child into the vehicle and places it comfortably on a seat, or, if it be a recumbent case, on one of the two couches with which it is provided. The presence of the nurse is doubly useful. Calling each morning for the little scholar she becomes acquainted with the child's parents and is able to advise them about its treatment. A load of children is picked up and brought to the school, which is, of course, entirely on the ground floor and wholly innocent of steps. The school itself is very light and very airy, and has attached to it a dining-room and a kitchen. Of course the school is equipped with a special eye to the needs of its occupants. Couches and specially devised chairs, such as the Merlin self-propelling chair, and tables are provided.

School begins at 10 in the morning and continues until 12. Work is resumed at 1.30 and the school day concludes at 3. The children receive the

ordinary instruction of the elementary school, with this difference, that great stress is laid upon art and other kinds of manual work. As a rule cripple children have a great liking for drawing, colouring, modelling, and so forth, and it is extraordinary to note how many of them have real artistic talent.

A special art teacher forms part of the staff of every school, and I may note in passing the most gratifying fact that eight of our former pupils are at present holding scholarships at various schools of art in the metropolis. Nothing can exceed the eagerness and the keen delight these children show in the work of their own hands. The day the cripple child discovers that it can do something, ay, and perhaps do it better than its normal brother or sister, is a red-letter day in its history. Henceforth it is a new creature.

It will be obvious that our teachers must be women of more than ordinary sympathy, capacity, and training. In London we pay teachers taking up this work from £10 to £15 more than they would earn in the ordinary school. By this means we are enabled to select our teachers, for none but the very best will do. The ideal teacher for a cripple school is a keenly sympathetic, refined, and intellectual woman, highly trained in the theory and practice of her art, and wholly devoted to her ministry. I am proud to say that in London most of the teachers in our cripple schools may thus be described. At 12 o'clock school work ceases and the children are handed over to the care of the nurse. And now dinner appears on the scene. We may not feed these children out of the rates, so a voluntary agency steps in to do the work. This is the 'Cripple Children's After Training and Dinner Society'; and it not only arranges for the mid-day meal at each school, but endeavours to do something for the after-care of the children. A helper attached to each school, and paid from 5s. to 10s. per week according to her services, does the cooking and washing up. She is paid out of the rates, which also provide the crockery, coal, and gas.

Dinner consists of meat, vegetables, and a sweet, and for this each child pays 2d. daily. Any deficiency in the cost of the catering is made up by the voluntary society; not a penny of public funds may be applied to this work. Voluntary lady helpers attend according to a rota, and the children are cared for and amused until 1.30 when lessons are resumed. At 3 work is over for the day and the children are then conveyed to their homes in the ambulance. I may here say that fourteen ambulances are occupied in this work in London. Each vehicle costs £118, and requires the expenditure of £17 10s. annually for repairs, etc., while driving and housing come to £150 a year. The salary of the nurse is £75 per annum. The gross average cost of maintaining a child in our special schools works out to £17 1s. 11¾d. per head per year.

One recent development of our work is worth a moment's notice. At the request of the Orthopædic Hospital Authorities, we have set up a school on these lines within the hospital premises.

From this brief sketch, it will be observed that my aim is to administer the

Act, not in any sense philanthropically, but in every sense educationally. I am a great believer in those wise words of Channing's that to improve man's outward condition is not to improve man himself; this must come from each man's endeavour within his own breast; without that there can be little ground for social hope. The work of educating and training the cripple must be a serious work directed to a definite end. If it is to be effective and worth the doing, it must improve the cripple in character and mind; it must arouse a spirit of independence and self-reliance. We may teach the cripple child to read, write, cipher, sing, draw, paint, and so forth, but our best work is to make it desire to live and act and serve the future hour. And this is not easy as many of the children come to us after long residence in hospitals, where the nature of their malady has made them distinguished patients, and where their will has become enervated in an atmosphere of indulgent sympathy. We have metaphorically to take away the crutches from these children; to teach them that they can all do something, and to make them learn the happiness and usefulness of doing it. Thus taught, the cripple becomes not an affliction 'by act of God,' not foredoomed to morbidity and self-consciousness, but a citizen of the world, limited and abridged though it may be, yet full enough of human interest and happiness.

My medical friends will be glad to hear that we in the cripple schools endeavour to do a little something for the advance of science. We not only keep a progress book in which our observations of the character, attainments, and proclivities of the children are recorded, but we keep a family history book in which we preserve all the information we gather, directly or indirectly, about the physical and mental condition of the fathers, mothers, brothers, and sisters of our charges. I am glad to say that our medical officers find these records extremely useful.

Now one question which is sure to be put to me is:—Why not draft these cripples off to special homes where they may be boarded and cared for, not merely from 10 till 3 each school day, but all the time? Well, there are many arguments for such cripple homes, and there is really a place for them, but when all is said, I am firmly convinced that the special school method is preferable for the education and training of most cripple children. In the first place it is wrong, I think, to relieve the parents altogether of responsibility in the upbringing of their afflicted children. Parental responsibility needs to be strengthened in this country rather than weakened. Then again, the child has the right to share in the life of the home, to be a partner with its relatives in the corporate joys and sorrows of the domestic hearth. Family life is the foundation stone of civic and national life and we should be very chary of weakening its bonds. My great argument, however, is based upon my conception of the aim and object of our schools. I have already pointed out, more than once, that these schools are to prepare the child for such workaday life as is possible. In the home, with father, brothers, and sisters around it,

it learns the conditions of labour, it gets that knowledge of life which is necessary for its struggle with the world, its energies are stimulated and its little successes are a source of common congratulation. A cripple home, be it ever so well managed, can never be a 'home' in the real sense of that unique and blessed word. Watched and shielded in a seminary, the child is unfitted to buffet with the rude world in which it will have to earn its livelihood. The special school, to my mind, combines the special benefits of the 'cripple home' with the special advantages of the real home. Of course it will be objected that there are homes where the family life is deplorable; where the cripple is woefully neglected, where it is regarded as a burden, and where its surroundings only tend to debase and degrade it. True, but even in this case the special school gives the child a new atmosphere for five hours a day. If the child is to be taken from such a home altogether its maintenance in a cripple home will be an act of philanthropy; the parents will probably be unwilling or unable to supply all the means for its support. Such cases fall into the sphere of philanthropy; they do not legitimately come within the scope of an organised State and rate-aided scheme.

Cripple homes *are* necessary for the residuum, for those who cannot possibly be dealt with in the special school by reason of incurable disease physical or mental. Such hopeless cases are too great a burden in the poor man's home. If the incurable receives proper treatment under the family roof, the other children must suffer. There is a great and good work to be done in this direction, and the 'cripple home' alone can do it. Private benevolence must bear the burden, though the rates and taxes might well contribute their quota in so far as education is concerned.

I have left myself but little time in which to speak of the after care of cripples. The two or three years following the close of school life are crucial years. The child has entered the arena of competition for a livelihood. It has begun to work under new conditions, in new surroundings, and with little or none of the special attention it has been in the habit of receiving. Here again voluntary bodies may and do render the best of help. Our 'Cripple Children's Training and Dinner Society' has a kindly eye and a helping hand for those who have begun the work of life. A child who wins a scholarship is frequently assisted with a maintenance grant, apprenticeship fees are paid, and in many other ways the best of assistance is rendered. The visitor is mindful of the physical health of the child which she takes under her wing, and in many cases she arranges that the little worker shall spend two months or so in every year in a convalescent home if necessary.

Ladies and gentlemen, I have perhaps detained you over long, but I do not apologise, for halting and feeble as my paper has been, the subject with which it deals is, nevertheless, one which must appeal to every properly disposed person. We all have a tender spot for 'those who are afflicted and distressed in mind, body, and estate.' How to combine this sweet human

sentiment with practical wisdom and reasonable foresight is the problem of cripple education. I am sanguine enough to believe that we have done something to solve it in London.

(*See Summary of Discussion, page* 394.)

HOW TO APPRENTICE CRIPPLE CHILDREN

By MRS. MORGAN, London

One of the most difficult questions encountered in work among the crippled and physically defective children of our great cities is how to enable them to earn anything towards their own support.

For many years these children were allowed to remain utterly uneducated, being unable to attend the regular schools provided for healthy children. That evil, however (thanks to the good services of Mrs. Humphrey Ward and Mrs. Burgwin), is becoming more rare.

But I have to deal with the condition of these children after they have passed out of school life.

In the majority of cases, the parents are labourers, carters, etc., who have no idea of giving their crippled children any other training than would suit the hale and hearty ones. Physical strength is the only thing that counts with them; and the fact that a boy or girl, although physically disabled, may have other powers, which if properly developed, may yield better results than even manual labour, does not seem to enter their minds.

They are quite willing to let them 'have their bite along with the rest,' but do not realise that this life of dependence upon others is one of the greatest misfortunes that can happen to them.

If we do not help these boys and girls early, they pass beyond our influence; for they soon give up the struggle to get employment, and sink into a life of beggary, trading upon the compassion of the public, and making their affliction their stock-in-trade.

Cripples may be divided into three classes viz.:—

1st. Those we may term *healthy cripples*—such as one-legged boys, hunchbacks, dwarfs, etc.

2nd. Those *partially helpless*, but able to get about in chairs, or on crutches.

3rd. Those *totally disabled*—bedridden and unable to leave their own homes.

The first class (viz., the healthy cripples) are not beyond the possibility of help. There are the industrial charitable schools which have demonstrated that crippled boys can be made useful members of society. I refer to such institutions as *St. Chrispin's School for Crippled Boys*; the *Ragged School Union's Cobblers' Class* just started; and *Wright Lane Training School for Crippled Boys*, started by the late Earl of Shaftesbury.

In the last named institution, a boy may receive a three years' training at saddlery, carpentering, relief-stamping, copperplate printing, or tailoring, for the sum of £10 a year and £6 for outfit; and at the end of his time, he is able to earn a good living at his trade.

The boys who have passed through these schools have proved very satisfactory, the only drawback being the fact of their having to leave their homes for three years to enter the institution. This may be good in some cases where the parents are drunkards, or of bad character, but in the majority of others, it seems to me an undesirable thing to remove entirely from the parents the responsibility of providing for the child. One of the rules is that only healthy cripples can be admitted.

Another way of helping these boys and girls is to get them apprenticed to some trade in the ordinary way.

This has been done by the Bristol Guild of the Brave Poor Things, several boys having been apprenticed to such trades as ticket and show-card printing, tailoring, shoemaking, relief-stamping, upholstering and watchmaking, while the girls are taught millinery, dressmaking, and art needlework—all these being trades which do not need a great amount of physical strength.

Each case has to be dealt with on its merits, the likely firms visited and an interest awakened in the lad it is proposed to place out in life. In many cases (with the help of a premium provided by the Guild in the first instance) the lad has been started with a fair prospect of earning his livelihood.

The parents contribute so much a week towards the premium, and the master pays over to the Guild from the boy's earnings a certain sum which is regularly collected, and the Guild provides the balance.

But we have to face the fact that there are in London alone over 7000 crippled children under sixteen years of age; and if we deduct from this number all those who could be assisted to become self-supporting by one of the above-named or similar means, there yet remains a very considerable percentage of those unable to be provided for in this manner.

The second and third classes (viz., those who are partially and totally helpless) are practically untouched.

Mrs. Kimmins (the founder of the Guild of the Brave Poor Things) has just started a school for toy-making at Chailey, in Sussex, specially to meet the needs of the second class of cripples.

The physical defects which would prevent their being admitted to any of the other training-schools is no bar here; and when I visited the Home (which is beautifully situated in one of the prettiest parts of Sussex) I found twelve boys—all of them very badly crippled, three or four unable to walk at all, but all of them doing work which would have brought credit to any lads with full health and strength.

This is, I believe, the first attempt that has been made to start an Industrial school, whose special object is to teach a handicraft to boys and girls who have

hitherto been considered unable to earn anything for themselves. The girls will learn rug-making, weaving, etc.

Of course the school is in its infancy, but it seems a step in the right direction.

The Time and Talents Association, which has its headquarters in Bermondsey, has issued an appeal to its members for 'Teachers for the disabled.' I quote from the pamphlet: 'An attempt is now being made to teach the disabled and feeble-minded poor, who are without occupation, some handicraft which they can carry on in their own homes, and which may be made a means of earning.'

Such handicrafts as toy-making, chip-carving, basket-work, chair-caning, tapestry, rug-making, flower-making, metal-repoussé, rag-doll-making, are suggested.

But when all these means have been considered, the fact remains that the majority of our cripples are left helpless burdens upon society, whereas if properly trained they could do something towards their independence.

The scheme I wish to submit to your consideration is based on the fact that we have in London (and doubtless in other large towns) what are termed *Technical Institutes*, the fees for which are very low, where all kind of trades are taught in the evenings—and in some cases in the day—to those who wish to get further instructions in the trade they have chosen to take up. Experienced workmen who are engaged in their various trades during the day give the instructions in the evening classes. I went over one of these institutes lately, and found some splendid work being done by the students, in such trades as wood-carving, French-polishing, graining and painting, upholstering, brick-laying, etc. Here, it seems to me, may lie the solution of the difficulty, namely, that in the same way that special schools have been provided for the able-bodied, we should go a step further and open a technical institute specially adapted to the requirement of cripples. A boy or girl with a certain amount of technical knowledge of a trade, although a cripple, has a much better chance of being taken on by an employer of labour than one who is quite ignorant although physically healthy.

As an illustration, I have in my Guild a girl of twenty-five, a dwarf three feet in height, and hunchbacked, who is not very quick at learning, but is persevering. She went to one of our polytechnics and gained her certificate for millinery. With this credential she has now obtained employment at a large millinery warehouse at the same rate of payment as the other girls. I do not think she could possibly have done this if she had not first learnt her trade, and had some practical knowledge as a set-off to her physical defects.

Such an institution could be made the centre, not only for teaching trades to those who were able to be brought to such a place, but could stretch out a helping hand to those more heavily handicapped—by sending out willing helpers to the homes of the more afflicted, and teaching them (on the lines of

the Time and Talents Association, mentioned above) some handicraft which they could do in their own homes; but the proceeds of which could be collected and disposed of from the institution itself.

That many of these helpless ones are capable of doing good work I have proved in connection with my own branch of the Guild of Poor Things. For instance, I have two girls who are both helpless; one has never walked, the other always lies on her back through spinal paralysis. But having taught these girls in their homes to make articles which were likely to obtain a ready sale at Christmas time, I procured orders for them from the shops, and then collected and delivered the goods in the ordinary way.

It would have been impossible for either of these girls to have done this for themselves, as they could not go out unless in invalid-chairs, but they were capable and most thankful to be able to do the work in their own homes.

I do not anticipate that the most severely afflicted cripples would be able to make sufficient to entirely support themselves, but they could undoubtedly do something in this direction if there were an organisation to assist them.

It is terrible to think of the fate of these maimed and crippled brothers and sisters of ours if left without any help; but I am quite certain that any one who will stretch out a helping hand to them will be more than repaid, when they see the dawning of fresh hope in the pathetic suffering faces, as the first earnings are handed to those who have hitherto eaten only the hard bread of charity.

(*See Summary of Discussion, page* 394.)

THE APPRENTICESHIP OF CRIPPLED CHILDREN

By Miss M. K. BRADBY

Invalid Children's Aid Association, London

It may be well to explain at the outset exactly what is meant by 'apprenticeship.' The word in common use has a somewhat ill-defined application to any method of learning a handicraft or art, but it also has a more distinct and limited meaning, which will be adopted in this paper. The difference between apprenticeship in a loose sense and apprenticeship proper is an important one in the consideration of modern industrial conditions.

A boy is put under a master to learn a certain trade, and is spoken of as an apprentice. But is he an apprentice, or is he merely a learner? The difference implies a difference in the system of recruiting the trade. If he is an apprentice, that means that his master is legally bound to have him taught his trade, 'and all things incident or relating thereto,' 'to the best of his knowledge power, and ability,' during a fixed term of years. It means, too, that the boy is legally bound all that time to be punctual, obedient, and industrious. The

master cannot have him taught some parts of the trade only and neglect others. The boy cannot work only at what he likes doing. If the master does a good class of work, and gets enough orders, and if the boy shows aptitude for the trade, and especially if there is some one to see that master and boy keep to their agreement, then the boy is safe to become a good, all-round workman. But it is otherwise with the so-called 'apprentice,' who is not really an apprentice at all but only a 'learner.' He may be a model boy placed in a model firm, and be in a fair way to learn his trade well, when behold a new manager comes into his department, with new ways, and the luckless learner is turned off, or put to some easy process, and never taught anything else. Perhaps his wages are raised, and he doesn't object; but his chance of becoming a competent workman is gone. Or he may get on so well that at eighteen, when he has mastered half his trade, he leaves to better himself, and rather than complete his training at a boy's wages, takes a man's wages at that part of the work he understands. Or perhaps, while he is still learning, a slack time comes in the trade, and he is turned off, only half-trained.

Or the boy in question may be other than model, and on reaching eighteen may be smitten with a desire to enlist, or to loaf, or to become a gentleman. The apprentice proper, luckily for him, is forced to postpone the gratification of these desires till he attains his twenty-first birthday, when, if he is still no wiser, at least he will have a trade to fall back upon; but there is nothing to save the mere learner from his youthful folly.

It is then, the existence of a legally binding written agreement which constitutes an apprenticeship proper. This agreement, or indenture as it is called, records a kind of bargain which should be to the mutual advantage of master and apprentice. The boy buys a technical training, and the price he pays for it is the partial gift of his services during the last years of his apprenticeship; and in many cases, but not always, a sum of money down in addition, called a 'premium.' The master buys cheap and competent labour during the last years of the apprenticeship, and the price he pays for it is the room at the bench, the spoiled material, and the time and attention of some skilled 'hand' whom he assigns to teach the apprentice.

It is, of course, possible in this as in other kinds of purchase, to strike a very bad bargain; but that is not the fault of the system.

The chief merit of the system is that, especially where it is combined with attendance at technical classes, it ensures a thorough trade training, which can at present be ensured in no other way. Technical classes alone cannot give a thorough workshop training, though they are most valuable for the purpose of supplementing and completing one. Neither is the training in technical schools a substitute, but rather a preparation for apprenticeship, and when our technical education authorities have gained the confidence of employers as a body, such training will shorten the term for which the boy is bound.

All solid objections to the system would, I think, be overcome, by the

introduction into the agreement of a fourth party, to guarantee the good behaviour of the apprentice, and to undertake to keep him adequately lodged, fed, and clothed. The fourth party would be preferably some society with a continuous existence, but where this is impossible, an individual of local weight and standing would answer this purpose. This individual will see to it that the other parties to the agreement fulfil their obligations, and will have powers to cancel the agreement in case of necessity.

So far we have only considered the desirability of apprenticeship as a means of raising the standard of technical skill in general, but I have not forgotten that the subject of my paper is the apprenticeship of crippled children in particular. It seems to me most important that this subject should be approached as part of a larger one, and that our attempts to improve the industrial condition of the physically handicapped, should always keep their place as part of our efforts towards raising the industrial status of the working-classes as a whole. If all the able-bodied working-men and women were industrially efficient, from having in their youth acquired trade-skill and habits of industry, there would be far less misery in the lot of the invalid child, and far fewer children would come under that category. While we are devising schemes for the benefit of the diseased and deformed, let us not forget that our first aim should be to alter the conditions which produce them in such large numbers, and our second only to counteract the special hardships of their lot as far as possible. Any action which benefits the abnormal at the expense of the normal child, cannot in the long run benefit society, and must needs make life harder for the crippled of a future generation. Such action is a form of robbing Peter to pay Paul, where Peter would have made the better use of the money. I will put an imaginary case to illustrate my meaning.

In the family of an unskilled labourer there are two boys, both bright lads and well-behaved. No. 2 is a hearty little fellow, but No. 1 is a cripple from hip disease, minus a leg, and constantly ill. When he turns fourteen a kind lady apprentices No. 1. She pays his master a premium for taking him, and his parents a supplementary wage for letting him go, and he learns a good trade and rises above the social station of his parents; and if his health were not so bad he would thrive and do well, but as it is, he is obliged to work irregularly, and lacks the physical energy necessary to become a first-rate workman. To get along at all he has to take work at a wage below the average in his trade, and life is a struggle at that.

Now, no one helps No. 2 when his turn comes to leave school. If he could manage to be run over and lose a foot his career might be made, but as it is he has to go the first job he can get as errand-boy or van-guard till he is eighteen, when, being too big for that any longer, he becomes an out-of-work and odd jobber for the rest of his life. If only he had had the chances given to No. 1, he might have become a first-class workman, able to bring up a family respectably, and keep his brother into the bargain.

It must be far easier for those societies to avoid a tendency to one-sidedness, who deal with strong and delicate alike, in the proportions in which they actually exist.

Let us face the dangers squarely which experience has shown us are to be met with in the work of apprenticing cripples, the dangers, that is to say, of doing avoidable harm in the process.

1. There is the danger of selecting the *least fitted* for the skilled trades. By so doing we are diminishing the total industrial efficiency, and probably lowering the wages of the efficient in the trade. One hears of a good opening for an apprentice, and one puts in a boy *because* he is a cripple, regardless of other considerations. Probably because of his drawback a heavy premium is forthcoming from charitable funds, whereby the employer is induced to take him.

2. This leads us to the second danger, that of increasing the cost of apprenticeship to others by paying high premiums for cripples. It would be a misfortune indeed if apprenticeship became the monopoly of the infirm. The additional premium paid for the invalid child should compensate the employer for his disadvantages, and put him on a level with, not above, the normal child.

3. Then there is the danger of further swamping an overcrowded trade because it is one suited to the lame, and so of lowering the prevailing wage. It is impossible to avoid this danger altogether, but while putting invalids into such trades, we should try to dissuade normal children from entering them.

4. A more obvious danger, and so easier to avoid, is that of relaxing the parents' energy and care for their afflicted child by taking him off their hands unnecessarily, as for instance by making the premium a gift, where they would have thought it a pleasure and a duty to repay a loan. It does not follow that because the child is an invalid the parents are especially poor, nor does it by any means follow that they are less willing to exert themselves on its behalf. I can think of one case in which the parents had a hard struggle to pay the five shillings a week promised towards the training of their girl, but the memory of that sacrifice is now her strongest spur to industry, and a source of honest pride and satisfaction to themselves. Their loss now would have been great had an over-generous society then taken the burden off their shoulders.

But if these dangers are real, they are all avoidable, and apprenticeship for crippled children remains eminently desirable. Many of the reasons urged in its favour generally apply with special force where lame and delicate children are concerned. These are disqualified by their infirmities from laborious unskilled labour, and unless they learn a trade they loaf, or even make a show of their afflictions. The insecurity of the learner's position is a still greater disadvantage to them, for should they lose their place it is even harder for them to find a new one. Promote the apprenticeship of these children by all means, but in such a way that it can be justified on economic as well as other grounds.

From an economic point of view our aims must be two-fold: the cultivation of useful faculties in the infirm, and the better distribution of their labour. In each case we should try to find out what the child is capable of doing whereby he may be of the greatest economic advantage to the community. There are cripples and cripples. Regarded from the point of view of any particular trade, some are not handicapped at all. For the engraver's purpose it does not matter whether the boy has one leg or two, but it does matter that he should have the capacity of drawing a clear and steady line. It does not matter to the artificial flower-maker whether the girl has a strong or weak heart, whether her lower limbs are sound or paralysed, but it is important that she should have some eye for form and colour. An assurance agent will get along with one arm as well as with two, but he will not succeed at all without a respectable appearance and a ready address. And so the list might be extended. Any particular physical handicap *may* be combined with just the qualities needed for success in some particular trade.

On the other hand they may not. The important thing to bear in mind is that in each case there must be some qualities which are valuable, and that it will not be *because of* his infirmities, but *in spite of* them that the cripple succeeds. One of the most valuable qualities in every trade and occupation is industry. Not even gross dullness is such an obstacle towards placing a boy or girl as the lack of industry.

Some crippled children, then, are as eligible for certain openings to apprenticeship as though they were sound, and should pay no higher than the usual premiums. Others, who have no special talent, are yet capable of apprenticeship to one of the less skilled trades. Some invalid, and many mentally defective children, are of so unstable a temperament that it would be unwise and unkind to have them bound. They cannot be treated as entirely responsible beings, and too much must not be expected of them. Many such children cannot be placed in the ordinary business way, and only motives of benevolence will lead an employer or a foreman to give them a trial. It is not possible to solve a problem of the sort which has sometimes been put to me, of how to get a boy or girl apprenticed to a good trade, who is partially paralysed in the arms, lame in the legs, has defective vision, dull wits, and an unruly disposition. All one can aim at for such children as these is to give them interesting occupation, remunerative as far as possible.

There are, besides, children who lack the power of concentration, and sometimes the height of one's ambition for them is unskilled work in an ill-paid industry. For one of these to keep his place and improve may be as great an achievement as the most successful apprenticeship.

It is obvious that the fitting handicapped children into the right places, that is, securing a better distribution of their labour, is a matter requiring much special experience and knowledge. To do it properly one would need acquaintance with all the different branches of all the different industries, so as to be

able to judge where a particular infirmity in itself would be no bar, and where it would. No encyclopædia contains the necessary information. As the various Apprenticeship Societies grow older, it is to be hoped that the knowledge will gradually be acquired, and that some day we shall be able to draw up an exhaustive list of possible trades for crippled children, for the benefit of all who are interested in the matter. I venture to add a very incomplete and tentative list at the end of this paper in case it may be of use to any one.

There is another step towards helping the industrial usefulness of crippled children, which I think employers and the public might fairly be asked to support, and that is the preserving to them of certain industries to a certain extent. There are so few trades they *can* pursue that these might be left to them as far as possible, just as charing in London is more or less the monopoly of widows, and massage, in Japan, of the blind.

The difficulties of placing invalid children would also be much diminished if some employers would relax their hard and fast rule that every apprentice in their house must start as a 'trotter' or 'run-about.' Some obstacles would also be removed if the public would tolerate in those who serve it the existence of physical defects which are not of a repulsive kind. 'Must be well-grown and of good appearance,' cuts off many a cripple from the chance of work for which he would be well-suited if the public could see him without fastidious repulsion of officious pity.

Suggested Trades and Occupations in which certain Physical Infirmities are not in themselves Insuperable Obstacles

Lame

Boys.	*Girls.*
Handsewn bootmaking and repairing.	Machine-made boot tacking and fitting.
*Saddlery.	Embroidery.
*Harness-making.	Dressmaking.
Whip-making.	Machining at power machine.
Football-sewing.	Millinery.
	Lace-making and mending.

Tailoring (proper, not pressing or cutting).

Metal engraving. Metal chasing. Metal piercing and burnishing.

Watchmaking and repairing.

Stick and pipe mounting and mount-making.	Silk hat crown-sewing and trimming.
	Artificial flower-making and mounting.
Litho designing.	Feather curling and sewing.
Ticket and show-card writing.	Envelope, hand-folding.
Brush preparing and panning.	Envelope, hand-cementing.
Brush drawing.	Book, hand-folding.
*Relief-stamping.	

GENERALLY DELICATE

(All the above except those marked *.)

Boys.	*Girls.*
Hair-dressing.	
Colour-mixing and shading. (Artificial florists.)	Straw-hat making.
Some poultry farmwork.	
Some nursery-gardening.	Paper-bag making (small work).

ONE ARMED

Messengers.	Errand girls (in rare cases).
Assurance agents.	Office girls and clerks.
Travellers.	Machine (and others) canvassers.
Corn samplers.	
Lift attendants.	
Simple machine feeding.	

DEAF-MUTE

Any trade where the processes are few and only long practice is needed for skill, *e.g.* :—

French polishing.	
Machine-cut cabinet-making.	Laundry work.
Packing-case making.	Mantle finishing.
Boot-mending (handsewn).	Simple machinery.
Cricket-ball making.	
Box-making.	
Box cutting.	Paper-bag making.

(*See Summary of Discussion, page* 394.)

A SHORT ACCOUNT OF A PRACTICAL EXPERIMENT IN METHODS OF HOME RELIEF FOR CRIPPLES BY MEANS OF REMUNERATIVE EMPLOYMENT

BY MISS A. B. EVANS

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THOSE who are interested in the welfare of invalid and cripple children, however widely they may differ as to the best way of treating them from the medical or educational point of view, will probably be agreed as to the extreme difficulty

of dealing with those cases which, in spite of all that modern skill can do, are found at the age of sixteen to be totally unfit to compete in the ordinary labour market.

In the majority of cases this, unfortunately, means that the child on whom so much time and care and money has been lavished in hospital, home, or special school is condemned to face a life of utter uselessness, on account of its isolation and helplessness in the industrial world, where only the strongest can make their way. It has been thought that a short account of a little Association, which is endeavouring to grapple with this problem amongst invalid and cripple women and girls in London, may be of interest in showing what has been achieved in a comparatively short time by a young and still imperfectly organised Society.

The Association was formed three years ago, as the outcome of a year of careful inquiry, both as to the need of some such organisation and the possibility of carrying out the idea successfully.

It was found that, with very few exceptions, invalids and cripples can, if properly trained, be taught to do various kinds of fine needlework quite as well if not as quickly as able-bodied workers; and, further, that there would be a ready sale for their work if it could be brought within reach of the purchasers.

The growth of the scheme was surprisingly rapid. The success of a small class in a very poor and inaccessible part of London soon made it necessary to extend the work to other districts, and, in order to attain a higher standard of excellence, skilled teachers had to be provided. The work produced was found to be attractive and thoroughly saleable, and as the quantity of orders increased, more workers had to be trained to execute them. Before long this little informal class in Bermondsey had developed into an Association of sixty workers, three local centres, a depôt, a small staff of salaried teachers, and a little band of voluntary helpers — all under the direction of a General Committee.

The organisation of a Society which has to adapt every detail to the needs of invalid workers must of necessity be somewhat complicated. It is by no means an easy task to train the workers, to employ them regularly, to pay them fairly, to make due allowance for their weakness and limitations, and at the same time to supply first-rate work to a critical public.

This, however, is the aim of the Association, and experience is gradually showing what are the best methods to follow. Classes are held at each local centre for those who are well enough to attend. Those who are unable to go out have to be visited and taught in their own homes. From first to last the work is carefully prepared and thoroughly supervised, as from the outset the Committee have felt convinced that the success of the scheme depends entirely on the excellence of the work produced. Every effort is made to conduct the work of the Association on practical and business-like lines, but we who are taking part in its daily routine are constantly made to realise the fact that a

successful combination of philanthropy and business is very hard to attain. But we venture to think that a visit to one of our workrooms would wring forgiveness from the sternest critic. For a glance would show that our workers would, one and all, be rejected by ordinary employers, and that our methods are more adapted to meet the needs of those who have to bear the burden of life-long suffering than to insure commercial success.

Details as to the price at which we sell our work can be had from the depôt, but it may be well to note here that we do not try to compete with the very low prices at which hand-made garments are now unfortunately so much advertised. To sell our work at such prices would mean that we should have to comply with the conditions under which all cheap work is produced. We should have to buy worthless material, encourage the worker to put in inferior work, cut down wages to the lowest point, and supply the public with a class of goods with which it is already far too plentifully supplied.

The aim of the Association is to use good material, to accept no inferior work, to pay wages that shall be a fair equivalent for the time and skill expended, and to keep the workers in regular employment. Experience has shown that garments executed under these conditions can be sold at reasonable prices, and the steady increase in the number of customers shows that many people are willing to encourage the production of good work when they know that it is a source of benefit instead of injury to the worker.

For the next few years, at any rate, the Association cannot hope to be self-supporting. In a business where all the workers are heavily handicapped by pain and weakness, in a school where all the pupils are maimed or ill, success from a purely financial point of view must often seem very far away, if not altogether out of reach. On the other hand, the amount of progress achieved in spite of so many difficulties shows clearly that if at this critical period of its existence the Association is carefully managed and generously supported, it may look forward to a future, not only of great usefulness, but of possible financial independence.

We venture to think that the best way of showing the beneficial effects on individual workers is to give a few examples selected at random from many similar cases under our care.

A. B. Was a shop assistant, but became hopelessly disabled through illness. After a short training proved to be a most skilful worker, and, though now bed-ridden, is supporting herself and helping a delicate mother to keep the house together.

E. F. Had to leave service. Savings exhausted in a long illness—nothing before her but the workhouse. She was taught smocking, and is now able to support herself.

M. R. A highly nervous, delicate girl, with unusual artistic talent. She was only able to earn a few shillings occasionally in occasional work for a ware-

house, and was losing that through being unable to fetch her work to and from the city. Is now our best smocker, and much improved in health and spirits.

E. F. Factory girl, of a distinctly rough type. Lost the use of one arm, and could get no work anywhere. After desperate efforts to free herself from bad surroundings, was helped by C. O. S. to get training in embroidery, is now paying her way in a Home for Working Girls, where she has won the respect and affection of every one.

A. T. A bad case of neglected spinal affection, has to lie almost on her face, and is partially paralysed. She is the quickest and cleverest of all our members, and the work is an unspeakable boon to her in every way.

L. R. A girl of eighteen, receiving three shillings outdoor relief, was persuaded with great difficulty to learn to sew. She is now earning six shillings weekly, has given up parish relief, and is much improved in every respect by the effort to be as independent as the state of her health will allow.

D. A. Spent childhood in hospital, then became household drudge in a miserable home. She learned smocking with great difficulty, then was persuaded to leave a home where she could never earn her living, and is now paying her own expenses in a Home for Working Girls.

E. B. Case of chronic heart disease. Earns enough to provide herself with the nourishing food which her widow mother is unable to get for her. The girl is alone all day, so the work is a great interest to her.

F. C. A delicate little hunchback, does beautiful work. Has a very good home. Her parents are saving her earnings for the future.

It will be seen from these rough notes that all are able to contribute something towards their support, whilst many are able to taste the joys of independence. The average earnings in the case of the most disabled and the less skilled workers vary from five to eight shillings weekly. The quickest and cleverest earn from ten to fifteen shillings.

In the majority of cases under our care, the physical condition is beyond all hope of cure, but in almost all the effect of the work on their general health has been most noticeable. Most of them were, when they first joined the Association, suffering from depression and other nervous troubles, brought on by enforced idleness and the misery of knowing that they were a burden on their relations. Their lives are now full of hope and interest, and pain and weariness are at least partially forgotten in the joy of working. Still more encouraging is the effect on character. The wholesome discipline of honest work, and the pleasure of being even to a small extent independent, have transformed morbid, fretful, apathetic invalids into cheerful, hopeful workers. The standard set before them is a high one, and their courage and perseverance are worthy of all praise, when one remembers the conditions under which, as a rule, the work is done. It is satisfactory to note that in no single case have pain and weakness been given as an excuse for bad work, and their

joy and pride in the achievement of something really good is a pleasant thing to see.

These disabled members of the community must always be to a certain extent dependent on the able-bodied, but the members of the Fine Needlework Association have already proved that, so long as they can turn the work of brain and fingers to good account, dependence need never be painful or demoralising.

Resolutions adopted by this Section will be found at page 354.

French Papers read in this Section will be found separately paged at the latter portion of the Volume. See Table of Contents.

(*See Summary of Discussion, page* 394.)

SECTION II.—OLD AGE

President—A. W. BLACK, Esq., M.P.

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PRESIDENT'S OPENING ADDRESS

Ladies and Gentlemen,—You have now heard all the papers which are to be contributed to-day upon the general topic of Old-Age Pensions. To-morrow we take up another aspect of the matter, namely, Old-Age Pensions from the point of view of Friendly Societies, and on Friday we devote ourselves more particularly to Danish and German systems of relief, and their moral and economic effects. I sincerely hope, as following the able papers we have had, we shall have a free discussion from both sides of this all-important national question. I feel that this Congress is of more than ordinary importance, because it is the first time, so far as I am aware, that this subject has been treated in Great Britain from an international point of view and on an international basis, and, I fancy, that being so, the published proceedings of the Congress will do much to advance the wise dealing with this question by the practical politician of the future. One of the most striking elements of this movement is its universality. No nation has stood alone, at least in Western Europe, in trying to deal with this question. Every nation in Western Europe has addressed itself to it with a more or less degree of earnestness, and, if that be so, surely we are right in saying that the movement must have its root in some common cause; there must be some underlying cause common to all nations that is pushing forward this question into prominence. I suggest, for the consideration of this section of the Congress, whether this common cause is not to be found in what one might broadly describe as the progress of civilisation; that this question is part of the inheritance which we derive as heirs to all the ages, and it comes to this generation for solution. After all, what is civilisation, what is the true essence and outcome of civilisation? Can one say it lies fundamentally in the progress of mechanical appliances for locomotion or manufacture, or does it lie in progress in the higher arts? I should say that was a very partial and incomplete definition of the result of civilisation. Is not the true essence of civilisation to be found in the measure in which a community applies itself to the care and well-being of those who are weak and poor and aged? And, therefore, it is surely very appropriate that the Association with which this Congress originates found its origin in France, a nation

which has always been in the van with regard to the promotion of the best results of civilisation. France, an ancient ally of Scotland, is a nation with whom we have recently concluded an international treaty of great importance, and with which our relations are daily becoming more friendly. It is also significant that we must derive in the later days of this Congress a great deal of our practical experience in dealing with this question from some of our neighbours. Germany has addressed itself practically to a scheme of Old-Age Pensions contributory in its character, and in so far as persons are willing to contribute, universal in its application. We shall also be asked to profit by the experience of Denmark, which has instituted a scheme of Old-Age Pensions which may be described, with some important exceptions, as a universal scheme. If one comes to the Imperial aspect of the subject, it is a matter of note that we may also be called upon to consider the provision for old age made by some of the daughters of Great Britain across the seas, in the experience of New Zealand, which has for some years had a pension scheme in operation, and, to some extent, from Victoria, which has made a beginning in that direction. I suppose the moving cause of these widespread efforts is an underlying consciousness that, while the wealth of civilised nations has increased during the last fifty years enormously—during the last fifty years in Great Britain the wealth of the country, the national income, has increased from 500 millions to 1750 millions per annum—there has been no corresponding improvement in the method we have adopted in dealing with the aged. I think the consciousness of this fact underlies the general movement—that there is a consciousness that the care of the aged has not kept pace with the increase of national well-being. Indeed we may illustrate the lack of progression by the experience in Scotland, because we find that a very much larger proportion of the aged poor in Scotland is at present in the poor-houses than was the case thirty-five years ago. I have studied the statistics on this head, and I find that in 1868 one in fifteen of the poor were indoor paupers; nowadays one in eight are indoor paupers. I am given to understand that the great change is not accidental, not due to any undue earnestness in the performance of the duties of the Poor Law Officers, but is due to a fixed policy on the part of the central authorities to apply the test of the poor-houses to all applicants for poor-law relief in order to save the public purse. It is not my part from this chair to express any opinion upon the expediency or inexpediency of that method of dealing with the matter; but the fact is that the test of the workhouse has been applied, and is now applied with double stringency as compared with what it was in 1868, no doubt with great benefit to the public purse, for there is no doubt that the proportion of national wealth devoted to poor-law relief nowadays is less by about one-half than it was in 1868, and much less than it was at earlier periods in last century. But the question that we have to address ourselves to is whether, assuming a saving of the public purse, the saving is not effected at

too great a cost to the well-being and comfort of the aged citizens of this country. It is to that question we must address ourselves mainly in the course of our deliberations. But these further questions arise. First of all, whether the solution lies in the direction of recurrence to what was the old Scotch idea, of regarding the workhouses not as a place of punishment, but as an asylum, and by relaxing the test to be applied to those seeking outdoor relief, or, if that remedy be insufficient, whether we must not make an out and out change in the attitude of the State towards the aged, resolve that, if a person has not been strong enough, crafty enough, or fortunate enough to be able to make provision for old age, he is not to be regarded as a criminal or a person whose lot is to be made as uncomfortable as possible, but, on the contrary, is to be put in the position of being supplied by the State with the means of ending his days in comparative comfort. I agree that in considering this matter the great question is what effect would such a fundamental change have upon national character. If it be the fact that to give old age pensions as a matter of right would deteriorate national character—deteriorate it in the sense of making the individual during his working lifetime a worse citizen, worse in the sense of being less sober, less solicitous of the general welfare, less ready to devote himself to the education and upbringing of the rising generation, less assiduous in moral, mental, or spiritual culture—then, I fancy, we should all be agreed that the greater freedom from care during life and the greater ease in old age might be purchased at too great a cost. But if the reverse of all this is possible or probable as the result of better provision for old age, if the result be to make the man a better citizen in all the particulars to which I have alluded, I am not over-solicitous about what is called 'economic efficiency.' I fancy that there might be some room for question whether economic efficiency might not be attained at too great a cost, and whether, after all, a good, useful, happy life is not of greater importance than an assiduous saving of money for old age. But if I were in a position to enter upon a disputed point, it might with much force be maintained that the right to an old age pension would make a man more economically efficient and more ready to save money for his old age, because in that case he would be stimulated by hope. Is it not permitted to us to hope and believe that humanity will expand to the greatest advantage under sunshine, that it will produce its best results, best in all the highest and most precious elements of human nature under the stimulus of hope rather than under the goad of despair?

Assuming that we are agreed that some drastic change should be made in the attitude of the State toward the aged, there are four points round which our discussions may fittingly group themselves: *First*, whether any scheme of old age pensions should be a contributory scheme, that is, where a contribution on the part of the prospective recipient of the pension is to be made a necessary condition of his participation. Germany has accepted the solution

that the scheme must be contributory. I would like any speaker who may follow on this head, if he is advocating a contributory scheme, to address himself to the question how, in that case, he would deal with the case of married women who devote their lives to bringing up a family, who are never in a position to earn a single penny, but who, it will be recognised, are the portion of the population most entitled and not least entitled to old age pensions. I throw that out as a useful point for persons who advocate the contributory scheme to examine. *In the second place*, there is the question whether evidence of thrift should be required as a condition for participating in the pension, or, failing actual thrift, evidence that the person claiming a pension has been placed in such a position as to make it impossible for him to make provision for old age. I agree it is a most fit subject for discussion, and it is noteworthy that this condition of participation is the basis of the Bill which was read a second time in the House of Commons about a fortnight ago. *In the third place*, the question arises whether the possession of other means of livelihood in greater or less degree is to exclude the claim to pension. *In the fourth place*, no doubt the question of cost will come before us, whether the cost of any possible scheme is prohibitive. I think it might be desirable that speakers on that aspect of the question should endeavour to be exact in their thinking in order to arrive at clearness as to what they mean by prohibitive, whether they mean that it is out of the power of this nation to meet the cost of an old age pension scheme, or whether they mean that the cost will be so great that it will be difficult to persuade the taxpayers to subject themselves to that great cost. The first of these questions is capable of being dealt with by statistics and figures and may fittingly be treated in this section. The second question is a political question, more fit to be dealt with by politicians than in this Congress. I am quite sure that the papers which have been read will be of permanent value in the further development of the whole question of old age pensions, and in enabling the practical politician to address himself to a satisfactory and wise solution of this important question.

THE PROBLEM OF AGE IN MODERN INDUSTRY

By FREDERICK ROGERS

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The position of the aged poor no longer admits of very much discussion. The facts have all been obtained, tested and tabulated, the evils made clear, and the only question about which there are differences of opinion is in the remedy for the said evils. In the opinion of a Select Committee appointed last year by the House of Commons to consider the subject, 'the evidence is

exhausted, and pensions for the aged deserving poor is a matter which might well be proceeded with.' For almost every kind of poverty there is hope. The child-pauper may be made by training into a good citizen. The man or woman who has come to poverty, even though by his own fault, is not necessarily a pauper for life, but may reform himself, and reach a higher social level again, but the poverty which comes in age is without hope, and is therefore poverty in its most acute and pitiful form. The energy of life has gone, the productive powers are ceasing or have ceased, the old citizen can no longer add anything to the national wealth, and if he is without the wherewithal to live, he must ask sustenance from his fellows or starve. The enumeration of aged citizens in receipt of public relief which was made on the basis of the census of 1890, has been repeated on the census of 1900, and the facts show no improvement, but seem to indicate that poverty in age, in proportion to population, is a fixed quantity among us. The statement made by Sir Spencer Walpole, K.C.B., in his memorandum to the Royal Commission in 1892, will hold substantially good for to-day. He said then: 'The stern facts remain that (*a*) one person out of every five, of sixty-five years of age and upwards, was in receipt of relief on a particular day in 1892; (*b*) one person out of every three of this age applied for relief in the course of the year; and (*c*) making a reasonable deduction for the well-to-do classes, one working-man and woman out of every two are more or less dependent on the rates in their old age.'

The questions I would put to this Congress are:—what is the best remedy for this evil, or are we content that it should remain? Our efforts at poor relief, well-meant and honest enough, but as peddling and futile as they are honest, show that we are not. Are we satisfied then with our remedies? Discuss the question with persons of experience wheresoever you will, and again it is apparent we are not, and so we are face to face with a great social evil and an imperfect remedy, and we stop—helpless as a timid huntsman before a fence, which he cannot ride round and dare not leap across. Now there need be no sentiment in dealing with this question at all. If a man or woman becomes poor through failing powers, through absolute inability to do any work, or to produce any commodity that the rest of the community will pay anything for, that community cannot, for its own credit's sake, let the said man or woman starve. Even a community of savages would regard the bludgeon as a more merciful method of disposing of the aged than by starvation, as undoubtedly it would be. And the humane way will prove, in the long run, also the most scientific way of preventing them from starving.

My proposition is:—that the State must recognise that it has a duty to its aged subjects, and set apart a certain sum, taken out of the national income from all sources, for the purpose of giving sustenance to them in their declining years. According to the Report of the Commission of his Majesty's Inland Revenue, our annual income for the year 1903 was £1,750,000,000. Its increase during the last ten years was £200,000,000 and yet we have one person out of

every three, over the age of sixty-five, a pauper. There is 'something rotten in the State of Denmark,' or of Great Britain, while this wretched fact remains without remedy. The remedy I advocate is, that out of the sum aforementioned which is to be set apart, we should create a national system of old-age pensions, such pensions to be regarded as a right which any citizen might claim on reaching a given age. Being regarded as a right the pensions would carry with them no civic disabilities or pauper taint. There has always been a needless refinement of cruelty in taking an old man off the register when by reason of poverty he applies for poor relief, and it is the kind of cruelty that is felt most by those who deserve it least. The flotsam and jetsam of our social life, who drift naturally into pauperism as their years go on, are too thick-skinned to feel any of the limitations that are placed on *them*, but the quiet citizen who has had enough of grace to do his duty in that station of life in which it has pleased God to call him, but not enough of the prizes in this world's lottery to make any adequate provision for old age, feels, and feels keenly, the civil disability which accompanies the treatment of age under the Poor Law, because he is enduring a punishment he knows he does not deserve.

I would raise the money by the soundest principle of taxation that I know, I would raise it by a tax spread as thinly and as widely as possible, so that all should contribute, and all therefore have an equal claim. In the working of a pension scheme all connection with the poor law authorities should be avoided. I would fix the pension age at sixty-five and the amount at not less than 5s. a week. On reaching that age, any person who applied to the Registrar of Births and Deaths, or some other pension authority by law appointed, should, on the fulfilment of certain conditions, be entitled to receive from a Money Order office the said pension. The conditions should be :—

1. That the applicant be a British subject, who has resided in Great Britain or Ireland for a period of not less than twenty-five years.

2. Is not a criminal under police surveillance, or an insane person, or an imbecile. All aged habitual drunkards, or hopeless ne'er-do-weels, should under any pension scheme, and for its purposes, be classed as imbeciles or lunatics, and should be kept in suitable asylums, that part of the pension fund to which they were entitled being paid over to the authorities of such asylums.

Having fulfilled the conditions to the satisfaction of the pension authority, the applicant would receive a certificate to show that he (or she) was a qualified person, and a pension book, and on presenting these in person, on a given day, at the Money Order office of the district wherein the pensioner lived, would be paid each week. The weekly payment should be an absolute condition, as the needs of the majority of pensioners are fixed by the weekly wage. If a would-be pensioner's application were rejected by the pension authority, there should be a right of appeal to the chief magistrate or other person by law appointed in the district, but his decision should be final. The pension might be renewed every three years, and should become forfeit by habitual

drunkenness or crime, the consequences of forfeiture being the placing of the pensioner among those classes for whom it was necessary, either for their own well-being or that of society, to confine in public asylums.

There have been many estimates of cost, but the actual cost could only be determined by experiment. The Committee of financial experts which in the year 1900 went into the cost of a pension scheme not quite so far-reaching as mine, gave the cost in the first year as £10,500,000, increasing it by two millions every ten years. It has been estimated that the cost of the scheme I advocate will be £17,000,000. There is wealth enough in the nation to meet heavier costs than this, when we realise that we can spend £60,000,000 a year on military expenditure and scarcely feel it go. The money used for pensioning the aged would be spent in the country, not out of it, and used for the well-being of those who helped to produce it, not upon aliens or strange people. I do not discuss the question of contributions, or contributory schemes, they were ruled out by all committees of inquiry, because practical men saw that a contribution is simply a tax under another form. I contend that there ought to be enough of political genius among us to deal with this question simply as a readjustment of the incidence of taxation. I refuse to believe that, in the long run, money will be wasted which is used to add to the happiness of those who have done their work, and fulfilled their duty as citizens. I claim that the principles of humanity and those of sound practical wisdom are not in antagonism with each other but in harmony, and that it is not in an austere criticism, but in a wise and careful generosity, that we shall find the key to many social problems.

(*See Summary of Discussion, page* 395.)

OLD-AGE PENSIONS: THE GENERAL QUESTION

By W. A. BAILWARD

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In considering the question of old-age pensions, it is necessary to recall the fact that it is one of quite recent birth, and that it involves a reversal of the principle of public relief which has heretofore been accepted as the cardinal principle of our English Poor Law. There is always some danger lest, owing to the shortness of political memory, and the sort of acquiescence which follows constant repetition of certain formulas, the fundamental safeguards which have been set up by our predecessors in the face of the greatest difficulties and the most vigorous opposition, should be discarded upon partial issues and without sufficient consideration.

It is now some fifteen years since Mr. Chamberlain brought the question 'within the region of practical politics.' Up to that time, though certain pro-

posals had been made and discussed by Canon Blackley and others, no politician of weight had accepted any responsibility in regard to them. The principle of public relief laid down by the Poor Law reformers of 1834, and accepted up to that time by all serious economists, remained undisputed. Destitution was recognised as the claim, and the only claim for public maintenance. The memories of the old poor law, which had attempted to relieve *poverty* rather than destitution, and of what followed, still survived, and were refreshed by the aggravated pauperism of the early seventies. Political pressure had hardly begun to assert itself in the matter. The belief that the solution of the problem of poverty in old age, as well as at other times of life, was to be found in the adequate payment of labour, and in the sense of responsibility and self-dependence of the industrial classes, still held the field. All that, however, was altered in a moment when Mr. Chamberlain took up the question. The fact that a statesman of his eminence had given his imprimatur to a change in the basis of public relief was eagerly seized upon by a large section of the public to whom economic views must always appear hard and difficult. Since then the evolution of the question has been rapid, and may possibly be startling even to some of those who originally raised it. Mr. Chamberlain, as we all know, propounded a scheme which was one of subsidised deferred annuities upon a contributory basis. He himself contemplated no difficulty in it. 'It was so simple that a child might understand it.' It is safe to say that that scheme has now been consigned to oblivion.

Since then we have had other schemes innumerable. There have been altogether no less than seven official committees or commissions of inquiry, which have issued conflicting reports upon the subject.[1] The main distinction appears to be that when the inquiring body is political and elective the report is favourable, when it is composed of experts the report is adverse.

Generally speaking, the history of the movement up to the present time has been this. The schemes originally put forward were, without exception, schemes of a limited or partial nature with all sorts of conditions attached to them as to contributions by pensioners, as to thrift, character, and limit of income. Gradually, however, the difficulties in the way of enforcing these conditions in a large and complex community, governed upon the elective

[1] 1885. Select Committee of the House of Lords reported upon Canon Blackley's proposal. *Report adverse.*

1895. Royal Commission, mixed Parliamentary and Experts, reported upon some 30 schemes. *Report adverse.*

1898. Lord Rothschild's Committee of Experts reported upon over 100 schemes. *Report adverse.*

1899. Select Committee of the House of Commons (Mr. Chaplin's Committee) reported upon a Parliamentary scheme. *Report favourable, subject to financial consideration of the question.*

1900. Committee of Experts reported upon cost of Parliamentary scheme. *Report discouraging.*

1903. Select Committee of the House of Commons reported upon Aged Pensioners Bill (Mr. Raymond Greene's Bill). *Report favourable.*

system with a low franchise, have been revealing themselves. One by one the conditions have been 'whittled away,' or dropped altogether. The principle of contribution was finally discarded by the Select Committee of the House of Commons, known as Mr. Chaplin's Committee. The definition of thrift became so shadowy that it would be impossible to enforce it. 'Desert' was reduced to the negative quality of not having been in prison very lately. Meanwhile Mr. Charles Booth put forward a scheme which originally proposed a pension of 5s. a week for every one, rich or poor, over sixty-five. It has since been somewhat modified as to the age limit and the amount of the pension. That scheme has had the endorsement of the trades unions and the co-operative societies, and subsequently of the National Conference of Friendly Societies. Though these last are very far from being unanimous upon the subject, it is apparently the only scheme which they are prepared to accede to.

Another development of the movement has been the endeavour to approximate the English Poor Law system to that of Denmark. Mr. Chaplin's Committee considered this system very carefully, and they say of it that it is 'substantially the same as the outdoor relief given to the deserving poor in this country, except that in Denmark such relief can be claimed as a matter of right, and conveys no civil disqualification.' It would, of course, be possible to abolish civil disqualification in England for those in receipt of parish relief, and it would be possible to throw the cost of outdoor relief, as in Denmark, upon a central fund, but it would be a complete reversal of all the policy of the Poor Law as based upon the experience of the past. It may be noted also that in Denmark the population is only two and a half millions, and that Copenhagen is the only large town. The conditions, therefore, in Denmark are very different from those in the United Kingdom. Moreover, the amount of the pension per head there varies from 1s. 6d. to 3s. per head, whereas that proposed under the most recent schemes in Parliament is from 5s. to 7s.

The present position is that the Aged Pensioners Bill of last session has just been reported upon by a Select Committee of the House of Commons. The bill in question is practically one for pensions to all, subject to an income limit of 10s. It is noteworthy, however, that the committee show their appreciation of some of the difficulties of an income limit by proposing to leave a 'discretion' in this respect to the pension authority. They say:—'It may be advisable to entrust those who have the distribution of pensions with a *discretion* as to the amount, so that the pension awarded may not be so reduced as to deprive applicants of the fruits of their own thrift. In no case, however, ought any pension to be granted when it is not really needed.' It is safe to say that this is the first step in the direction of the abandonment of the income limit. Apart from the difficulty of ascertaining the income, which the committee pass over in silence, but which is one of the best known difficulties experienced in poor law administration, the fact that the pension authority will have to decide whether a pension is 'really needed' or not, renders the income

limit nugatory. The pension authority, whoever he or they may be, must have altogether different standards of what is necessary for existence from the would-be pensioners: every one knows in Poor Law administration the difficulty which arises from throwing upon the administrator the onus of proving that relief is *not* needed.

The Committee further suggest 'experiment,' in order to ascertain 'how many people now in workhouses could be dealt with outside; and how many there are who are not now receiving Poor Law relief who require and deserve pensions.'

The experiment of 'how many people there are in workhouses who could be dealt with outside' is one which has frequently been tried by Boards of Guardians in various unions. For instance, Miss Edith Sellers, in her evidence before the Select Committee, states that the experiment was made recently in Newington. Of 437 women in that workhouse, only three could go out upon 5s. a week outdoor relief. In Poplar, in 1899, the cases of 1000 inmates of the workhouse were inquired into with the same object. Forty-five were sent out upon 6s. a week outdoor relief. Within a year 21 of them had returned to the workhouse or infirmary. The present writer has seen more than one unsuccessful experiment of the same kind in his own parish.

The question of 'how many people there are who are not now receiving poor law relief who require and deserve pensions,' is, of course, a much more far-reaching one. Doubtless, if the experiment is made, there will be plenty of applicants, and those who have hitherto supported themselves in old age will be found to be not the least 'deserving.' It must not be forgotten that such an 'experiment' involves the abandonment of a principle—the principle that destitution is the only claim for public relief—and that thereafter the acceptance by the State of the whole responsibility for the maintenance of old age, and many other forms of disablement, is only a question of time.

The evolution of the question, therefore, has been that old-age pensions, which were originally mainly advocated as a means of encouraging thrift and good conduct, are now being claimed on behalf of a large proportion of the electorate as a 'civil right' for all, in accordance with Mr. Charles Booth's suggestion. One by one the limitations proposed have been dropped as impracticable. The 'principle' of old-age pensions has been twice accepted without a division by the House of Commons, and the only objection raised by a responsible minister of the Crown has been the question of the cost. Outside Parliament Mr. Charles Booth's scheme is being hotly pressed by trades union and labour organisations. It has also received the endorsement of a large body of philanthropists. A regular campaign in its favour has been initiated all over the country. Scores of meetings have been held: literature has been distributed. The case for universal pensions has even been stated upon the back of 'Mother Seigel's' advertisements for distribution in country villages. The present writer has received one of them from a village in the

west of England. Holding the views that he does upon the question, he may perhaps be excused for saying that the juxtaposition of remedies is, in his opinion, not altogether without significance.

The case for the 'principle' of old-age pensions is mainly based upon a return made to the House of Commons in 1890, upon the motion of Mr. Burt, in which it was shown that 286,867 persons over the age of sixty were in receipt of parish relief. From that it has been argued, variously, that one in three of the population above that age are 'compelled to seek for parish relief' —'have no other refuge but the workhouse in their old age,' and so forth.

First, it may be noted that three-fourths of those comprised in this return are in receipt of *outdoor* relief. It cannot, therefore, be true to say that they have 'no other refuge but the workhouse in their old age.' Of the remaining one-fourth a very large proportion are in infirmaries and sick wards, so that the proportion who have no other resort but the workhouse is really very small. Every one who has any experience of workhouse management knows that a very large proportion of them are there in consequence of their own fault.

With regard to those in receipt of outdoor relief, it is altogether a fallacy to say of, at all events, a large proportion of them that they are 'compelled to seek for relief.' Professor Fawcett pointed out many years ago that under a system of outdoor relief 'you may have as many paupers as you choose to pay for.' It is a mere truism to say that where relief is given away upon easy terms there will always be plenty of applicants. The extraordinary divergencies in the statistics of pauperism between union and union are familiar to all students of the poor law.

But if a return similar to that of Mr. Burt had been called for ten, twenty, or thirty years previously, the figures would have been far more startling. From 1870 onwards, largely owing to Mr. Fawcett's influence, there was a stricter administration of relief with noteworthy results. In 1871 there were 21 paupers over sixty in every hundred of the population, in 1881 there were 15, in 1891 there were 13. To take the figures of a single union, in Bradfield, a rural union, where a strict policy has been maintained for the past thirty years, there were on January 1, 1871, 306 persons over sixty-five in receipt of relief; on January 1, 1898, there were only 54. Bradfield is one of some half-a-dozen unions in England and Wales which have practically abolished outdoor relief, and the Guardians point out that if there had been a similar reduction all over England and Wales there would have been on January 1, 1898, 219,000 paupers of all classes instead of 733,000.[1]

It is evident, therefore, that there is still a large amount of pauperism at all ages, which is more or less artificially created, or which is a survival of lax administration in the past, and that it is not accurate to say that these 286,867 are 'compelled' to seek for relief. On the contrary, every Guardian could quote numerous cases in which relief has been wrongly given. If the reduction in

[1] Letter of Bradfield Guardians, January 12, 1899.

old-age pauperism had proceeded over England and Wales at the same rate as in Bradfield—that is to say, from 206 to 54—the numbers in Mr. Burt's return might have been reduced to very small proportions.

It has already been pointed out that these numbers show a considerable and progressive reduction compared with the previous two decades, and the fact that there has been a reduction leads us to hope that the reduction may continue, and at all events suggests a sufficient objection, *a priori*, to reversing the policy under which that reduction has been effected.

On the other hand, to argue that because there is still a large amount of pauperism in old age—some of which at least is artificially created—you must therefore create more, is to argue in a vicious circle. It would be equally reasonable to infer the poverty of all if a system of universal pensions were introduced, and to advocate increased pensions.

The figures, therefore, upon which the whole case for old-age pensions is based are by no means so alarming as the advocates of old-age pensions would have us believe. They are chiefly based upon the number of people in receipt of outdoor relief, a number capable of extensive reduction, and even as they are show considerable improvement as compared with previous years. It is at all events a serious misrepresentation to say that 'three in seven, or nearly half of the working-classes, on reaching the age of sixty-five, no matter how meritorious had been their lives, had the workhouse as their only shelter.'[1] Such phrases are popular with politicians and catch the ear of public meetings, but they have not a particle of evidence to support them.

We may assume that Mr. Booth's scheme for universal pensions is now the only one which is really before the country. It is possible, of course, that some Government may adopt the recommendation of the latest parliamentary select committee to 'experiment' with the aim of seeing how many people there are who 'really require' pensions. The fact that the experiment is recommended to be made 'step by step' is sufficient proof that they themselves have not considered where such experiments are likely to land them; and Mr. Booth himself and his supporters have expressed their willingness to accept such experiments 'as an instalment.' The recommendation does not appear to indicate a high standard of statesmanship.

Let us then consider as shortly as possible the arguments used by Mr. Booth in support of his scheme. He bases the need for such a scheme mainly upon the figures of Mr. Burt's return. This matter has been already dealt with.

In reply to the suggestion that a scheme of universal pensions is calculated to diminish thrift and foresight, he contends that it will on the contrary increase it; 'Hope,' he says, 'is a greater stimulus than fear. The prospect of 7s. a week at seventy will be an incentive to the poor to save something during their working lives in order to add to it.' But in another place when he is

[1] Mr. E. A. Goulding, M.P., debate upon Aged Pensioners Bill, March 19, 1902.

controverting Mr. Chamberlain's scheme for encouraging saving by a bonus upon deferred annuities, he dismisses the proposal upon the ground that the benefit is too remote: '"I shall never live till then," is a pessimism very natural with the young.' It is difficult to see how an unconditional 7s. a week at seventy will be an incentive to thrift, whilst 5s. a week (the usual sum proposed by way of deferred annuity) at sixty-five, coupled with an express condition that there shall be savings to an equal amount, would not be so.

The matter, of course, is one which must be to a great extent a matter of opinion. Mr. Booth produces no evidence in support of his contention. On the other hand, there is plenty of evidence to show that outdoor relief under the Poor Law has had exactly the reverse effect. It has been said that in Scotland thrift went out when the Poor Law came in. The formation of provident societies has more than once been arrested or prevented by the existence of outdoor relief. The agitation for old-age pensions is undoubtedly having a detrimental effect upon the efforts that the friendly societies themselves are making to provide against old age. In nature it is against the winter that all reasoning beings, and some animals, store up the fruits of the summer. It is against a rainy day that we provide. It is true that with increase of wealth comes also the desire for accumulation, but this desire is usually associated with wealth which is self-acquired and tangible. The prospects of 7s. a week at seventy from the State would be upon a different footing. In fact, to use the words of Mr. Booth himself, we might say that they are 'too remote.'

Mr. Booth in his original scheme makes a great point of the abolition of outdoor relief: in his modified scheme he introduces it as an integral part of it by allowing those under seventy, 'who are in evident danger of having sooner or later to seek relief,' to anticipate their pensions through the Poor Law.

But it is, indeed, difficult to grasp the distinction that he would make between old-age pensions and outdoor relief. Pauperism and dependence, he says, do not consist in the fact of receiving relief, but in the manner in which it is received. 'It is the selection with its forms of application and the inquiries it involves that brings loss of independence . . . herein lies the stigma of pauperism.' Lord Rothschild's Committee brush the suggestion aside. 'Any discredit,' they say, 'must depend, not upon the form in which the relief is received, but upon the causes which have led to it.

Mr. Booth, moreover, would have us believe that relief given at the home is no longer outdoor relief, because it is called an old-age pension and is given upon easier terms. Because all are to be entitled to it, it can be accepted without loss of independence. Here surely there is some confusion of thought. A is a rich man in the West end and B a poor man in the East end. Both A and B are to be 'entitled' to a pension. But A will have to pay for B's pension as well as his own. The arguments used by Mr. Booth upon this head appear

to the ordinary observer to be the veriest casuistry. The objections to outdoor relief, objections which have hitherto been accepted without question, objections of which Mr. Booth himself apparently admits the validity, as he would 'abolish' outdoor relief, apply with equal force to his proposal for old-age pensions. The only difference apparently would be one of degree, for whereas the annual expenditure upon out-relief, for England and Wales, is between two and three millions, Mr. Booth would commit us to an expenditure of an uncertain sum which might be ten or might be thirty millions.

Mr. Booth speaks with a rather uncertain voice as to the effect of old-age pensions upon wages. Mr. Chaplin's Committee on the other hand have no fears upon this point. 'The amount of labour,' they say, 'which would be affected by a pension scheme after the age of sixty-five would be so small that we do not attach any very serious importance to this suggestion.' Mr. W. Crooks, M.P., in his evidence before the select Committee upon the Aged Pensioners Bill holds a different view. He says, in reply to the question whether those in receipt of an old-age pension should be allowed to work:—

'Certainly not, I am very emphatic upon that point. . . . If you departed from this principle you would land yourself in endless difficulties. If a person past the age claimed a pension and was allowed to use that pension as practically a subsidy enabling him to work for somebody cheaper than the ordinary man, where should we be landed? I quote the case of a widow able to make shirts at 1s. 6d. a dozen because a sympathetic Board of Guardians gives her 4s. outdoor relief. She does not get the money at all: simply the fellow who sweats her gets the advantage of the 4s. or 5s. shillings as the case may be. He gets her to work cheaply because she gets some pension or out-relief.' Mr. Crooks would therefore prohibit all work for hire or remuneration by those in receipt of a pension. The experience of the friendly societies would lead us to believe that it would not be easy to enforce such a prohibition but, even if it were so, it would assuredly operate very harshly.

But Mr. Chaplin's Committee have lost sight of the fact that we cannot in such a question limit our consideration to those above sixty-five. There is no hint of recognition of the argument that wages during working life should be sufficient to enable provision to be made for old age, and that, if the responsibility for old age be taken over by the State, the wage payment during working years will tend *pro tanto* to fall. This is what Lord Rothschild's Committee have to say upon this point:—

'Will a State-aided pension affect the wage rate? It must not be forgotten that the earnings of the workman dependent upon wages have to provide for his support, not only during the period of his actual employment but also for the age when he is past work, and that this consideration affects the rate of his wages. But if the whole or a part of the cost of supporting him when past work is undertaken by the State, the portion of the wage applicable to this

source ceases to be essential, and wherever the competition for employment is keen, the wage payment will tend to fall by a percentage approximately to that contributed by the State to the pension fund.'

The suggested division of life as if by a water-tight compartment at the age of sixty-five is altogether artificial. Apart from the fact that many a man of fifty-five is, for all practical purposes, older than is his neighbour at sixty-five or even seventy-five, old age constitutes the discipline of life which is part of nature's design, and which probably has a beneficent effect upon the average of humanity. It is a contingency to which all must look forward, and against which there is a whole lifetime to prepare. The failure of power in the young and middle-aged is a much more real misfortune, and one much more deserving of sympathy. If we are to extend the functions of the State beyond the relief of destitution, we shall have eventually to pension consumptives, cripples, epileptics, and all forms of disablement.

But, assuming for the moment that the difficulties above-mentioned could be surmounted, it may be well to consider some of the aspects of a system of old-age pensions in operation. It is sometimes forgotten that we have under the present Poor Law an old-age pension system at work in many Unions. In Poplar Union in London for instance the Guardians spend about £20,000 a year in outdoor relief and they have endeavoured, of late years at all events, to make their outdoor relief 'adequate' in accordance with the recent circular of the local Government Board. Outdoor relief has been given in every case where it has been reasonably possible and a system of pensions for the aged poor has been practically at work for some years. There have recently been two inquests upon old people in receipt of outdoor relief in sums varying from four to six shillings a week, who have been found dead under circumstances of almost indescribable horror.[1] In both cases the action of the Guardians in granting out-relief was severely commented upon.

These two cases occurred in the same Union within a month of one another. Every experienced Guardian knows that there are similar cases in many Unions. How many such would there be under a system of old-age pensions? In Victoria and elsewhere there have already been complaints of the miserable conditions under which some of the old-age pensioners are living. There are many old people who after a certain age become incapable of properly caring for themselves, and whose relations, even if they have any, will not, or cannot do it for them. The State would incur a heavy responsibility in regard to these.

Temperance reformers may perhaps think this question worthy of attention from their point of view. Mr. Ell of the New Zealand House of Parliament pointed out the great increase in the charges of drunkenness, 1901 showing an increase of 1000 over 1900, and 1900 an increase of 757 over 1899. The old-age pension law came into force in 1898. That a large proportion of

[1] *See* Appendix.

the amount spent in out-relief finds its way to the public-house is a matter of common knowledge to every Guardian. The present writer is a member of a Board of Guardians where at one time out-relief was given upon a large scale. Upon relief days the public-houses adjoining the relief station were largely frequented by applicants on their way to and fro. A well-known Poor Law administrator in London told him many years ago that upon one occasion his Board determined to test this question. Accordingly upon a certain relief day they paid all the out-relief in new silver, specially procured for the occasion, which they then took steps to recover by way of change from the adjoining public-houses. A very large proportion was recovered. That the taste for alcohol does not diminish with advancing years was noted by an old writer some three hundred years ago:—'The incommodities of age which need some help and refreshing, might with some reason beget in me a longing for this faculty: for it is in a man the last pleasure which the course of our years stealeth upon us . . . in the end, like unto a vapour which by little and little exhaleth, and mounteth aloft, it comes into the throat, and there makes her last abode.'

No one who has witnessed the return of the old people to the workhouse after their day's outing would be disposed to doubt the truth of this.

The establishment of State pensions would set free an even larger sum for the purchase of alcohol than is now available. Our present annual drink bill is already well over £150,000,000 a year. According to Messrs. Rowntree and Sherwell, the working man already expends about one-fourth of his income in drink. Old-age pensions would not serve to diminish this proportion.

But there is a further question of how any system of state pensions would affect the existing pension arrangements which have grown up under a Poor Law, which in principle at least is strict and deterrent. Probably the largest existing pension fund, though the one which is least conspicuous, is that which consists in the performance of family obligations, in the mutual help of parents and children, friends and relatives. Under the old Poor Law that sense of responsibility had ceased to exist, and children actually claimed payment from the rates for attendance upon their own parents. In Victoria 'there has been a great deal of fraud, and he (the Premier) goes so far as to say that the sense of filial obligation has been, in many instances, lessened by the operation of the Act; that is to say, the relative thinks, "Very well, that is a matter for the State. I am not going to help my father or mother—or my wife or husband, as the case may be—I will let the State do it."'[1] There is similar evidence from New Zealand.

But, apart from this, there are many other forms of provision for old age. Railway companies and other trading organisations have established enormous pension schemes in connection with their industries. Friendly societies and

[1] Evidence of the Hon. A. Dobson, Select Committee Aged Pensioners Bill, 999, and that of Mr. Reeves.

trades unions are working in the same direction. Private employers both in town and country support large numbers of pensioners who have served them long and faithfully. Thousands of old people are working on in town and country 'at a wage based rather upon the needs of the recipient than the value of the services rendered.'[1] How would a system of State pensions, involving heavy burdens upon industry, affect these arrangements which have grown up automatically, and which are grounded partly upon recognition of faithful work, and partly upon 'kindly social usage'? It is an open secret that the railway companies have inserted in their pension schemes a clause by which, in the event of State pensions being established, their own schemes would come to an end. Compulsion and voluntaryism cannot exist alongside of one another. The point is one which in the interests of the poor themselves cannot be lightly dismissed.

The question of old-age pensions, since Mr. Chamberlain's acceptance of the 'principle,' has assumed so many forms and shapes that the public may possibly have become somewhat bewildered. The latest phase must be considered to be the recommendations of the Select Committee of the House of Commons upon the Aged Pensioners Bill. That Committee has now reported the Bill without amendment, but with certain recommendations which, in the main, widen the scope of the Bill and relax its limitations.

It may be noted that the Committee do not attempt to traverse a single one of the objections raised by Lord Rothschild's Committee. A glance at the list of the members of that Committee, with their qualifications,[2] will convince every one that their opinions are not to be lightly disregarded, and yet no real answer has ever been made. It is true that Mr. Chaplin's Committee professed to believe that they had met the objections, but the report of this Committee has never been taken seriously, and Mr. Lecky, not the least eminent member of it, disagreed with it *in toto*, and published a separate report.

In various foreign countries and in the Australian Colonies schemes of old-age pensions have been in existence for a limited number of years. Already there is plenty of evidence that fraud is rampant, and that family life is becoming disorganised.[3] Already various 'amending bills' have had to be passed; already it is abundantly clear that there is no finality in any of them. The cost has almost invariably more than doubled the original

[1] Mr. Charles Booth, *Old Age Pensions*, p. 7.

[2] Sir Francis Mowatt, K.C.B., formerly Permanent Secretary to the Treasury; Sir Courtenay Boyle, K.C.B., Permanent Secretary to the Board of Trade; Sir Spencer Walpole, K.C.B., Secretary to the Post Office; Mr. A. J. Finlaison, C.B., Actuary to the National Debt Office; Mr. E. W. Brabrook, C.B., Chief Registrar of Friendly Societies; Mr. George King, Actuary, London Assurance Corporation; Mr. A. W. Watson, F.I.A., Manchester Unity of Oddfellows; Mr. Alfred Chapman, Parliamentary Agent Ancient Order of Foresters; Mr. Bernard Holland, Secretary.

[3] *Cf.* Evidence of Mr. Reeves and Mr. Dobson upon the Select Committee, and Mr. Seddon's speeches.

estimate. It must not be forgotten also that they are for the most part confined to small communities in which the economic difficulties are far less serious than they would be in our own country, and false steps comparatively easily retraced.

It may be mentioned in passing that it would appear to be rather a melancholy confession of failure that, in a new country where work is plentiful and labour highly paid, there should be any necessity for old-age pensions at all. In England, where the conditions of labour are far less favourable, we have never contemplated them until within the last few years, and meanwhile the condition of the working classes has steadily improved. The Hon. A. Dobson, in his evidence before the Select Committee, expresses the view of at all events a section of the Australian public.[1]

The case of Denmark has already been referred to. There, in a small community, the system is one of statutory outdoor relief upon a scale which we should consider altogether inadequate. There has been a nominal reduction of the rates by a transfer to imperial taxation, but the total cost of poor-relief and amount of dependence has largely increased. There appears to be practically no test of thrift or of character unless in extreme cases. There has been a large increase in the total cost of poor-relief, though a fictitious reduction of 'the rates' by a transfer to imperial taxation.

In Germany they have a system of compulsory insurance somewhat upon the lines advocated by Canon Blackley. It is extremely unpopular, and there is constant pressure in the direction of the increase of the pensions and the removal of the limitations.

In America there is a system of pensions 'granted on account of military service only.' It was originated about the time of the War of Secession, and since then 'has surpassed the most extravagant dreams.'[2] There has been a further recent development. 'The recent action of President Roosevelt in decreeing a pension to every soldier over sixty-two who took part in the American Civil War threatens at length to fulfil the gloomy vaticination of Mr. Bryce, in his monumental work on *The American Commonwealth*, a dozen years ago, that the annual expenditure in this direction would reach £40,000,000. This "source of infinite waste," as he then described it, cost the United States last year close upon £28,000,000.'[3] It is significant that this extension should be made upon the eve of a presidential election, and

[1] 'It was a monstrous thing to imagine that young men and young women in full health and able to earn good wages, and to live as working people can live only in the Colonies, —that is, with every comfort and convenience—should have a statutory right to claim a pension when they became sixty-five, without contributing in any way towards that pension. However, though a great many people were of that opinion the idea did not find a place in the legislation of the colony, and although by the contribution of a few pence—even 6d. a week if a young man began soon enough—it might accumulate in the hands of the State to provide an old age pension that is not required of him' (990).

[2] *American Encyclopedia*, 1888.

[3] *Westminster Gazette*, March 24, 1904.

may give us also reason for reflection. That the pension fund for a limited class of the American community should amount to the huge sum of £28,000,000 annually, with immediate prospect of a further increase of £6,000,000, may possibly give us some inkling of what may be in store for ourselves.

Are we, then, going to abandon the test of destitution as the principle of public relief? It is true that it has been already ignored to a great extent by the majority of Boards of Guardians. The fact that it has been so is now alleged as a reason why we should go further in the same direction —another illustration of the principle of arguing in a circle. But it is still recognised as the underlying principle of the poor law, and is still available in case of need. Poor Law administrators who are endeavouring to stem the tide of pauperisation are still justified in saying that the presumption of the law is on their side. But if it be abandoned, though there may seem to be only a limited abandonment for the moment, then there is no doubt as to what must follow: the flaw in the embankment which gives access to the small leakage will soon become the breach which lets in the deluge.

On the other hand, under the Poor Law system which has prevailed during the Victorian era, we have seen enormous improvement in the condition of the industrial classes. No one who has considered the papers read before the Statistical Society by Sir R. Giffen, and later by Mr. A. L. Bowley, can feel any doubt on this head. Wages have increased, and the cost of living been enormously reduced. Deposits in savings-banks have increased from £80,330,000 in 1881 to £187,000,000 in 1900. The number of depositors has increased from 4,100,000 in 1881 to 10,000,000 in 1900. The wider distribution of wealth is shown by the fact that between 1880 and 1898 the number of persons paying income-tax upon incomes under £300 has increased by 24 per cent. Sir R. Giffen says: 'The working classes have had large additions to their means; capital has increased in about an equal ratio, but the increase in capital per head of the capitalist classes is by no means so great as the increase of working-class incomes.'[1] Education has been freed, and more than a million and a half returned to the pockets of the working-classes. The great friendly societies and trades unions have greatly strengthened their position, and made great strides in the direction of provision for old age. Lord Rothschild's Committee conclude their report with these words:—

'Before closing our report we desire to refer to one consideration which the course of our inquiry has strongly impressed upon us. It is that a large and constantly increasing number of the industrial population of this country do already, by self-reliance and self-denial, make their old age independent and respected. We entertain a strong hope that the improvement which is constantly taking place in the financial and moral conditions of

[1] *Progress of the Working Classes*, 1888, p. 25.

labour will do much to deprive the problem we have to consider of the importance now attached to it.'

These are not the words of those who despair of the future, and they are the words of experts. Those who oppose the principle of old-age pensions do so because they believe that they would be a reactionary change in public policy, which would be disastrous to the working-classes themselves and to the nation. That policy has been directed hitherto to secure a maximum of independence and a minimum of dependence. During the Victorian era dependence has greatly decreased, and the 'strength of the people' has, as the evidence from all sides shows, been steadily growing. As sincere believers in the democratic ideal, those who believe that the reversal of this policy would be a fatal step, would appeal to the leaders of the democracy for a reconsideration of the position. The late Sir Henry Maine said many years ago that the chief danger of democracy would be that it should be 'divorced from science.' In this case all the expert opinion is on one side, all the political pressure upon the other. Let them consider that a strong democracy cannot exist upon a basis of State relief. The greatest democracy of ancient history was lulled into a sense of false security by a system of public relief, whilst its liberties were gradually withdrawn from it. In that case the provision for public relief was secured by the tribute levied upon conquered nations: in our own case the tribute will be levied upon the industries which are the only means of subsistence of the working-classes themselves. A dependent population implies enormous wastage—not only wastage of material resources but of energy, self-respect, and prudence; in a word, of the strength of character which is the main asset of national greatness.

The issue is one of which the importance can hardly be over-estimated. The cry for old-age pensions is only one of many phases which the question has assumed; the claims of the independent labourer are gradually being obliterated. Meanwhile, when will statesmen realise that social legislation is not necessarily eleemosynary?

APPENDIX

AN eccentric widow named ——, aged seventy-three, living in ——, was found lying on the floor dead on Saturday morning by a neighbour who went in to give her a cup of tea. It was said that she was a strange, obstinate old woman who never gave any one a civil answer. She was receiving 4s. a week from the parish, and she did a little charing. The room was in an untidy state, and the old woman's death was due to syncope and neglect. The jury found a verdict of death from natural causes, and the Coroner remarked: 'This is something for the Guardians to think over. What is the good of giving 4s. a week to a person in this condition?'—*Daily Chronicle*, Feb. 28, 1904.

Mr. Baxter held an inquiry at the Poplar Town Hall on Saturday concerning the death of ——, aged eighty-two, who died in the Poplar Workhouse under

shocking circumstances. Her landlady said deceased lodged with her, and paid 1s. a week rent. Deceased never allowed witness to go into her room. The relieving officer stated that the deceased had been in receipt of 3s. 6d. a week from the parish since 1899. Mr. ——, a baker, had given her 1s. a week, and supplied her with bread up to the time of her death. Witness added that he had frequently endeavoured to persuade the deceased to go into the house, but she refused. Her allowance was increased to 5s. a week a short time ago, but owing to the dirty condition of the room the Guardians threatened to stop the allowance, and the deceased went into the house. The receiving ward attendant stated that the deceased was in a terrible and filthy condition. She looked as if she hadn't had a wash for years. Her clothes had to be burnt at once, her skin was caked with dirt, her toe-nails nearly four inches long . . . deceased was smothered with sores. —*Bethnal Green News*, March 19, 1904.

(*See Summary of Discussion, page* 395.)

THE PROSPECT OF OLD-AGE PENSIONS IN THE UNITED STATES

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I. THE PRESENT ATTITUDE OF PUBLIC OPINION ON THE SUBJECT

It may be said at once that intelligent men of business in this country are either indifferent or hostile to all schemes of government insurance of working-people. It can hardly be said to be a topic of consideration in practical politics. There does not even seem to be any concerted effort on the part of organised wage-earners in this direction. To understand this general fact, one ought to consider several elements in the problem.

1. The necessity of providing some method of equalisation of the burden which falls upon families of small income in case of sickness, accident, invalidism, and old age, as well as unemployment and death of the chief bread-winner, is felt first of all and most acutely only in countries where the 'great industry' has long been developed. Only in a country with great cities, congested population, and large industries, does the industrial group as a permanent and special class come into existence. In our country the chief occupation is still agriculture. Until recently the entire South was almost exclusively devoted to agricultural pursuits, and centres of manufacture were few and unimportant. The so-called 'labour problem' is with us comparatively new. But changes are going on with unprecedented rapidity. In older states urban industries are already predominant, and the 'class consciousness' of wage-workers is distinctly manifest. The average age of workmen is rising; there are more old people among them; and we are approaching the condition of European peoples.

2. The rapid progress of our people in wealth and comfort has made it difficult for most persons to realise how far, in cities, we have already come into the situation of older countries. Hitherto we had no fixed lines about a 'working class.' Most men worked with their own hands early in life, and many have risen by individual effort to the possession of capital and comfort. It has seemed unnecessary to provide for a class of persons who must live to the end of life on low and uncertain wages. Each man thought that he could take care of himself in case of accident, sickness, and old age.

3. Now that it has been suddenly forced upon public attention that we have a labour class and all its problems, with absolutely diminishing chances of rising to the position of capitalist managers, even in a small way, the former habits of thought and feeling, the individualism which was the natural product of earlier economic conditions, still survive. This extreme individualism has still in it elements of good and power which must be conserved, but in its selfish form it is antiquated, unsuited to the facts of our present industrial and commercial organisation. The old virtue is now a vice.

4. The traditional economic and political theory has been unfavourable to any form of governmental intervention in industrial affairs. The general and unconscious and undisputed assumption of our business world is (save where there is a lucrative franchise to obtain, or a favourable protective tariff to secure, by various devices), that government should simply let the capitalist manager alone, after protecting his life, property, and liberty, to do as he pleases.

5. The serious defects and even corruption in our municipal and State management of enterprises have produced a very general belief among business men that we can never secure a capable and honest administration of a complicated business such as the German system of insurance is.

6. It must also be remembered that we have not a strong central government as in Germany, nor have we developed a system of national central control such as seen in France, and even in the Home Office in England. Our various commonwealths are, in a very high degree, in matters of legislation, independent of each other and of the national legislature. The States have not even developed strong central boards of administration. Hence it is difficult to make our public men see how a system which may work well in Germany, could be made to work in a country like ours, with a population of about seventy million people, under forty-five systems of law, and scattered over a territory with diversified occupations and interests.

Probably for all these reasons, and for others, the subject of State insurance of working-men will with difficulty secure even a hearing. The present writer, although he is profoundly convinced that some form of insurance is a social obligation and will ultimately be provided, does not see any early prospect of public interest in the question.

Yet events move rapidly in modern countries, and consideration may be

nearer than we suppose. Indeed there are some facts which point in this direction, and these I shall now mention.

II. INDICATIONS OF THE BEGINNINGS OF SOCIAL INTEREST IN THE PROBLEM OF INSURANCE FOR WORKING-MEN, INCLUDING OLD-AGE PENSIONS

It may be taken for granted here that the subject of old-age pensions is only one part of the larger problem of insurance in general.

1. We may notice, first of all, the action of large corporations and capitalist managers. The recently-published report of the Industrial Commission appointed by Congress is a mine of information on this matter. It will be impossible to describe in even bare outline the various schemes there presented with many instructive details. But certain general principles seem to be made clear to the minds of our brilliant and competent leaders of industry and commerce: (*a*) That something must be done, and at once, to relieve the wage-earners from the necessity of carrying the full weight of the burden of accident, sickness, old age and death. Distress in such cases arises inevitably from wide social causes, from neglected sanitation, from incompetent administration, from the nature of the employment, and not merely from the fault of the individual workman. It is felt to be unjust to make the wage-worker pay for losses, while the public secures all the advantages. (*b*) Business men see that relief ought not to be left to chance charity, and to collections of uncertain amount taken in shops and stores, in response to sudden and sensational appeals. All their habits of order and their sense of justice revolt against this method or lack of method. (*c*) They see that capable and continuous administrators must be placed in charge of these efforts. (*d*) They are beginning to acknowledge the social duty and obligation of employers to wage-workers, and this is vital to our argument. Mr. Andrew Carnegie has repeatedly put himself on record on this point, and has shown by his conduct that he believes what he teaches. (*e*) Some of the corporations have already gone far enough to prove that insurance can be organised on a safe and scientific basis, the cost of premiums calculated and the funds economically handled.

But not all wage-workers are in the employ of permanent corporations, where alone these schemes on a private basis seem to be practicable. And furthermore these methods have not the confidence of the wage-workers as a class, for reasons that need not be recited here, but which are obvious to all.

2. The 'industrial insurance' companies may be mentioned. These private corporations have demonstrated, upon the basis of an enormous business, to which genius is devoted, that—(*a*) the people of the wage-earning classes are eager for insurance and willing to pay out vast sums to provide for it. (*b*) This systematic payment of premiums is a national school of thrift, and, perhaps, of family affection and morality. (*c*) Negatively, they have shown that while huge profits flow from this business, the method of private

enterprise is exceedingly expensive in proportion to the returns. Of course the situation of the working-men out of employment on account of accident, sickness, or old age, is not met by a method which merely gives an indemnity in case of death.

3. The mutual benefit societies, akin to the 'friendly societies' of England described by Baernreither, have worked out a system of insurance covering in part, accident, sickness, and death of the bread-winner. Many of these societies in cities are doing excellent work, especially in times of sickness. But they are not always on a sound financial basis, they are independent of each other, with slight tendency to federation, and they do not cover the entire field of need. They might well be so regulated under a state system, as in Germany, as to give their full result, and no one would think of suppressing them under a government monopoly.

4. In reply to the frequent statement that Government insurance is not consistent with the spirit of our institutions and laws, it is fair to point out that our national, state, and municipal governments have already begun to establish systems of insurance and pensions.

It is well known that both our national and state governments have provided on a legal and constitutional basis pensions and retreats for surviving soldiers and sailors who are in need, and that on a scale unprecedented in history. No citizen ever criticises this principle, although the abuses of the system are very properly the subject of much complaint.

The municipal governments have long since committed themselves, without question or criticism to the policy of insuring and pensioning their employees, as firemen, policemen, and, of late, their teachers, as in New York city. This system is being rapidly developed and seems to be at home with us.

Now while we do not claim that wage-earners and soldiers are in exactly the same category, some of us do claim that a man who has industriously served his country by constructive labour should not be left in emergency and old age to live upon alms.

5. Charity workers come upon this problem from another side. Daily do we discover cases, tragic beyond description, of persons who have been industrious, frugal, sober, and law-abiding, who have been brought to want through accident or sickness caused by social neglect. Many old persons have saved for old age, and then in one black night, at the time when power of recovery has failed, have been robbed of their precious hoard by a defaulting cashier, by a dishonest corporation with franchise from the State, or by a public calamity. The country has had the advantage of their service, and in their day of misery has nothing to offer them save the poorhouse, which to them seems purgatory, or worse.

It was some such thought as this which led our National Conference of Charities and Correction to appoint a commission to study and report after three years of investigation. This report will be made next year.

It is being urged on our side of the Atlantic, in opposition to Government insurance, that it is after all merely a form of legal poor-relief. A brief rejoinder to this insinuation may be in place. (*a*) Government insurance, including old-age pensions, differs radically from poor-relief in that it requires the co-operation of wage-earners in payment of premiums (except in case of accidents). In fact, compulsory insurance is a State system of universal thrift, a discipline in foresight. (*b*) Government insurance collects from all employers, on an impartial basis, that part of the burden which should justly be borne by the community, and permits them to divide the weight of it by placing the cost in the price to consumers. (*c*) Unlike poor-relief, the system of governmental insurance tends to establish general sanitary measures for protecting life and limb and health. No part of Government insurance is, either in idea or effect, to be classed with poor-relief. Here we ask for justice, not alms. The function of almsgiving, public and private, is not at all with the wage-worker, but with those who are unable or unwilling to earn their way. Into this class, with all its degrading associations, the nation should prevent, with all its resources, the wage-earner from falling.

6. Many of us are not willing to confess that we are incapable, morally or intellectually, of developing an honest and efficient administration. Many of us believe that the same social conscience, which would recognise social duty to care for the wage-workers without almsgiving, would protect his funds. And furthermore, nothing would so directly prove to our foreign immigrants that the Government is directly their friend and helper, as a system of insurance and old-age pensions. As multitudes of our urban wage-earners have been accustomed to this system in Europe, they would easily adjust themselves to it here.

(*See Summary of Discussion, page* 395.)

MEMORANDUM ON OLD-AGE PENSIONS

By GEORGE MACDONALD

Late Clerk, Board of Guardians, Manchester

Every scheme hitherto propounded for the provision of old-age pensions appears to have met with more or less serious objection.

It has been said that no real distinction in principle can be drawn between old-age pensions and parochial relief, the only difference being that pensions would probably be paid wholly or partly out of the consolidated fund, while the cost of relief is provided out of local rates. There is, however, a great aversion to Poor Law relief on the part of most people, which operates as a safeguard against undue reliance on public funds for support, but pensions would probably be looked upon by many in a somewhat different light.

Various schemes have been suggested. By some it is proposed that the

pensions should be conferred only on the *deserving* aged poor. This would involve inquiry not only into the necessities of the applicant but into his character and antecedents.

It is probable that a consideration of the objections to some of the schemes has led to proposals which have been made for granting a pension to every member of the community (with certain exceptions) on attaining a certain age, whether he is in necessitous circumstances or not, the idea being that as every one would be entitled to a pension no stigma would attach to the receipt of a pension, whilst the cost of inquiry into the character of applicants would be avoided.

So far as the present writer knows, the granting of universal pensions in old age has not been successfully defended on principle, and it may be open to doubt whether public opinion in this country would favour its adoption, as under such a scheme the drunkard and spendthrift would be entitled to a life pension equally with the thrifty and well-conducted, while the wealthy could also claim to participate along with the poorest of the community. Then again it may be anticipated that the cost of pensions on such a scale (which would necessarily be enormous) would lead to strong opposition to the proposal.

It has been said that the expenditure involved in a scheme of universal old age pensions would to a considerable extent be recouped by the saving which would result through old people being removed from the pauper list, and that workhouses would cease to be required for their accommodation. Recent investigations have proved, however, that this argument, so far at least as it relates to workhouse inmates, is not well founded. In proof of this, mention may be made of the exhaustive inquiries which have recently been made by the Manchester Board of Guardians, at the request of the Local Government Board, into the cases of all the inmates of the Manchester Workhouse over sixty-five years of age. The object of the inquiry was to ascertain how many of those inmates could live, under proper conditions, with relatives, if each had a pension of from 5s. to 7s. a-week. The result was as follows:—

The number of inmates over sixty-five years of age whose cases were inquired into was 742 (421 men and 321 women). Of these 446 were certified by the medical officer of the workhouse as being, in his opinion, unfit to take care of themselves satisfactorily, owing to mental or physical infirmity. This left 296 who were deemed fit, but it was found that a large number of these had no known relatives, or if they had any did not know their addresses, or they resided too far off, some being abroad. It was ascertained by inquiries respecting the others that many were unwilling for various reasons to receive their aged relatives into their homes, even with a pension of the amount suggested, whilst the accommodation in other cases was unsatisfactory, and in the end it was found that only 19 of the aged inmates could be placed out under satisfactory conditions, and one of these (a man) stated that he preferred to

remain in the workhouse. It would thus appear that out of 742 workhouse inmates over sixty-five years of age only 18 would have been removed from the pauper list if pensions had been available for them on the conditions named.

There remains to be considered a proposal that pensions should be provided for the aged deserving poor through the agency of the Poor Law. Setting aside for the moment the objection which has been raised, that this would carry with it the stigma of pauperism, there can be little doubt that, if old-age pensions are to be provided, this would be the simplest and cheapest mode of administering them, and, moreover, that it would admit of the scheme being brought into operation without much delay. There would be no necessity for constituting a new authority to carry out the scheme, as the work would be done by the existing boards by which the poor law is administered and would be similar to that which at present devolves upon them and their officers. It might be found desirable that each Board should establish a separate department, with perhaps special officers, for dealing with the pensioners. This would add to the cost of administration, but at the same time might tend to remove the dreaded 'stigma.' As, however, the pensions would no doubt be on a higher scale than ordinary relief, and would bring in a class of persons who would not, under existing conditions, be entitled to receive parochial relief, the Government would doubtless be expected to contribute a large proportion of the amount which would be required to provide the pensions.

(*See Summary of Discussion, page* 395.)

STATE PENSIONS FOR THE AGED THRIFTY

By CLAVERHOUSE GRAHAM

Past Grand-Master, Trustee and Parliamentary Agent, Manchester Unity of Oddfellows

Popular opinion upon Old-Age Pensions has rapidly ripened and but a very small minority now will not acknowledge the reasonableness of this claim on the part of the industrial poor. The last Parliamentary Committee on the subject, known as the Chaplin Parliamentary Committee, to the intense satisfaction of all State-aiders, has in essence recommended a claim based upon exactly the same lines as the Bill I had drawn a year before at the request of a federation of friendly and thrift societies, known as The National Pension League. The Bill has likewise been adopted at public meetings in every part of the kingdom, and I venture to claim that the scheme embodies the views of the rank and file of the thrifty societies throughout the kingdom. Many other bills relating to the subject have

been placed before Parliament, yet, up to the present, without any practical advantage to those most deeply concerned.

It is satisfactory, however, to state that up to the present, the question has not become a political shibboleth but is ardently promoted by both political parties, for all agree that there is pressing need for old-age pensions for the poor and deserving aged of our land. Indeed, I know from the election addresses of candidates, that the House of Commons contains 389 members pledged to this reform, whilst so far as the House of Lords is concerned I have never read or heard a single speech which was not most strongly in favour of the movement. The question at once arises, why is the reform, so universally acceptable, still unaccomplished? There is but one answer, so far as my knowledge goes, to this question, and the answer is not quite complimentary to those specially concerned. It is the lack of united action which paralyses, and I do not hesitate to say that if we could get a combined representative committee of the Friendly Societies, the Trades Unions, and the Co-operative Associations appointed, with full powers to sit tight until they had hammered out a scheme for adoption by these three great schools of thrift, that a solution would be found acceptable alike to Parliament, to the workers, and to the country at large.

You will notice that I limit my proposals for State Pensions to these three sections of thrift, because in their action and results they differ materially from all other ordinary thrift associations, such as Building Societies, Investors in Consols, Post Office Savings Banks, and other agencies, which whilst being quite praiseworthy, may yet be termed selfish or individualistic thrift, because they pay in, or invest their cash, with the expectation and assurance, *in every individual instance*, that their total investment, together with all interest and bonuses shall be certain of return, to each investor up to the last farthing standing to his or her credit.

But with members of friendly benefit societies this is not the case at all. Each member pays in his or her stated contribution, but he or she may not, and in very many cases *does not receive back a single penny*, whilst in thousands of instances, they only receive back in sick pay and funeral claim a small proportion of the amount paid in during life, so that these societies act for the *mutual benefit* of members; whilst a deposit society is worked upon the pay-table assurance principle, *securing fully to each individual depositor* that which belongs to him or her as an investor, and nothing less. Again, in consequence of the amount of sick and funeral pay, amounting to £3,000,000 (three million pounds) every year disbursed by benefit societies, the poor rate of the country is kept lower by some 2s. in the £, and to this fact testimony is borne by every leading financier and economist.

Their action, likewise, in reducing pauperism, or what is much better, preventing the growth of paupers, is a main factor in the steady decrease in this direction; and one of the Royal Commissioners, speaking in Hereford,

declared that 'within the last twenty years one half at least of the reduction in pauperism could be traced to the beneficent action of benefit societies.'

I dare not here discuss any of the social or ethical points thus raised, beyond that most frequent objection of 'picking and choosing some, and boycotting or leaving out the remainder!' This was referred to when I pleaded before the Parliamentary Committee, and I therefore venture to repeat the statement then made, as follows:—

'Pensions to Friendly and Mutual Thrift Societies will enormously encourage thrift, relieve the labour market, and still further reduce the poor rate, until our workhouses will contain only the very helpless and friendless, the loafer, the wastrel, the idler, the quasi-criminal, and the ne'er-do-well; and even for these an improved and more humane classification and environment may be made. Once establish State Pensions and all Friendly Benefit Societies would be solvent, their membership would increase by leaps and bounds, their contracts would be kept, pauperism would be reduced, every worker would add to the stability of the country, homes would not be broken up, and the aged would be cared for and comforted. The tendency of modern competition is to make it more and more difficult to find employment for the aged workmen. I thank the Government for having passed the Workmen's Compensation Act, but one effect of that Act has been, in many places already, the dismissal of aged workers, because employers feel that they are now liable for increased risks to life and limb. The older men and women are cast aside and their places taken by younger hands. That, of course, will increase the difficulties of Friendly and Thrift Societies, and the only solution of the question, and the Christian solution too, is that the State should recognise the priority of these old-age pension claims.'

The words of Ruskin are right words upon this theme, when he says: 'A labourer serves his country with his spade, just as a man in the middle ranks of life serves it with his sword, his pen, his brain, or his lancet. If the service be less, and, therefore, the wages during health less, then the reward when health is broken may be less, but not less honourable; and it ought to be quite as natural and straightforward a matter for a labourer to take his pension from his parish, *because he has deserved well of his parish*, as for a man (or woman) of higher rank to take a pension from the country, because he has deserved well of the country.' It is in my eyes a scandalous statement even to hint at any bad result to this industrial class, since exactly the opposite will most naturally ensue. Independence will be fostered, not diminished, by the removal of the economical disabilities that now cripple wage-earners during their active life, and which make the thought of their last years one of harassing dread.

I desire to describe briefly the main provisions of my Pensions Bill prepared for the House of Commons. They are as follows:—

1. The pension of 5s., to be payable weekly to males and females by the Government through the secretary of each society. 2. The pension to be inalien-

able. 3. The pensioner to be permitted to continue a paying benefit member of his or her lodge, court or society. 4. The pensioner must be sixty-five years of age, and must have been either an ordinary paying or benefit member of some friendly benevolent registered society under the Friendly Societies Act, 1896, for twenty years (not absolutely continuous) before arriving at the age of sixty-five, or until such society broke up or was dissolved. 5. The pensioner may be a member of a trade union, co-operative society, or any thrift association, whose rules and tables had been, or would be registered under the Act, and who paid to their members sickness and other Friendly Society benefits out of funds, which were allocated, ear-marked, and reserved for sickness, accident, and funeral benefits. 6. The Thrift Society to which the pensioner belonged must adopt (if they had not already done so) such financial and other tables for sickness, accident, funeral, and other benefits as may be considered necessary to guarantee solvency, and are approved by the Government. 7. A pensioner should belong to a society which provided a sickness benefit of not less than 8s. per week during the first twenty-six weeks in the case of a male, and 6s. per week for a like period in the case of a female member, with payments of not less than half these sums during the second twenty-six weeks' sickness, and in no case less than 2s. 6d. per week during permanent sickness. 8. The pensioner shall not possess an income, from all sources, of more than 10s. per week, or £26 per year, except under special circumstances, such as residence in large centres, where rents were high and living dear. The pensioner's income shall not in any case exceed £1 a week. 9. The pensioner shall be permitted to do light work when able, without being subject to the sick laws in operation in the societies. 10. The pensioner must not be in receipt of parochial relief, nor have previously received any, except under special circumstances, and in a temporary emergency. 11. Every woman who has lived an honest, industrious, and thrifty life, with no power to save for herself or join a Friendly Society, shall have her case investigated by the Pension Committee, whose recommendations shall be final. The same clause to apply to men, where the same circumstances can be proved. [There is no provision in this Bill for those who have never joined a Friendly Society, or who had been unable to pass the doctor, and thus failed to secure admission. With regard to the first-named class, they would come under clause 11, whilst, with regard to those who failed to pass a medical examination, it is well known that very few indeed reach the age of sixty-five.] 12. The pensioner will be placed on the same list as a sick brother or sister belonging to the society. The sick visitor, or woodward, will be instructed to visit, and to pay the pension weekly, as in the case of sick pay. 13. The sick visitor, or woodward, will receive remuneration for the service on the same scale as for the sick member. 14. The question as to who are entitled to pension shall be determined by the Committee of Management of the Branch. 15. In case of dispute, the applicant shall have the right of appeal, first, to the Branch to which he or she

belongs; secondly, to the Arbitration Committee of the District; and, finally, to the Board of Directors or Chief Executive. 16. Every half year the tabulated list of pensions and pensioners, which has been admitted by the Local Committee, will be sent to the Chief Secretary, who will keep what may be called the Pension ledger, and that ledger will be sent on to the Treasury.

Such is the scheme which I have ventured to propose for acceptance.

It contains no taint of pauperism, no germ of interference, and very little trouble in its management.

The ultimate aim of an Old Age Pension Scheme may be to embrace all sections of honourable workers, who at the end of life find themselves bereft of means of subsistence, and thus that no needy person, no deserving person, throughout the length and breadth of the land, should starve or live a life of biting hunger through want of assistance. This ideal is truly Christ-like. Yet let us not hesitate, or delay, but be content to receive even a *sectional instalment*, well knowing that by this course we shall not only be doing good to our aged members, and sweeten their last lone days, but we shall be still further reducing pauperism every day we live, until nothing but its residuum will be left, and the encouragement to habits of thrift will be increased a thousandfold: so that the millions spent upon the administration of the Poor Law, with its army of officials, will rapidly become a thing of the past, and the present system be swept away for ever!

(*See Summary of Discussion, page* 395.)

OLD-AGE PENSIONS AND FRIENDLY SOCIETIES

By ROBERT W. MOFFREY

Past Grand-Master of the Manchester Unity of Oddfellows

The idea that the worker should be relieved from all fear of want in old age is so attractive that it is not surprising some men should consider it the duty of the State to see the idea carried into execution. The phrases 'The soldier of toil whose labour results in peaceful progress is as worthy of a State pension as the soldier of the sword whose business it is to slay and destroy'; or, 'The man whose industry has enabled capitalists to realise still larger fortunes, and has added to the nation's wealth is as much entitled to a pension in old age as a judge or a civil servant,' have a specious sound about them well calculated to catch the ears of the unthinking to whom they have been so frequently addressed.

The listeners have not been informed that only a few of those who don His Majesty's uniform remain long enough in the army to obtain a pension, and that those who are thus ultimately rewarded have earned it by long

service in defence of the country in order to render peaceful industry possible, at a wage which would be scorned by the artizans who like to be called the soldiers of toil. Nor have the audiences been told that the lawyer who is elevated to the bench has to relinquish a practice that was far more lucrative than the salary of a judge; that the man who enters the civil service abandons all chance of obtaining any of the prizes of mercantile life; and that the salary paid to judges or civil servants is accepted on account of the permanence of the employment and the agreement for a pension on retirement. The pension is in fact so much deferred pay which has been earned by deductions from salary.

The provision of old-age pensions is a question for statesmen, who must naturally look at the subject in all its bearings, which there is not the opportunity at present to discuss. The first consideration must necessarily be that of cost. The one logical method would be the universal system advocated by Mr. Charles Booth. Of that it may be said that the cost of pensioning every inhabitant of these islands who reaches sixty-five years of age would be utterly prohibitive. Complicated machinery, involving checks and counter-checks, would have to be set up to give pensions to a large number who do not want them, and to a larger number to whom they would be of little practical use, *i.e.* the sick, the helpless, and the imbecile. For these, public institutions must still be provided. There would thus be a duplication of agencies for relief and consequent waste of administrative expenses.

Since the time when the late Canon Blackley with his German predilections endeavoured to obtain for this country some imitation of the German system of State insurance for old age, friendly society members have been told that they have been the salt of the earth, that if universal old-age pensions are impossible, they are entitled to preferential treatment, because their efforts to preserve their independence should be counted unto them for righteousness. That having by their mutual thrift kept many of their number off the rates they have been exercising a virtue which demands reward from the State. Human nature being what it is, one can easily understand how a large proportion of friendly society men have fallen victims to the flattery, and have come to believe that they are actually more deserving than the rest of mankind.

In the Manchester Unity of Oddfellows, the largest and best-managed of the affiliated friendly societies, a fierce battle waged for some years between the State-aiders and the anti-State-aiders. The former were twice beaten from the field at the annual representative meetings of the whole society, but at the third attempt they were more successful, though in such a modified degree that it is difficult to understand how they can claim the vote as a victory for their opinions. The latest pronouncement of the Manchester Unity was made at Bristol in 1896, when, after a heated discussion, it was

resolved 'That any well-considered and suitable scheme propounded by the legislature for the relief of the aged and infirm, benefiting our unfortunate brethren, will receive the cordial support of the Manchester Unity, provided that the pension is independent of the Poor Law, and does not create any power of Government interference in the general management of the affairs of the Unity.'

This was met by a further amendment stating that it was undesirable to adopt any definite resolution until the report of the promised Government Commission had been published. On being submitted to the meeting, the State-aid proposition was carried by 283 votes to 248.

Even in that modified form for which, but for the surrounding circumstances, an anti-State-aider might have voted, it was opposed by a large proportion of the representatives. Naturally any one would support a 'well-considered and suitable scheme.' The whole difficulty is to find the suitable scheme.

There is another organisation which professes to represent the whole body of friendly society opinion, the 'National Conference of Friendly Societies.' It is quite possible after the result of the last conference in London that such claim as the conference may possess will be impugned. At the first meeting of representatives from different societies in 1887, out of which the conference grew, it was resolved 'That this conference emphatically condemns the scheme propounded by the Rev. Canon Blackley as being detrimental to the interests of our societies, impractical as dealing with the prevention of pauperism, unsound in its financial suggestions, and unjust in the principle of compulsion upon which it is sought to establish it.'

But opinion has veered very materially since that date. With the growth of actuarial knowledge, and the example of financial reform continually held before them by the Manchester Unity, the unsound societies realised that they could not keep on paying the continuous sick pay they had promised to their members. The weight of the burden grew as their members advanced in years, and the choice lay between repudiation of the bargain to pay continuous sickness benefit, modification, or inducing some outside authority to provide a pension, or haply a combination of the three. The State seemed the fairy godmother who could slip in and succeed where they had failed. Moreover, if the State would only guarantee pensions, these societies could much more easily say to their old members who had been subscribing for years in the hope that their sickness in old age had been provided for: 'We have nothing for you. The Government has relieved us of that responsibility.' Thus they could continue for some years longer the system of unsound finance which refuses to provide for the certain ascertained liabilities of a distant future. Accordingly the last Friendly Society Conference, after much searching of heart, adopted the following modest (?) proposal for acceptance by the legislature:—

A person (male or female), while in the United Kingdom, shall be entitled to receive a pension of not less than five shillings per week under the following conditions :—

1. That the applicant is not under 65 years of age.

2. That the applicant is a British-born subject, or a British naturalised subject of not less than twenty-five years' standing.

3. That the applicant has, according to the judgment of the Pension Authority, endeavoured to the best of his or her means or opportunities, to be provident.

4. An applicant shall be deemed to be provident whose lack of saving has been due rather to continued sickness or disablement, or other exceptional misfortune, or to expenditure upon the education and improvement of their children, or maintenance of parents or relatives.

5. That the applicant is unable to work, and is in need of a pension.

6. That the Pension Authority shall not take into account any sum not exceeding five shillings per week received by an applicant from a trade union or a registered friendly society.

7. That if a pensioner under this scheme receives Poor Law relief (except outdoor medical relief) his or her pension shall cease, but may be renewed at the discretion of the Pension Authority when Poor Law relief ceases.

8. That every pension shall be reviewed every two years by the Pension Authority, but this shall not take away the right of the Pension Authority to review the pension at any time, provided they have evidence satisfactory to themselves that the pensioner's income from other sources exceeds the limit laid down in Clause 6.

9. That a pensioner may change from one area to another on notifying the existing Pension Authority, and the Pension Authority of the new area shall then become liable to continue the pension subject to the general conditions of the scheme.

10. That every pension will be payable weekly or monthly at the discretion of the Pension Authority, through the office or officer of such authority.

11. That no person receiving a pension under this scheme shall thereby forfeit the right of voting in Parliamentary or any election in which he or she would otherwise be entitled to vote.

12. That in order to claim a pension, the applicant shall fill up and sign a form giving all particulars required (to be vouched for as far as possible by two ratepayers, not being relatives), and the form to be adopted on the lines of this scheme shall be added, with such other documents as may be necessary, as a schedule to the Bill, provision to be made for penalties in case of an attempt to defraud the public revenue through the application, or during the time a pension is paid.

13. That with the application for a pension the applicant shall give date and place of birth, which the Pension Authority may verify by reference to the Registrar of Births and Deaths.

14. That as far as possible inquiries as to applicants shall be made through employers, fellow workpeople, and officers of institutions with which the applicant may be, or may have been, connected.

15. That in the event of an applicant desiring to appeal against a refusal of the Pension Authority to grant a pension, such appeal shall be only to the nearest County Court, the decision of the County Court Judge to be final and binding. In the case of Scotland the Court of Appeal shall be the Sheriff's Court.

16. That no assignment of, or charge upon, a pension shall be valid, and in the case of bankruptcy of the pensioner, the pension shall not pass to any trustee or other person acting on behalf of the creditors.

17. That the Registrars of Births and Deaths shall verify date of birth if required by the Pension Authority, and give immediate information of the deaths of all persons aged sixty-five and upwards to the Pension Authority or authorities in each district.

18. That in the providing of pensions under this scheme, neither Parliament, nor any authority constituted by Parliament, shall interfere in any way with the funds or management of any friendly society or other thrift institution.

19. That the cost of providing pensions under this scheme, excluding cost of local administration, shall be met by the Imperial Treasury.

20. That the City, Town, Rural District, or Urban District and Borough Councils shall appoint the Pension Authorities subject to the following conditions:—

(*a*) Each Authority shall be appointed annually, and shall consist of ten persons, six of whom shall be appointed from the Council, two from the local branches of registered friendly societies, and two from local branches of trade unions or other thrift institutions, the latter four to be co-opted by the Council.

(*b*) Where the Council are unable to secure the four, or any of the four representatives outside their own body, then the whole ten, or as many as may be needed to make up the ten, shall be appointed from the Council.

(*c*) The decisions of the Pension Authority shall not be reviewed by the Council or any other body except as provided in Clause 15.

21. That for the purposes of this scheme, the City, Town, Rural District, or Urban District and Borough Councils, shall be held liable, in the first instance, for payment of the pensions, the amounts expended in pensions to be repaid quarterly by the Imperial Treasury to the local authorities, but the expenses of local administration shall be borne by the said local authorities.

If that is the best scheme the Friendly Societies Conference has to offer, it had better abandon any hope of getting what they profess to want. Criticisms are so obvious that they need scarcely be put forward.

The friendly society men have taken trades unions under their wing, forgetful of the fact that a large number of people who might want pensions are struggling employers in a small way of business who would not be in the ranks of either friendly society or trade union. They have also ignored the aged women who have never had a chance of becoming either a trade unionist or a member of a friendly society. Yet both small employers and women have paid rates and taxes, which are to be used to augment the income of two classes in the population who are generally credited with the ability to look well after themselves. Again, what Government is likely to accept the proposal that the nation is to find the funds which are to be called up by a pension authority on which the Government is not represented. Moreover the pension authority is to contain representatives of the very classes that are asking for preferential treatment.

My opinion of the true function of a friendly society was laid before the Annual Representative Meeting of the Manchester Unity at Cheltenham in Whit-week, 1903, when in my opening address I observed:—'The proper function of a friendly society is to provide, by mutual effort, an income for its members in old age. There is a section of members in the Manchester Unity who have for some time past looked to extraneous sources to shower down pensions on certain classes of applicants. In the Director's Report will be found the details of a proposed scheme prepared by a committee of the Friendly Societies Conference. To this I have no doubt you will give the

consideration it deserves. . . . The Unity has little opportunity and less reason to interfere with the work of the organisations which the Conference has taken under its wing. To me the suggested plan savours much of the principle "unto him that hath shall be given, and from him that hath not shall be taken away even that he hath"—to pay for the pensions of the more fortunate.

But should a Government be found to introduce a Bill such as suggested, and it became law—a most unlikely supposition—the duty of the Manchester Unity would remain clear. Our society must still fulfil its obligations, must still march along the road leading to solvency in every branch, until it reaches its goal by means of pensions in lieu of sick pay after sixty-five years of age, not by charitable donations or Government doles, which may never arrive, but by the honestly-earned reward of the members' prudence and forethought.'

Up to the present the principal effect of the agitation on friendly societies has been to divert the members' minds from what should be their proper work as described above, and to foster the idea that pensions will come without effort, will fall upon them, at any rate, like the gentle rain from heaven.

I have up and down the country said to the members, 'Put not your trust in politicians.' As a vote-catching cry old-age pensions has doubtless done good service, but when brought to close quarters with the subject in committees and on commissions these same politicians have reported that any scheme of old-age pensions in England was so beset with difficulties as to be practically impossible.

Should at any time a miracle be performed, and the practically impossible be achieved, the effect on such friendly societies, as do not use the receipt of an old-age pension as a reason for repudiating their responsibility to their aged members, would be detrimental. It is a fact established by the experience of the last few years that the Workmen's Compensation Act—just though its provisions may be—has caused increased claims on the funds of friendly societies. The reason is not far to seek. When a workman, whose wages run into thirty shillings per week, met with an accident which did not totally incapacitate him, before the passing of the Act, he preferred to do what work he could, even if he could earn only two-thirds of his ordinary wages, to ceasing work entirely and claiming ten shillings per week sick pay from his friendly society. Now with half wages secured to him, in similar circumstances, he takes a much-needed rest from toil, and with his friendly society allowance he finds that his loss of income is not greater than he can afford. However beneficial to the workman, the effect on the society is a draft on its funds which was not previously made. So with old-age pensions. Many a man when past sixty-five years of age can earn just sufficient to keep him afloat, which the permanent reduced sick pay from his society would not do. But give him a pension, and he will find that his sick pay and pension together are more than he could earn—a certificate of incapacity to work is easily obtained—and he takes the

rest he has longed for, with the same effect on the funds of the society as the Workmen's Compensation Act has already had with the younger men.

These may appear hard and heartless sayings, but their truth compels me to put them forward in the real interest of societies, whose great weakness in the past has been an indulgence in sentimentality without counting the cost. The nature of the business transacted by friendly societies conceals the effect of the practices from the generation which sets them in motion, but leaves a heritage of difficulty for those who follow.

The real friends of friendly societies are those who tell the members that their mutual insurance against the ordinary ills of life by which each man may maintain his independence must not be looked upon as a virtue, but as a duty they owe to themselves and the community—that it is the bounden duty of every one born into the world with health and strength to preserve a manly self-reliant independence—that to those who have to labour for a weekly wage which may stop at any moment through a break-down in health there is no better means of providing against the unforeseen but certain attacks of illness than membership of a sound, properly-conducted friendly society, and that the best and most sound friendly society is that one which will decline to promise sick pay after sixty-five years of age, but will insist on its entrants paying sufficient contribution in early life to secure a permanent income after that age in lieu of the sick pay which too many societies have found to their sorrow they are unable to pay.

Members should be dissuaded from the belief, now sedulously circulated by some, that they cannot afford the necessary contributions. Their fathers could afford membership and to pay school pence for the education of children. Their father's wages were lower, and the purchasing power of the money received was less. The difference in favour of the present day workman would, if properly applied, pay for an old-age pension and leave something to spare. The agricultural labourer who would deem himself passing rich on a secured income of fifteen shillings per week the year through, is the most regular in the payment of his contributions to his sick club. The town artizan with more than double the income is the most remiss. It is not a question of inability to pay, but of the ability which exists being rightly directed.

Happily in the Manchester Unity of Oddfellows these facts are gradually though very slowly permeating the mass. The more sanguine hope that the movement for providing old-age pensions and at the same time adding to the stability of the society will spread at an accelerated pace.

The friendly society which enables its members to ensure against the time of want which would otherwise accompany sickness, is the best possible form of 'Home Relief,' because the relief which is regularly brought to the home of the recipient with words of kindly sympathy is his by right. He has purchased it with his cash and worked for it by the service he has rendered to his brother members while he was in health. It contains no element of the degradation

or loss of self-respect which must accompany eleemosynary aid, and when it is perfected so that its operations include a permanent pension for all members who reach sixty-five years of age the country will hear no more of the agitation for Government pensions to all, whether the cry is raised by vote-seeking politicians or by those who say they are justly entitled to them.

(*See Summary of Discussion, page* 397.)

THE DANISH OLD-AGE RELIEF SYSTEM

By EDITH SELLERS, Sudbury, Harrow

In Denmark there are two distinct systems in force for the relief of the poor, the pauper relief system and the old-age relief system; the former for the relief of the ordinary pauper class, old and young alike, the latter for that of the respectable poor who are sixty or more years old. Special interest is attached to both these systems owing to the fact that they are the only relief systems under which an attempt is made to discriminate among the destitute, and secure to each one of them the treatment he merits. The Danes as a nation hold strongly that applicants for relief must be carefully sorted and classified, as otherwise great injustice is done: either the respectable poor are treated with unmerited harshness, or the worthless with unmerited leniency. Already some thirteen years ago they reformed their Poor Law, which was then practically identical with our English Poor Law, for the express purpose of insuring that every destitute person in Denmark should be dealt with so far as possible according to his deserts. At the same time they passed an Old Age Relief law; for, while anxious that the poor of all degrees should have justice done unto them, they were specially anxious that, in the case of the aged poor, justice should be tempered with mercy.

By this Old Age Relief law—it was passed in April 1891—the respectable aged poor were removed once for all from the jurisdiction of the Poor Law, and a special system of relief was instituted for their benefit. At the present time if a Danish subject, who has completed his sixtieth year, is 'unable to provide himself or those dependent on him with the necessaries of life, or with proper treatment in case of illness,' he may, if he chooses, instead of applying for pauper relief, apply for old-age relief. For this to be granted to him, however:—

1. He must not have been convicted of any crime or of any transaction generally accounted dishonourable, in respect of which he has not received rehabilitation.
2. His poverty must not be the consequence of any action by which he, for the benefit of his children or others, has deprived himself of his means of subsistence, and it must not be caused by a disorderly or

extravagant mode of life, or be in any other way brought about by his own fault.

3. For the ten years preceding his application for old-age relief he must have had a fixed residence in the country, and during that period he must not have received pauper relief, or have been found guilty of vagrancy or begging.
4. Also (this clause, it must be noted, was added to the law only some two years ago), he must not have led a life such as to cause scandal; he must not have been convicted of drunkenness or of immorality.

In order to obtain old-age relief, in fact, an applicant must prove that he belongs to the respectable poor class, and that his poverty is owing to his misfortune, not his fault. If in this he succeeds he takes rank as a pensioner, otherwise he falls under the jurisdiction of the Poor Law and becomes a pauper. Thus the aged poor in Denmark are now divided into two distinct classes, pensioners and paupers, the deserving and the undeserving, and the two classes are kept entirely apart. 'We need never even see a pauper now unless we choose,' an old pensioner once assured me with infinite pride. And while it is regarded as a terrible disgrace to be a pauper, no discredit whatever is attached to being a pensioner.

To some it may seem strange that the poverty-stricken should discriminate between the two forms of relief; but that they do there can be no doubt. 'The respectable poor are keenly alive to the distinction our law now makes between them and ordinary paupers,' Herr Wilnau, one of the chief administrators of the Old Age Relief law, informs me, 'and they are grateful that this distinction should be made. Many who would rather die than accept pauper relief accept old-age relief gladly.' And his opinion is shared by all who work among the poor in Denmark.

Then not only are the two classes kept apart, but they are treated quite differently. According to Danish law paupers have very little liberty. They are under the direct surveillance of the poor law authorities and must live their lives on lines laid down by them. They may neither vote nor marry, and if they are guilty of drunkenness or any other misdemeanour, they are punished more severely than other men. Pensioners, on the contrary, forfeit none of their rights of citizenship by accepting old-age relief. They are free, not only to vote, but to offer themselves as candidates at public elections. The authorities treat them with great consideration and take infinite trouble sometimes to avoid wounding their self-respect, or even ruffling their susceptibilities. Paupers in their old age receive out-relief if they can be relied upon to behave well, and are strong enough to tend themselves; otherwise they are sent either to a poorhouse or a workhouse, where they are practically prisoners. Even the inmates of the poorhouses and workhouses are classified according to their merits, the more respectable among them being kept apart from the more disreputable, and made more comfortable than they are. The

most disreputable of all, those who refuse to work when they have the strength, and who interfere with the comfort of those around them, are sent to a Tvangsarbejdsanstalt, or penal workhouse, and there they must remain, old though they be, until they mend their ways.

As for the pensioners, they cannot under any circumstances be sent to a poorhouse, or any other institution into which paupers are admitted. Some of them are provided with small annuities, and are left to take care of themselves; others are boarded out with friends or relatives; others again, those who are alone in the world and feeble, are lodged in old-age homes; while the hopelessly afflicted are in hospitals where special wards are reserved for them. For, although the law decrees that the relief granted them 'must be sufficient for the support of the person relieved, and of those dependent on him, and for their treatment in case of illness,' it lays down no hard and fast rule as to the form it must assume. Some of the old-age homes are quite charming retreats, and they are all extremely comfortable. The inmates are well housed, well fed, and treated not only with kindness but with respect; and so long as they demean themselves in a seemly fashion, they are allowed so far as possible to go their own way.

The pensioners who live in these homes are infinitely better off, from the material point of view, than those who receive annuities; none the less the poor themselves, so long as they are fairly strong, prefer having annuities, and annuities the great majority of them have. These vary in amount according to locality, being higher in towns than in the country. In Copenhagen the average old-age pension is £9, 3s. 5d. for a married couple, and £7, 9s. 3d. for a single person; in the trading towns it is £9, 11s. for a married couple, and £7, 15s. for a single person; in rural districts it is £5, 4s. 4d. for a married couple, and £3, 11s. 10d. for a single person. In judging of the amount of these pensions it must be remembered that the pensioners, in case of illness, receive in addition to them medical attendance, medicine, and whatever else the doctor chooses to order for them. It must be remembered, too, that in most cases the annuities are only supplementary grants, as the persons who receive them, although poor, are not destitute. Either they have some small means of their own, or they are able to earn a trifle wherewith to eke out their allowance.

The Danish Old Age Relief law was passed for the express purpose of bettering the lot of the respectable poor in their old age, and in this it has certainly succeeded. I once spent some months in Denmark going about among the pensioners that I might find out from them, for they after all must know better than any one else, whether the law had or had not brought about any great change in their condition; and at every turn I came across proofs that it had. I met with grumblers from time to time, of course; still, the overwhelming majority of those with whom I talked seemed singularly happy and contented. Many of them, indeed, frankly admitted that they had great

reason to be thankful. And they certainly had and have, for they are much better cared for than the same class—the worn-out worker class—in any other country I have ever visited—better than in England, France, Germany, Austria, Belgium, or Russia. 'It was very different in the olden days before our law was passed,' one of the old pensioners assured me. 'Such folks as we had a hard time then. Why, we must either starve or become paupers.' 'I was just at my last bite when help came,' another of them confessed. 'I don't know what would have become of me if the law had not passed when it did, for I would never have had pauper relief.'

Nor was it only the pensioners themselves who admitted that the law had proved a success. I asked every Dane I came across who could speak on the subject with authority, 'Has this Old Age Relief law of yours really benefited the people for whose sake it was passed? Are they on the whole better off now than they used to be, happier and more contented? Is the law doing good in the land or is it doing evil?' And with one exception all whom I asked, whether officials or non-officials, clergymen or laymen, politicians who had helped to frame the law, or politicians who had tried to prevent its being passed, replied without hesitation that it had certainly benefited them. 'The law has brought about a notable change for the better in the condition of the respectable poor,' Herr Marcus Rubin, who was then the Director of the State Statistical Bureau, assured me. 'It is not so much that they are materially richer now than they were before the law was passed, although richer they undoubtedly are, as that they are more at ease in their minds, more contented with their lot, and this because they are no longer haunted by the fear of becoming paupers.'

'The law is decidedly popular among the poor themselves, and that I think is a strong point in its favour,' Herr Wilnau declared. 'No one who knows our people can doubt that they are in many ways more comfortable than they were before the law was passed. The fact that they need never now become paupers makes all the difference in the world to the more respectable among them.'

So far as the general comfort of the respectable poor is concerned, the law certainly works for weal not for woe; Herr Jacobi, the head of the Copenhagen Poor Law Department, maintained: 'Under the new system the worn-out worker class are undoubtedly better off than they were under the old.' This was also the opinion, I found, of Dr. Westergaard, the Professor of Political Economy at the Copenhagen University, Herr Krieger, the Chief of the Home Office Department that watches over the administration of the Law, the head of the Danish Salvation Army, some of the Socialist leaders, and every provincial Burgermaster I met. These men are all more or less experts on the subject, and they are none of them blind admirers of the Old Age Relief law: they all admitted, indeed, that it was open to improvement. None the less they all agreed that even in its then form it had to a great extent answered the

purpose for which it was passed; it had lightened the burden of the respectable poor by relieving them of their fear of becoming paupers. They admitted, too, that the defects there undoubtedly were in the law might easily be removed. The most glaring of these defects indeed have since then been removed.

The law in its original form offered no encouragement whatever to thrift, nay, it seemed even to place a premium on unthrift, as it enacted that, to obtain old-age relief, applicant 'must be without the means of providing himself or those dependent on him with the necessaries of life'; and this certain jurists argued, when it first came into force, meant that he must be destitute. In one case, indeed, a man was actually told that he must go home and spend what savings he had made before help could be given him. The Home Office, however, soon put an end to this absurd state of things by decreeing that this was not what the law meant whatever it might say. Still, by no interpretation could the measure, as it then stood, be made to offer any direct inducement to save, for, as it ordained that the relief granted must be 'sufficient for the support of the person relieved,' the more a man had the less was given to him. In some districts, indeed, the authorities, in fixing the amount of the pension any one was to receive, simply deducted from the pension he would otherwise have received the income derived from his savings. There was therefore added to the law a new clause which enacts that, in fixing the amount of the annuity to be given to an old age pensioner, local authorities must leave out of consideration any income or house accommodation he may possess from private sources, up to the value of £5 11s. 1d. a year. Thus the law does now offer a direct inducement to save at least until a capital large enough to yield £5 11s. 1d. a year has been obtained. An indirect inducement it has always offered, it must be remembered, as unless a man has something to fall back upon, it is not probable that he will be able to get through the perilous years between fifty and sixty without receiving poor relief. And if he has received poor relief during the ten years that precede his application for old-age relief this relief cannot be granted to him.

As the law now stands its most serious defect is that it gives too much power to the local authorities. These authorities have practically a free hand in fixing the amount of the relief granted; they have considerable latitude, too, in deciding who shall receive it, *i.e.* who is without the means of providing himself with the necessaries of life. The result is in some communes the pensions are nearly twice as large as in others, and in some, relief is granted to persons to whom in others it is refused. This defect will, however, probably be removed before long. The head of the Copenhagen Poor Law Department has indeed already drawn up a Bill for the express purpose of removing it. By this Bill it is proposed that a certain standard shall be fixed, and that all whose means fall below that standard shall be regarded as being without the means of providing themselves with necessaries. The standard will be for a single person £20 a year, or property worth £222; and for a married couple,

£26 13s. 4d. a year, or property worth £296. This will be the standard in Copenhagen, in small towns and country districts it will be lower.

When the Old Age Relief law came into force it was denounced in England as one fraught with disaster for the whole Danish nation. It would at once demoralise the masses and impoverish the classes, we were told; it would take from the former all inducement to save, while it would impose on the latter, by the enormous expenditure it would entail, a burden so heavy as to cripple industry. And that this would be much too high a price to pay, even for the satisfaction of securing peace and comfort for the deserving in their old age, we must all admit. Nor was it without good reason that the measure was regarded with apprehension, for it was impossible to say then what the result of the working of it would be, either socially or economically. Now that the law has been in force thirteen years it is different. Now we know something, at any rate, with regard to the way it works; and what we know is on the whole satisfactory. So far, at any rate, the old-age relief system has not demoralised or pauperised the Danish workers, it has not rendered them one whit less thrifty than they used to be. The evidence on this point is fairly conclusive. Herr Rubin and Professor Westergaard maintain, indeed, that the Danish workers as a class were never so thrifty as they are now, while Herr Sörensen, the Inspector General of Sick Relief Funds, says they were never so eager to insure against sickness. The managers of the Danish Folkeforsikringsanstalt and other banks in which the working classes invest their savings tell the same tale. The only institutions indeed that have suffered by the introduction of old-age pensions are those whose special business it is to provide pensions. Quite recently I applied to Herr Jacobi for information on the subject, and he informed me that 'Every year more and more persons strive to save that they may do without relief of any kind until they are sixty, so as not to forfeit their claim to old-age relief.'

As for the financial burden the law imposes, in 1892, the first year it was in force, the expenditure on old-age relief, on the administration of the relief as well as on the relief itself, amounted to £142,108. In 1894 it amounted to £180,523; in 1897 to £232,747; in 1898 to £252,850; in 1899 to £269,539; and in 1900 to £285,491. These sums must not however be regarded as representing the actual cost of old-age relief, *i.e.* the actual burden imposed on the nation by the law of 1891. For, law or no law, the aged poor must be maintained, and a large part of the money that is now spent on old-age relief would have been spent on pauper relief had the Old-Age Relief Bill never passed. Of this we have proof in the fact that no sooner was the Old Age Relief law in force than the expenditure on pauper relief decreased considerably. In 1890 this expenditure amounted to £457,142; by 1894—three years after the introduction of the old-age relief system—it had fallen to £396,877; and by 1896 to £376,137. In 1897—the latest year for which I could obtain statistics when I was in Denmark—it amounted to £384,109,

that is to say it was less by £73,033 than in 1890. But meanwhile the population of Denmark had increased rapidly; the cost of pauper relief must therefore also have increased had the Old Age Relief law not been in force. Herr Rubin calculates that, had the cost of pauper relief increased during the years from 1890 to 1897 in the same ratio to population as it actually did increase during the years from 1880 to 1890, it would have amounted in 1897 not to £384,109 but at least to £495,220. Thus, the direct result of the granting of old-age relief was that a saving of some £111,111 a year in pauper relief was effected. But the full cost of old-age relief in the year was, as we have seen, £232,747; the actual cost of it to the nation was therefore only £121,636. And towards this sum the State contributed £116,373—*i.e.* half the full cost of the relief.

In 1897 there were in all Denmark 39,048 persons in the receipt of old-age relief,—in 1900 the number was 42,736—and they had dependent on them 15,240 more. Thus the £121,636 spent on the relief that year was spent on securing the comfort in their latter days of no fewer than 54,288 persons—respectable old folk, old folk of the very kind that deserve to be helped. £121,636 is not a high price for even so small a country as Denmark to pay for the satisfaction of knowing that it is doing justice to its worn-out workers. Whatever else it may have done, the working of this Danish experiment has proved that an old-age relief system can be devised that entails no overwhelming expenditure on the country adopting it.

It is interesting to note that the very arrangements which under the Danish system contribute most to the well-being of the respectable poor, entail no expenditure whatever. The Danish ratepayers are none the poorer for keeping the more worthy of those whom they support entirely apart from the worthless, and treating them with respectful consideration—allowing them to go their own way and wear clothes that bear no stigma. Nor are they the poorer for calling the refuges they provide for them old-age homes instead of workhouses, and the allowances they grant them old-age pensions instead of pauper relief. The average cost per head in a Danish Home, is only 1s. a day, whereas in the worst of our English workhouses it is 1s. 11d., and in Copenhagen the cost of pauper relief and old-age relief together per head of the population is lower by 4s. 7d. than in London is the cost of pauper relief alone. Yet the cost of living is just about the same in Copenhagen as in London.

(*See Summary of Discussion, page* 400.)

OLD-AGE PENSIONS IN DENMARK

By NIELS WESTERGAARD

Director of Poor Relief and of Hospital Administration in the Borough of Frederiksberg

A law, dated 9th April 1891, authorised, as from 1st July 1891 forward, State subsidised old-age pensions, for deserving poor over and beyond the relief afforded under the Poor Law. The date when the law was to come into effect was subsequently postponed in respect of Copenhagen, and its populous suburb Frederiksberg, to 1st January 1892.

At the very same time another law received the royal assent, dealing with *ordinary poor relief*, the effect of which was to codify the provisions in force even before that date. Under this law the public authorities are required to provide for every person found incapable of providing for him or herself, and for those who are by law dependent upon them for their support, whatever is necessary for subsistence, and, in case of sickness, medical aid and treatment. The relief so given is limited to what is 'necessary,' neither more nor less, no matter whether the receiver be deserving or undeserving. Except in the case of illness such relief is to be given in the receiver's own home; however, power is taken to lodge recalcitrant persons compulsorily in asylums, in which the undeserving and the deserving (including children, if there are any) are to be kept strictly separated, without any intercourse being permitted. Everybody receiving such relief is subjected to the discipline maintained by the public authorities, and made to forego certain civil rights. The relief is supplied by the parish (commune) in which the recipient happens to be, but that parish is entitled to recover from the parish in which the person benefited has a right of settlement three-fourths of the cost incurred. In certain cases the former parish is entitled to remove the beneficiary to the latter.

The law dealing specifically with *old-age relief* provides, in the main, as follows:—

1. Relief of this kind is in every case to be given to the principal person (the head of the family), who has discretion to dispose of it in the interest of those for whose support he or she is responsible. Accordingly, old age relief may be given to men, to unmarried women or widows, and to divorced wives. There are also cases in which, by exception, it may be given to wives legally separated from their husbands, even though the latter remain otherwise responsible for their maintenance.

2. The qualifications for such relief are (*a*) age, (*b*) need, (*c*) desert, and (*d*) citizenship.

(*a*) Age.—The minimum age qualifying for relief is sixty.

(*b*) NEED.—The claimant must show inability to earn for himself or herself, or for those dependent upon him or her, the means of subsistence.

(*c*) DESERT.—The law excludes as undeserving only the following:—

(α) Persons condemned for actions recognised as dishonouring by public opinion, unless the sentence has been followed by readmission to civil rights.

(β) Persons found guilty of vagrancy or begging within the twenty years preceding.

(γ) Persons who have within the preceding ten years received poor relief. In this connection relief given to a married person during his or her married life is considered as having been given also to the other consort.

(δ) Persons who have deprived themselves of the means of support for the benefit of their children or of others, or whose poverty is due to disorderly or wasteful living, or to some other voluntary cause.

(*d*) CITIZENSHIP.—Claimants to have their claim allowed are required—

(α) To be Danish subjects.

(β) To have been resident in Denmark during the ten years preceding their application.

3. It is laid down that the relief afforded shall at all times suffice for the subsistence of the pensioner and of his family, and also, in case of illness, for medical aid and treatment. The relief may be provided in money, or in kind, or else by means of a place assigned in an asylum specially created for this purpose, or in some similar institution.

4. The right to relief ceases in the event of the relieved committing some act which would have excluded him or her at the time of application, if committed previously, or should he or she conclude a marriage which may create a claim for additional relief. With such exceptions the relief continues while the circumstances of the relieved remain unchanged.

5. Such relief is to be provided by the parish in which the relieved resides. However, as in the case of ordinary poor relief, that parish is entitled to recover three-fourths of the cost from the parish in which the relieved has a right of settlement.

Half the money expended in this way the two several parishes have a right to recover from the Treasury, within the limits set, which require that the Treasury should not expend for this purpose more than 1,000,000 kroner[1] in all in one year, within the first two years, and subsequently 2,000,000 kroner a year. Notwithstanding such limit the Treasury has, as a matter of fact, after the expiration of the first two years, invariably refunded the full half, even in excess of the 2,000,000 kroner per annum, replenishing its fund with the aid of special credits. And under the law now in force, dated 23rd May 1902, the limit has

[1] The Danish kroner is equal to 1s. 1½d. British.

been altogether abolished, and the Treasury is under all circumstances liable for a full half of the cost incurred.

The law of 23rd May 1902 has also amended the older law in respect of the following points:—

Clause 1 (as quoted above).—Wives who can prove desertion are now admitted to the right of relief, without any regard for the right of their husband.

Clause 2, section *c*.—In addition to the persons excluded from relief in the various categories *a*-*δ*, those whose manner of living has within the preceding ten years given rise to scandal (*e.g.* if they be notorious drunkards, prostitutes, etc.) are excluded from relief.

Clause 2, section *c*.—Provided that the two parishes liable for relief can come to an understanding among themselves, the period authorised of ten years, as establishing disqualification on account of poor relief received, may be shortened for the benefit of widows, and divorced, separated, or deserted wives, supposing that the poor relief given has been given entirely to the husband and applied to his benefit.

Medical relief given, including treatment in hospitals, does not count as poor relief in respect of the claims to old-age pensions.

Clause 2, section (*d*).—In the same manner the authorities named may, if the special circumstances appear to warrant it, shorten the period of ten years required for settlement in the country, in the case of persons who have returned from abroad.

Clause 3.—Within the limit of 100 kroner a year, the income of the claimant from other sources, including the value of lodging, may be left out of account in estimating what is necessary for his or her subsistence. Whenever the case seems to warrant it, the relieving authorities may also leave out of account, in respect of the same estimate, the income which the claimant to relief may derive from life annuities, legacies, pensions, etc., and also the value of his lodging, provided that with the addition of all other subsidiary income here referred to, his total income does not exceed 100 kroner per annum.

To understand the object of the law now in force, it will be necessary to go back to a draft measure, presented by the Government in 1891, which argues the point rather fully. In its clause 64, that draft measure says:—

'Relief given by public authorities in respect of poverty after attainment of the sixtieth year of life, is not to be considered as constituting poor relief, in the ordinary sense, provided that the person receiving it have not received poor relief previously, and that he or she have, in addition, been during the ten years preceding the grant a member of some provident or friendly society, the rules of which have been approved by the Minister of the Interior, or that he or she have taken other means, regarded as effective by the parish interested, for avoiding coming on the parish, such as subscriptions made to an old age annuity fund,' etc.

This makes it clear that the intention was that this new kind of relief should be provided, like the older, entirely out of parish funds. However, the majority of the Chamber scrupled to impose such burden upon the parish, on the ground that without assistance from the Treasury the parish purse would not be equal to the charge. It so happened that in the same session the Government had proposed a new tax, that is, a tax upon beer holding more than $2\frac{1}{4}$ per cent. of alcohol. The Minority of the Chamber, which exercised influence beyond its mere numbers, readily seized upon this to press for the appropriation of the yield of such tax to State subventions in aid of old-age pensions. As suggested by it, every Danish citizen attaining his or her sixty-second year and not having the means of subsistence was out of such money to be allowed a pension. A very liberal interpretation was to be given to the term 'not having the means of subsistence.' It was to mean, among other persons, 'all those employed for wages in trade and industry, in fishing and shipping, in agriculture, owners and tenants of rural properties not coupled with agricultural exploitation, day-labourers and the like, generally speaking all, whether men or women, who by their condition were reduced to count upon assistance from public funds or else charity for subsistence during their old age, when natural capacity for earning a living comes to an end.'

The rate of relief was to vary according to the locality. In respect of Copenhagen and Frederiksberg it was proposed at 200 kr. per annum for a man and 150 kr. for a woman, or 300 for a married couple; in respect of provincial towns at 150 kr., 120 kr., and 240 kr. respectively; and in respect of agricultural districts at 120, 100, and 200 kr.

Relief was to be suspended 'during the time when the person to be relieved might be accommodated in an asylum, or detained in prison or in a house of correction.'

The majority of the Chamber was favourable to a tax upon beer. Many among it apprehended difficulties if a new source of revenue should be opened to the Treasury, promising it a large income, though at the same time threatening to be very burdensome to the lower classes, without a measure creating old-age pensions being adopted at the same time. Under these circumstances a bargain was struck with the Government, and so the law of 9th April 1891 came to be passed.

In substance, as will be seen from the provisions already quoted, the law rests upon the same principle as the clause 64, likewise quoted, of the unadopted draft measure. There are some modifications and there are, also, some ulterior developments. However, the relief given does not really differ, either in amount or in essence, from the relief provided for needy persons generally. It is, in fact, poor relief without the effect of poor relief (affecting the enjoyment of civil rights). It creates for the benefit of deserving poor, subventions in aid of old age outside the limits of ordinary poor relief by suppressing, in certain cases, the restrictions which poor relief otherwise entails.

The reason accounting for this arrangement was unquestionably political. To meet a political necessity Parliament adopted a familiar course, without weighing with sufficient care the social and economic consequences likely to result to the classes to be benefited by the subvention, which consequences it was reserved to experience to reveal.

In considering the results of the law we shall necessarily have to distinguish between various classes of the relieved. When the law came into force there were a number of persons who had not previously drawn ordinary poor relief, but who, having attained their sixtieth year, of a sudden became entitled, under the new law, to old-age pensions. Such people there will always be, and, provided that they can manage to keep their head above water up to sixty, those are the class most directly benefiting by old-age pensions.

On the other hand, there are people, termed the 'respectable poor,' who eke out a scanty subsistence by work, or help from relatives or friends, or otherwise, without claiming assistance from the authorities, and who without the law would never come on the public charge. It is impossible to give precise figures to show the relative strength of each of these two categories. But the results actually obtained under the application of the law during the first two years enable the formation of something like an estimate. Within that period, in the principal districts of the country the following percentages of the entire number pensioned were reported on each 1st January to be such as had previously received poor relief:—

	1892.		1893.	
	Men. p. ct.	Women. p. ct.	Men. p. ct.	Women. p. ct.
Copenhagen,	...	...	24.2	27.5
Provincial towns,	13.8	15.8	11.9	15.2
Frederiksberg	...	...	35.2	24.3
Small towns,	20.7	17.7	18.6	7.3
Rural districts,	13.5	19.4	11.9	17.5
Total,	13.5	18.5	13.0	18.9

In the latter period the rate stated per cent. shows a decline (which during the quinquennium 1897-1901 brings down the number to 3.67 and 8.11 respectively) and the proportion of newly-admitted pensioners goes down rapidly, till it becomes stationary, as is shown in the following table:—

	Men. p. ct.	Women. p. ct.
1893,	6.8	10.1
1894,	3.7	8.2
1895,	3.3	7.6
1896,	3.9	6.6
1897,	3.0	6.9
1898,	3.0	6.6
1899,	2.5	6.8
1900,	2.9	6.5
1901,	2.9	6.6

However, this result is not due to any decrease in the first category of persons, but to the conversion of former paupers, having attained their sixtieth year, into old-age pensioners. So far from the first category decreasing, there is reason to believe that it has actually increased. For a number of persons who formerly became entitled to poor relief between fifty and sixty are now kept off the pauper's roll by other help, in order that they may become entitled to old-age pensions on reaching the required age.

At Copenhagen and Frederiksberg the rate per cent. of those who have previously received poor relief still remains very considerable in proportion to the total number. During the quinquennium 1897-1901 it stood as follows:—

	Men.	Women.
Copenhagen, . . .	20.33	27.46
Frederiksberg, . . .	16.02	20.63

And the number of newly-admitted old-age pensioners was during the same quinquennium stated in per cent.:—

	Men.	Women.
Copenhagen, . . .	19.00	29.28
Frederiksberg, . . .	10.71	18.13

Even then, assuming that a large proportion of the present actual old-age pensioners belong to the class of those who have previously been on the parish roll, the new law has brought about a very considerable increase in the total number of those dependent on public help. That result was foreseen, and the very object of the law was to benefit the new class of pensioners. What was, however, not foreseen was that by a curious effect, the law to some extent defeated its own object, becoming less beneficial to the class of pensioners whom it was particularly intended to benefit, but more so to the first class, those waiting for the qualifying age in order to benefit by the subvention. This rather remarkable result is due to the regulations laid down with respect to the amount of the pensions.

The pension, so it is said, is to correspond as precisely as can be at any given time to the exact wants of the pensioner and his family for bare subsistence. That makes it necessary to ascertain what other sources of income the claimant has already open to him, so as to arrive at the precise amount to be added by means of a pension. Accordingly old-age pensions and other income have been brought into competition with one another, each reducing the other in proportion to its own amount. Private charity has not been slow to discover this, and has in consequence withdrawn its helping hand. Public charity promptly followed suit, so far as its rules permit, abandoning its beneficiaries. And charitable institutions newly-formed now almost invariably by their rules exclude from the benefits which they dispense persons who will become entitled to old-age pensions. Little by little the effect has shown itself throughout the whole network of charitable and even only neighbourly assistance. First it was the employers, who had been in the habit of assisting worn-out employees, who cried off; people who had supported poor relations

followed the example; little by little the whole stream of assistance prompted by sentiment and benevolence came to be stopped. In the last stage this effect penetrated even into the closest family circles, where help is now withheld. For people have come to discover that their benefactions do not benefit the persons for whom they are intended, but the payers of rates and taxes. The same thing has been found to apply in the province of wages. Employers now fail to see why they should keep good and trusty employees on their books, whose strength is giving out. The younger working men in no way scruple to claim the places of their decaying elders to which their own youth and strength seem to entitle them. It appears plain logic to them that the latter, being provided for by the parish, have no right to keep them out of better employment. Under such circumstances it has become extremely difficult for elderly persons to obtain or retain employment, more particularly after passing their sixtieth year. The general effect is, that at the same time that a new source of income has been tapped for the persons to be benefited, the measure of their need has also been sensibly increased, and it is bound to appear exceedingly questionable whether that class of people have really benefited by the law.

Let us see briefly how the matter stands. The first class of persons already spoken of are rather differently affected by the new state of things than the second. They benefit by the subvention, if need be established, upon the attainment of their sixtieth year, and obtain relief without its embarrassing concomitants. They receive that relief more readily than they did before, because the law has created in any case a presumption in their favour. This gives them a better chance than they had of obtaining assistance from private sources before they are sixty. For in the first place the parishes concerned have a direct interest in keeping them off the relief roll during those decisive ten years which precede the sixtieth, for this reason, that old-age pensions do not tax the parish as heavily as does ordinary poor relief, towards which no contribution is made from the Treasury. The parish accordingly readily befriends them as much as it can in their search of assistance from 'poor relief funds' and other sources of charity. At the same time, the conditions imposed and the benefits promised lead private charity, which now systematically abandons old people of sixty and more, to open its purse more freely in aid of people between fifty and sixty. We who administer public relief funds have ample opportunity given us of observing to what extent the number of claimants, aged between fifty and sixty, for public poor relief has kept decreasing. The real effect is, that to a continually growing extent the very class of poor people for whom ordinary poor relief was intended and who are properly and legitimately entitled to it, are, by such artificial stimulus given to parish niggardliness and private benevolence, thrown upon charity, in order that they may reach their sixtieth year without the taint of outward pauperism. The consequence is that the actual age limit of people maintaining themselves

by work keeps perpetually descending from sixty towards fifty, in proportion as endeavour to obtain private relief within the sixth decade of human life proves successful.

These effects touch only one side of the question. On the other we see the demoralising influence of the new method of subvention actively at work, both in respect of direct beneficiaries and of their relatives. The man who has old-age relief in ultimate prospect has, generally speaking, ceased to exert himself in view of old age, since he knows that whatever he lays by towards that contingency will not give him any more, but only lighten the burden to those who will have to maintain him. At the same time the benefit to be gained by his own exertions and thrift appears to him far off, and too problematic to be successfully pitted against the certainty provided by the law. This is a matter familiar to every administrator of public relief. Within certain limits, no doubt, the authorities have power to check this growing repugnance to work. But this circumstance does not enter sufficiently into account, and we see the beneficiary under the law in many cases rapidly losing all power of earning anything for himself. That observation applies, of course, with particular force to those who have previously received poor relief. All inducement for them to make an effort to maintain themselves by their own work has disappeared. And the same thing applies to provident habits. The inducements to purchase a life annuity, or to save in one or other of the ways open to people has been got rid of. Deposits in the savings banks, from poor people's pence, which used to be very considerable, are decreasing little by little. Indifference is taking the place of thrift. And those who still do deposit, withdraw their deposits and spend them before the time for claiming the old-age pension arrives, abandoning their work sooner than they used to do. And all this among the very classes whom the pensions were to benefit!

The greater number of those who now live on old-age pensions are people who used formerly to be maintained by their relatives, friends, and employers. Their benefactions have become unnecessary now that the law provides for their protégés. They accordingly save under the new state of things, and they save the more the less they do for old and needy neighbours. Accordingly the pension law has a distinctly demoralising effect upon social relations, an effect most demoralising on relations which seem most called for by nature. We administrators of public charities see how the relatives of old people evade more and more their natural duty, and we even witness the revolting spectacle of aged persons whose condition is desperate, and whose natural refuge ought to be the home of their younger relatives, being abandoned by them.

Such evasions of natural duty cannot indeed be set down wholly to the new law. There are other causes at work. However, they are practised under cover of the law, and are rendered the easier by the fact that the public authorities have made themselves chargeable for the old people.

The methods prescribed for the allotment and payment of old-age

pensions strongly tempt to trickery and fraud. It is matter of almost daily observation that the claimants of pensions conceal some source of income or other, be it employment, or be it help from relatives. Such fraud is complained of, but it is tolerated, since seriously to oppose it would mean to expose the fallacies of the law.

There is some difficulty in showing by figures what have been the actual results. However, the growing incapacity of claimants to old-age pensions to maintain themselves by other means appears very plainly from the proven fact that the aggregate income of pensioners between 31st December 1892 and 31st December 1903 has not grown beyond 60,484 kr. from 43,826 kr., whereas the aggregate amount of pensions paid has increased from 2,500,000 kr. in 1892 to 5,500,000 kr. in 1901. Throughout that period small pensions have steadily grown less numerous, larger more so. Between 1896 and 1901 the number of pensioners drawing less than 100 kr. per annum has gone down from 62 to 40 per cent. of the total number. The proportion of pensioners drawing only 50 kr. has declined from one-fifth to one-tenth, whereas the proportion of pensioners receiving 150 kr. per annum has increased from one-eighth to one-fourth.

The effect of the law in weakening self-reliance among the working-classes is shown, in addition, by the following figures which are taken from the accounts of the Danish *Arbejderbank* of Copenhagen. That bank has a provident department, the first section of which, making provision for old age, receives periodical payments out of which to provide old-age pensions after the completion of the sixtieth year, by the natural action of premiums accumulating and bearing compound interest. Other deposits received are mere savings deposits withdrawable at a year's notice. The payments made in the second section, which is instituted for the benefit of children, secure to the latter an endowment at a stated time of life, or else they are withdrawable at any time without any benefit. The people using the bank are, generally speaking, persons in very humble circumstances. The following figures show the number of persons joining the bank severally in the two sections :—

	Old Age.	Children.		Old Age.	Children.
31/12/1872	182	32	31/3/1887	265	289
,, 1873	318	41	,, 1888	306	313
,, 1874	197	84	,, 1889	448	310
,, 1875	217	189	,, 1890	438	448
,, 1876	275	140	,, 1891	666	390
,, 1877	173	262	,, 1892	424	466
,, 1878	201	188	,, 1893	251	359
,, 1879	218	155	,, 1894	153	370
,, 1880	251	144	,, 1895	168	403
,, 1881	240	198	,, 1896	123	368
,, 1882	260	178	,, 1897	120	398
,, 1883	247	218	,, 1898	133	428
,, 1884	340	301	,, 1899	77	515
,, 1885	425	326	,, 1900	53	461

It will be observed that from the moment when the Old Age Pensions law came into force the number of incoming deposits of the first sort went down very substantially, whereas previously it had kept steadily increasing. At the same time the section providing endowments for children continues, up to the last year, to show a growth in the number of deposits. A new section instituted since 1898, taking premiums for old-age insurance, subject to the withdrawal at the expiration of ten years with interest and certain benefits accrued, shows a fair number of new members, which seems to indicate that the tendency to save is still powerful, but only in respect of purposes other than provision for old age.

The Old Age Pensions law has not generally satisfied the intended beneficiaries, and their objections are not without foundation. For, in the first place, the law has reduced their chance of procuring a better income for themselves. Secondly, the provision about providing only what is absolutely necessary for subsistence has caused great trouble. Not to exceed the limit within which authorities believe that parishes may be taxed, it has proved necessary to fix the 'necessary' at a low figure, and accordingly small pensions have been paid. The figures given below, in respect of Copenhagen and Frederiksberg, the two places in which the heaviest pensions are allowed, supply evidence of this. The number of pensioners who have not asked for more liberal allowances is very small indeed. There is really nothing more natural than that pensioners should consider themselves aggrieved when they compare their own pensions with those of others. The consequence is that numbers of claims for increase are made, and renewed year after year with the result of a general demoralisation, which appears to degrade old-age pensioners to the position of paupers asking for alms. In respect of Copenhagen and Frederiksberg the effect of this is shown in the following figures:—

Year.	Copenhagen.			Frederiksberg.		
	Number of pensioners.	Number of applications for further relief.	Number of applications agreed to.	Number of pensioners.	Number of applications for further relief.	Number of applications agreed to.
1st Jan. 1893,	4006	748	572	273	?	?
,, 1894,	4372	969	742	302	97	82
,, 1895,	4635	1074	896	430	102	87
,, 1896,	5018	1197	1070	466	77	69
,, 1897,	5301	1410	1261	510	99	90
,, 1898,	5568	1349	1186	546	124	107
,, 1899,	5838	1556	1374	613	129	115
,, 1900,	6036	1625	1293	642	139	116
,, 1901,	6178	2219	1859	689	122	106
,, 1902,	6593	2150	1700	724	167	154

To meet the troublesome requirements of the law as to the amount of pensions, the authorities severally of Copenhagen and Frederiksberg have long since come to an understanding, under which they award pensions in the following way:—

1. For persons become wholly incapacitated for work, and devoid of any other means of subsistence, as maximum pension per month 20 kr. for a man, 16 kr. for a woman, and 30 kr. for a married couple.

For persons requiring constant attendance that limit has been raised, but so as, generally speaking, not to exceed 25 kr. per month.

2. For persons still capable of work, but without other resources, as maximum 12 kr. It is assumed that such persons still earn by work and per month, a man about 22 kr., a woman 20 kr., and a couple 35 kr. Should their capacity for work fall short of this measure, the pension will have to be raised. However, the fact taken into account generally is, not how much these persons actually earn, but how much they ought to earn.

3. Any fixed income received, apart from wages, is deducted from the amount of the pension, so as to keep the total income generally, all things included, at the rates named, only with these reserves:—

(*a*) Supposing that the income actually received arises from previous thrift and provident action, only half its amount is deducted.

(*b*) Supposing that it arises from pensions, legacies, or public or private subventions, only three-fourths is deducted.

4. The possession of a capital of 400 to 500 kr. is as a rule not taken into account at all.

Notwithstanding these rules, the legality of which appears more than questionable, it has not proved possible altogether to satisfy the law. This appears from a letter addressed on 2nd January 1900 to the Ministry of the Interior by the municipal authorities of Copenhagen, in which the following passages occur:—

'The provision laid down that the pension shall at all times provide what is required for the pensioner's subsistence has proved the heel of Achilles of the law, and will have to be eliminated at all cost. It has necessarily this effect that the pension, although allowed at a higher rate than that at which poor relief is given, very often assumes altogether the character of poor relief. The reason is that it is wholly impossible to estimate in advance, even for the space of a few years only, the amount of what will be necessary for the beneficiary so as to satisfy him. From such impossibility arises the necessity of granting supplementary pensions for lodging, etc., and other needs, in various circumstances, after investigation which has to be renewed with great care.

'The same provision is found extremely hindering also to a man's desire to provide for his own needs. It, moreover, tends to loosen the ties between parents and children, employers and employed, charitable persons and persons in need of charity. Because it appears to follow that, if the law allows what is

necessary to the necessitous, and if the income of the latter derived from other sources has to be deducted from the public subvention, then nobody need any longer feel himself obliged to render aid. In truth, it has more than once occurred that a benefactor has withdrawn his aid, once the old-age pension came into force, and often has he been known to do so even when his own benefaction was larger than the pension, so that the man deriving benefit from the law has been not the pensioner, who finds himself worse off through the law, but the previous benefactor.

'The most distressing effect of the provision complained of, however, has been this: without doubt the object aimed at in the framing of that provision was to produce joy and satisfaction among the pensioned; however, in only too many cases it has failed altogether of this effect. Not that the pension granted was really insufficient; but, inasmuch as it is prescribed that it should be limited to that which is strictly necessary, it has given rise to discontent. This became observable at once after the law came into force; but the effect became more and more marked as time went on, . . . and in consequence the manner in which the pension is apportioned has come to make the people receiving it feel aggrieved in view of its amount. Either the receiver finds that his own pension is exceedingly small in comparison with that received by others, whose condition of life he judges to be not essentially different from his own; or else he finds it fall short of what he himself considers to be indispensable to himself. The result is discontent, which often grows rather than decreases as time wears on.

'In the last place, from all such facts results a burden, constantly increasing, upon those who administer the law, coupled with dwindling satisfaction. The effect of claims incessantly pouring in, time after time, often several times a year, from the same persons, asking for an increase, is, at certain times, at any rate in Copenhagen, enough to make the work of administration, which cannot, by its nature, be distributed among many officers, absolutely insupportable to those who have to discharge it.

'From various quarters already it has been suggested that settled rates should be fixed, once for all, to get rid of all these inconveniences. The advantage of such arrangement does not appear to require explanation.'

The Municipal Council on handing this letter in, accompanied it by definite proposals for amending the law, prepared by the burgomaster of the section concerned, Mr. H. A. Jacobi. What he suggested was that for the elastic term of 'Whatever is necessary for the pensioner's subsistence,' there should be substituted these words: 'Whatever may be wanting to the means judged necessary by the law for subsistence, or for medical aid and treatment in case of illness.' The measure of what should be considered necessary under the law he proposed to fix in the following way for a single person, or the head of a family:—

At Copenhagen or Frederiksberg, ...	360 kr.
In provincial towns, ...	300 kr.
In rural districts, ...	240 kr.

An addition severally of 120, 100, or 60 kr. was to be made in respect of a wife, and a similar amount for each first child, with half the same amount to be allowed in respect of every subsequent child.

With regard to the total of subventions to be granted, the Council added the following suggestions:—

1. In the case of old people, whose independent means attain or exceed the limit above-named, at most gratuitous medical treatment should be allowed, either in a hospital or—should the circumstances warrant it—in the beneficiaries' own homes, but in no case any subvention in money.

2. Should the independent income of old people not reach the above-named limit, then, provided that their cases did not come under the category of those to be enumerated under head 3, an annual subvention fixed upon the following principles might be given:—

(*a*) In respect of a single person or head of a family, according as he lives in Copenhagen or Frederiksberg, a provincial town or in the country:—

	Copenhagen or Frederiksberg.	Provincial town.	Country.
From 60 to 64 years .	60 kr.	50	40 kr.
„ 65 „ 69 „ .	120 „	100	80 „
„ 70 „ 74 „ .	180 „	150	120 „
„ 75 „ 79 „ .	240 „	200	160 „
„ 80 and above .	300 „	250	200 „

Supposing that the pensioner or his wife were totally incapacitated from earning anything, the authority administering the pension fund should be allowed to treat him or her as belonging to the age class just above their real class.

In each case 40 per cent. was to be added for a wife, if there were one, and 20 per cent. for each child. Such addition, however, was not to be made in the case of a man married only within the five years preceding his claim made for a pension. In such case the man was to be treated as a single person.

The above-named rates, increasing with the age of a person, were, however, to be allowed only in the event of the total income of the beneficiary not exceeding the sum assumed as necessary for living in the table given higher up, plus the lowest rate of subvention (including the addition for wife and children) stated in the above table. The figures named, with the addition of the supplementary provision for wife and children, accordingly represent the absolute maximum income obtainable by means of a pension.

(*b*) Supposing that a legitimate claimant to a pension is found to require, by reason of impaired strength or chronic illness, medical treatment and special supervision which he or she is not in a condition to procure for him- or herself, he or she is, on demand, to be placed in an appropriate asylum or in a hospital, or else to receive particular

attendance. If, on the other hand, such person is in a position to provide such treatment for him- or herself, the authorities are to be empowered to pay him or her the subvention fixed for persons of a higher age class than his or her own, even of the highest. Should it be found that such person is not to be trusted with the spending of his or her own pension, he or she is certainly to be placed in an asylum or hospital. Otherwise the pensioner *may* be so accommodated on his or her own demand, provided that the circumstances appear to make it desirable. A pensioner fully provided for out of public funds is required to hand over his or her capital and income to meet expenses, except in the event of there being a wife or children not provided for. In such case, at the time when the pensioner is placed in a hospital or asylum his pension may be assigned to such belongings in part or in full.

(*c*) Apart from his pension in money the pensioner, if not a member of a friendly society or a burial club, is entitled to a subvention in respect of illness, either at home or in a hospital, and also for burial.

3. Should it prove impossible to ascertain the precise income of a claimant, and accordingly to fix the exact amount of the pension due to him, or should it appear likely, or even only possible, that such income may in the future increase, it shall be permitted to allot to him a temporary pension, for six months at a time, to hold good until the period when a permanent rate can be fixed.

The Statistical Department of the Kingdom has, on the ground of the actual data available showing the number of pensioners on 1st January 1897, calculated the cost which would have to be met, if the above-named scheme were adopted, at 5,555,254 kr., whereas the actual expenditure under the present law was in 1897 only 4,189,448 kr. It is possible, of course, that if the suggested scheme had been law the number of pensioners would have been larger than it actually proved to be. But, on the other hand, no account has been taken of the private income of pensioners, calculated apart from their pensions, by which the actual expense incurred would of course have been reduced. Apart from that, once the amount of pensions to be paid had been permanently fixed, the steady increase hitherto observed must have come to an end. Therefore it is possible that under the new scheme the total expenditure would after all not have proved larger than under the system actually in force.

The scheme possesses this advantage, that it assures to the pensioners a fixed and certain pension, of a very different character from that of poor relief. It would also enable the pensioners and others to improve their position, more than the present law does, and would in a certain degree give scope to the efforts of 'self-help' and of help from other persons. However, when all is said, the scheme does not appear to me advanced enough to

remedy the inconveniences arising from the present law. Let us take the case of a single person living at Copenhagen. Calculated apart from the pension, his income ought to be :—

In the age class	less than	in order to entitle him to a pension of
of 60—64	360 kr.	60 kr.
„ 65—69	300 „	120 „
„ 70—74	240 „	180 „
„ 75—79	180 „	240 „
„ 80 and above	120 „	300 „

Every further 60 kr. added to his private means must diminish his pension by the same amount. Neither he himself nor any of his friends have the slightest interest in increasing his private income by more than 60 kr., unless the addition be sufficiently large to exclude him altogether from the class of persons requiring a pension. Otherwise, whether under the present law or under the new scheme, the man's own interest is to obtain his pension at the earliest possible moment.

As far as is possible the pension ought to satisfy these three conditions :—

1. That of giving scope to, and, if possible, stimulating a man's own power of helping himself.

2. That of not making it any less his own interest to provide for the needs of his old age by his own efforts, be it by the purchase of a life annuity, or by thrift, or otherwise.

3. That of not diminishing the inducement on the part of others to assist him in his old age.

Leaving out of account altogether any idea of reward for merit, those conditions would be amply fulfilled if the efforts made by the pensioner himself or his friends to improve his lot did not have the effect of reducing his pension, and if an interest were given him to claim his pension at the latest possible period and within the smallest limit. Some approach to this ideal would be made if, instead of the pension being made dependent upon the pensioner's varying age, it were regulated by the particular age at which he becomes chargeable under the pensions law, and if he might, by contenting himself with a lower pension than is of right attributable to his age in the earlier portion of his pensionship, become entitled to all the higher a one in the later period. The greater were the increase of the pension as the period of obtaining it becomes retarded, the more marked would be the success of the scheme.

The increase of the rate of pension might be made to stop at the age at which it might be assumed that, quite exceptional cases apart, the pensioner would be at the end of his capacity to earn anything ; and that would probably be at the age also at which others would feel disposed to discontinue their help given up to then with a view of entitling him to a higher pension. The amount of the pension paid and the progressive increase permitted must depend altogether upon the means which the public authorities might have

at their disposal for the purpose. In my opinion, the amount paid at present would not in the aggregate be exceeded if, say, an annual pension of 60 kr. were fixed for every inhabitant of Copenhagen attaining his sixtieth year, and if to each pension were added 12 kr. for every further year in which a man enters upon his pension up to seventy-five. That would bring the pension at seventy-five up to 240 kr. The pension for the man's wife would have to be fixed according to her own age, with this proviso that it should never during the husband's lifetime exceed 50 per cent. of his pension. Since the pension would be the same for every one, whatever his circumstances, there would be no occasion to grant any addition for children unprovided for. I am inclined to believe that under such a system as this there would be no occasion to fix a limit of what is 'necessary,' at any rate before the seventy-fifth year. Because while the person entitled to a pension found it to his interest to earn for himself whatever was necessary for his subsistence, he would feel it to be also to his interest to put off to the latest possible date the time when his pension would begin. As regards the period after seventy-five, any limit adopted with respect to a pensioner's actual needs could not prejudice the system so long as it did not exclude assistance from others. For, with very few exceptions, the people for whom old-age pensions are intended will scarcely have been able to provide for themselves sufficient to meet their wants of subsistence after seventy-five. It might accordingly be made a general condition that the person on whose behalf an old-age pension is applied for should not be in a position to obtain for him- or herself, or for his or her family, the necessary subsistence without help. If it should appear desirable that a fixed limit should be set, a line might be drawn either by the law or, preferably by the administering central authority, for several years at a time, at a figure differing according to the circumstances of each locality.

This method of dealing with old-age pensions would get rid of part of the pensions now actually being paid. There can be no doubt that many of the pensioners, who were in receipt of poor relief before the year 1892, would have readily contented themselves on attaining their sixtieth year with the old-age pension here proposed (supposing such to have existed) more particularly those who became chargeable to the parish only at a rather advanced age. However, a considerable portion of this number also would have asked for pensions on a higher scale, and would accordingly have been passed on to ordinary poor relief. There would have been no cause to regret this. These people would have felt better provided for under the scheme advocated, if the relief obtained had been at all times equal to their wants. Apart from the people whose destitution is caused by bodily disablement or illness, at a younger age, and whose position with respect to relief might be modified by more causes than one, the great mass of those who become dependent upon poor relief before the period of old age, are generally inferior,

more particularly in point of morality and intellect, to the majority of those who do not require relief till old age comes, and this in itself appears to justify some difference in the treatment accorded to the two classes.

The old-age pension should, under the proposed scheme, be in every case supplied in cash, and its amount should be always independent of considerations of illness or of the pensioner's specific need. There would be no supplementary pension, given in the shape of a pension for illness, or of accommodation in a hospital or an asylum. As regards assistance in the case of illness, that belongs properly to the province of 'self-help,' which should provide for such cases and could do so in the present condition of Danish friendly societies. The State and the local authorities, in truth, pay such handsome subsidies towards sick insurance among the poor, that the rates of premium have become materially reduced and the length of time for which the benefit is granted has been extended very considerably. The period passed, the beneficiaries are entitled to draw a public pension equal to that paid them by their friendly society without such assistance entailing the disqualifications of poor relief. Were the proposed scheme adopted, those who have by reason of chronic illness found themselves disqualified for joining a sick club, will only in rare cases be required to fulfil the conditions prescribed entitling them to an old-age pension, or to be content with such a pension. Only in very rare cases again will a sick person, having passed the sixtieth year, live beyond the period for which under the present arrangement a sick pension is assured to him or her. In any case these matters ought to be arranged with due regard to other considerations than those which at present govern the old-age pensions system. In the case of destitute invalids there is no occasion to make any distinction between the different ages.

The asylums specially appropriated to the accommodation of old-age pensioners do not exercise a very happy effect, inasmuch as experience shows that they serve to extinguish, generally speaking, the sense of duty which a man owes to his poorer neighbours. In a society governed by modern ideas, with humane ideas strongly developed, cases will always occur, in which the public authorities will consider themselves called upon to provide entirely for such or such aged poor. However, cases of the same kind are sure to present themselves in respect of people whose feebleness of body is not caused by old age; and society, as now constituted, may be trusted never to give to such persons the assistance required on the lines of strict poor relief: it will not limit them to what is absolutely indispensable. Whether it be charity which undertakes the task, or the public authorities, the relief given will be given on the principal of charity, without regard for the particular age and without distinction as to the conditions governing old age benefits. Under the Danish law on poor relief it is not allowed to place undeserving individuals in asylums intended for deserving persons, old or enfeebled. Under the old-age pensions law it is not permissible to place pensioners in the asylums mentioned. Thus

in the district of Frederiksberg there are two distinct asylums, one for deserving poor, (under poor relief), the other for old-age pensioners, though the two are under the same roof, separated only by a wall with a door in it. The treatment accorded, however, is in the two asylums precisely the same, because no one sees any reason why one class should be less well cared for than the other. The only difference to be observed is this, that the old-age pensioners show a feeling of contempt for the merely relieved, not on the ground of any real difference in their respective worth, but because of a prejudice which the law encourages.

Little exception can be taken to the arrangements generally which prevail under old-age pensions legislation. Only it appears doubtful to me if one ought really to assist married folk separately, and treat both as independent persons when they have dissolved their marriage by a divorce, or legal separation, or simply by habitually living apart. The effect of this must be artificially to dispose people to dissolve marriages which are not altogether happy, and it does not appear quite fair that such private incompatibilities should impose greater burdens upon the community. In any case the two pensions taken together should not in value exceed the one which would have been given to the two persons living together. A difference will of course have to be made in cases in which the two parties have lived apart during a considerable period, say ten years, before becoming chargeable to the old-age pensions fund.

The only provision actually contained in the law having reference to a claimant's own efforts to provide for himself is to be found in the clause which says that he must not have drawn any poor relief during the ten years preceding his claim. The new law of 23rd May 1902 has to some extent weakened the effect of this clause by laying it down that sick relief shall not count as ordinary poor relief. That modification embodies a rather serious error. For as has been shown, in Denmark sick relief is so highly developed that any respectable person, however poor, is given a chance of providing under it for him- or herself. The new law militates against such action in respect of age classes above fifty. I hold it to be far more just that relief should be so regulated as to presuppose that every effort will be made by the individual to provide for himself, and to stimulate such tendency, than to make any effort made merely the understood stepping-stone to public relief. Under the scheme sketched by me above there is no occasion for explicitly making a person's own effort a condition for obtaining old-age relief, because special importance is attached to private effort made in time of youth. Only the claimant must not have received poor relief after the completion of his sixtieth year, for the effect of his postponing the receipt of his old-age pension by means of long continued receipt of poor relief must not be to increase his pension. On the other hand, I see no reason why a person drawing poor relief up to sixty should not after sixty become *ipso facto* an old-age pensioner,

provided that he or she is satisfied with the old-age pension assigned to such an age. In exceptional cases that might act as a stimulus to exertion; in the great majority of cases there would be no effect, because people would scarcely be satisfied with so very small a pension.

In its general features no doubt the directions given for the granting and allotting of old-age pensions are just and simple. It is the local communal authority which decides upon the presence of the conditions required, and on the amount to be allowed, and which actually pays the pension. In most parishes the administration of the law has involved a moderate addition to the duties of the communal authorities, exercised on the lines of self-government. The cost has not been excessive, although at the same time ensuring a fair distribution, founded upon the most accurate knowledge of the pensioner's circumstances. Nevertheless it has been felt as a serious defect that, owing to the large latitude allowed to the exercise of independent judgment, the application of the law has varied very considerably in different districts. If my own proposals were adopted such difference in the application would entirely cease. Local self-government must be supported by great ability, if the administration of the law is to be left to each communal unit, in the most limited area. Whenever that ability fails, or, once more, in very large communal bodies, the administration of the law must of necessity be committed in part at any rate to salaried officials, which means expense and anything but delicate handling of local discretion.

As it is, discontent has shown itself as general in all parts of the country under the present law. Ever since it came into force nearly every year has witnessed fresh attempts made to amend it. The new law of 23rd May 1902, has done only very little to remedy its defects. On 27th March 1903 a Committee was appointed to consider the question of insurance against disablement by old age and other causes; it will be the duty of that Committee at the same time to revise the present Old-Age Pensions law.

As regards the effects of the law to be shown in figures, I must confine myself here to a brief reference to the information given in the 'Statistics of Denmark,' 4th series, vol. 13, 7th section, on old-age pensions, between 1897 and 1901. This official document shows that expenditure in connection with old-age pensions has grown from 2,500,000 kr. in 1892 to 5,500,000 kr. in 1901, and at the same time expenditure in connection with public poor relief from 7,700,000 kr. in 1892 to 7,900,000 kr. in 1901. In comparison with the considerable growth of the population of Denmark[1] in the same time there has been a not inconsiderable proportional decrease in expenditure upon poor relief. Such decrease is not due solely to old-age pensions. In my opinion old-age pensions account only for the smaller part of it. Other social legislation of the present day, such as the law upon sick insurance of

[1] The population of Denmark was 2,172,380 on 1st February 1890, 2,323,540, on 1st February 1897 and 2,449,540 on 1st February 1901.

12th April 1892, the several laws on the alimentation of illegitimate children of 20th April 1888 and 12th April 1892, the Workmen's Compensation Law of 7th January 1898, and on the other hand the general improvement in the condition of the working classes, resulting from the work of their trade unions, have really very much more to do with the result.

(*See Summary of Discussion, page* 400.)

INVALID AND OLD AGE RELIEF IN GERMANY: ITS MORAL AND ECONOMICAL EFFECTS

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This paper has been submitted to His Excellency the Secretary of State for the German Imperial Home Office, Minister of State Count Posadowsky-Wehner, and to Geheimerath Dr. Zacher, President of the Senate of the German Imperial Insurance Office. With their kind permission I am authorised to state that the statistics contained in it are absolutely correct.

Beyond doubt it was an audacious act of political heroism on the part of the authors of the German Workmen's Insurance Laws to risk the introduction of such a scheme. It was claimed for these laws that an amelioration of the condition of the working-classes would accrue therefrom; but precisely those political parties that posed as the special patrons and allies of the working-classes would not support the measures. The main objection of the Liberals and Radicals was that the principle of self-help was thereby undermined; whilst the Socialists explained their refusal to support the scheme, although it went far to realise State Socialism as sketched out by Lassalle, just because it did not in their view go far enough. Only a powerful statesman could in 1881 have lent his name to a scheme so colossal, and yet one that even his friends characterised as a startling though fascinating leap into the dark.

For what was the condition of things in the German Empire when Kaiser Wilhelm I. charged Prince Bismarck to read his memorable message to the Reichstag on 17th November 1881? Maddening prosperity had attended the riotous speculation that was the immediate consequence of the victories of 1870-1871, and this was followed by a tremendous crash and a period of gloomy depression. The expansion of industry in the Empire had given rise to immense discontent amongst the working-classes who now turned to the leading agitators of the Socialist party, which was steadily increasing in numerical strength. In June 1878 a hideous attempt was made on the life of the octogenarian Kaiser, and four months afterwards the repressive law against the Socialists was passed by the Imperial Diet.

In the very midst of these seething times of discontent and revolutionary agitation, Kaiser Wilhelm sent his historic message to the Reichstag, in which he said:—

'In February already of this year (1881) we gave expression to our convic-

tion that the healing of the social diseases was not to be sought exclusively in measures of repression of social-democratic excesses, but at the same time by furthering in some positive manner the welfare of the working-people . . . We should look back with greater gratification upon all the successes with which God has visibly blessed our reign, if we could succeed in taking away with us in the future the consciousness that we were bequeathing to the Fatherland new and permanent guarantees for its internal peace, and a greater measure of security and productive assistance to the needy to which they are entitled.'

His Majesty then announced that bills for insuring the workmen against accidents incurred in the exercise of their calling, and against sickness were to be laid before the house, adding :—

'But those, too, who from old age or invalidity become incapable of earning their livelihood, have a reasonable claim from the whole body politic to a greater measure of State assistance than has hitherto been accorded to them.'

These words introduced the gigantic scheme of German social legislation, by virtue of which working-men in the German Empire were to have an acknowledged and incontestable legal right, when unfitted by sickness, accident, invalidity or old age, to such assistance and pensions as would relieve them from the necessity of falling back upon the uncertain assistance of public charity. It was determined that the end should be arrived at by means of a scheme of *compulsory insurance*, in which the insured, the employers and, in the case of invalidity and old age pensions, the State should contribute together. The Invalidity and Old Age Relief Fund was to be a fund to which the workpeople were to contribute their portion, to which also they were to have a legal right to look for relief later on.

The term 'State Socialism' is repudiated as incorrect, on the ground that the State, as such, has no influence whatever on the administration of the German Workmen's Insurance Scheme. The State, it is submitted, only enacted the laws under which the scheme was created ; whereas the Insurance System is administered by the contributors thereto. The fundamental principle of the whole system—and therein, it is maintained, lies its chief feature—is that of mutual insurance based on self-administration.

In the case of the Invalidity Act, the managing board consists of an equal number of representatives of workmen and employers presided over by a communal or State official.

The Government resorted to *compulsory* insurance because it was impossible to devise any other method for securing the broad masses of the working-classes—those belonging to the lower paid grades—to contribute.

This Insurance Scheme affects *workpeople*—not vagrants, tramps, or those that will not work. Nor are the Workmen's Insurance Laws a charitable scheme. They are unlike mere Poor Law relief measures, in that they confer on every insured person a *legal right* to a fixed modicum of assistance in case of sickness, accident, invalidity, or old age, in return for which they have themselves contri-

buted an obolus to the fund from which they receive such assistance. The Invalidity Law constitutes a scheme in which the insured and the employers co-operate with the State for the purpose of preventing, or at least of minimising, prospective distress likely to be brought about by existing conditions over which the workmen cannot be said to have control, a state of distress for which they could not be held responsible. The workman is put in a position by means of the assistance afforded by this Insurance Scheme, calculated to eliminate the economical reason which causes him to be regarded as a burden to his relatives. In fact this assistance may ultimately prove a source of welcome from them.

State interference of any kind in matters concerning the order of the life of the individual has always been more tolerated by Teutons than by Anglo-Saxons, nay, has been generally welcomed by the former—hence, no doubt, the facility and rapidity with which the system of compulsory insurance in Germany has already begun to fit into the accepted routine of the life of the German people, compared with the difficulties and obstacles that would presumably confront a similar national scheme in England—were it brought forward—if it be permitted to draw inferences from the opposition that Mr. Chamberlain's proposals met with.

In order to become closer acquainted with the process of development of the preliminary official consideration of this question in Germany, we can refer for instructive data to Bödiker's 'Die Unfall-Gesetzgebung der europäischen Staaten'—'The Laws of European Countries affecting accidents.'—(Wirklicher Geheimer Ober-Regierungsrath Dr. Bödiker was the first President of the Imperial Insurance Office.) He tells us, that although the Haftpflichtgesetz of 1871 (Employer's Liability Act), and the Gewerbe-Ordnung (Trades Act) contributed to the prevention of accidents, 'the case of the workpeople, when it was a question of compensation or the injuries suffered from accidents, remained exceedingly precarious.' The reason for this was given in the Exposé des motifs preceding the Accidents Insurance Bill laid before the Reichstag in 1881, wherein we read:—

'As the injured person is saddled with the necessity to prove that the employer or his representative was to blame for the cause of the accident in question, the benefits assigned to the workpeople by the Act (*i.e.* the Employers' Liability Act—Haftpflichtgesetz) are in most cases illusory.' But the chief anomaly of the Act was that the employé was required to prove his case by means of an action at law against his employer. This put him from every point of view at a disadvantage, for in any case a wearisome action at law was bound to foment bitter and unfriendly feelings between master and man. 'As a rule,' says the Exposé des motifs, 'the employer is forced, in every case where compensation is demanded, to let an action be brought against him by his employé.' This condition of things was unbearable; and the Exposé des motifs concluded by pointing out that the workman was insufficiently protected by the existing law against the dangers incident to his calling, whilst exorbitant burdens were imposed upon the employer; and further, that the relations between master and man had been thereby rendered more strained, instead of

being improved, as had been hoped would be the case. 'A situation,' in the concluding words, 'had been created, the removal of which was desirable in the interest of both classes of the industrial population.'

By 1881 public opinion in Germany had come to the conclusion that both the State and general society were interested in providing measures for the relief of workpeople in time of sickness—including sickness caused by accident occurring during the pursuit of their calling.

Hence the State legislation for insurance against sickness and accidents on the basis of public law. 'Whereas poor relief aims at preventing the bitterest misery,' says Bödiker, 'the insurance against sickness and accidents strives for the fulfilment of a higher social task.'

Owing to the rapid development of industry in Germany in the seventies of the last century, and to the continuous immigration of people from the country into the towns, the Government was confronted by a new situation involving difficulties of very great magnitude, the solution of which had to be faced. A state of affairs had developed that necessarily led to a condition of dangerous discontent amongst the working-classes; and no independent or voluntary efforts capable of grappling therewith were forthcoming. It was therefore incumbent on the Government to take the lead.

German statesmen claim merit for their country in so far that the problem of State insurance has been carefully thought out. They boast that it has been the new German Empire that took the lead in the attempt to solve modern social problems by means of State legislation; but they by no means pretend that they have arrived at anything like finality in the matter, or that they have even devised methods not open to criticism and amendment.

I have been at pains to secure opinions from many sides as to the moral and economical effect of the law relating to pensions for invalid and aged workmen. It is very significant to find that now, after that Act has been in force for thirteen years, the main objections to it have been withdrawn in the very quarters where they were the loudest in its initial stages. Employers, who are undoubtedly put to a good deal of expense and inconvenience by the provisions of the Act, have acquiesced in the inevitable; and so many of the employed have already derived considerable benefit in consequence of the prompt and liberal execution of the Act, that the doubts as to its utility that were freely entertained by the whole body of the working-classes ten years ago are being rapidly dispelled amongst the workmen of maturer age.

The attitude of the Socialist Members of Parliament also has become quite another one. They now unreservedly admit the benefits conferred on the working-classes by the Invalidity Law, notably those dealing with relief in time of sickness. Whereas they voted against the original Acts, they unanimously supported the amended Acts both in Committee and in the final division. The full weight of their vote is now at the disposal of the Government for the new measures that are being prepared for the relief of the widows and orphans of workmen.

The hospitals that have been erected, and are still being erected, in different parts of the country by the Insurance Institutes are an inestimable godsend to the workpeople, in that a chance is given them, especially in the case of tuberculosis patients in the early stage of the disease, of eradicating their ailments under conditions most favourable to themselves and to their families.

As regards the pensions for the aged, there was a plausible reason for the objections formerly raised to them on account of the smallness of the sum and to the late limit when this sum was paid; but it is now admitted that the provisions of the amended Invalidity Law have rendered groundless the strictures on this head.

Stress must be laid upon the fact that the gist of the Invalidity Act lies in the invalidity pension, not in the old-age pension. Every workman, irrespective of age, can claim the invalidity pension as soon as he becomes unfit to work. The old-age pensions, as such, are therefore now of secondary importance in the scheme, and are retained only for the benefit of those who, despite the advanced age of seventy, are still capable of work; and they are looked upon only as a subsidy for old age. There is therefore no intention of the limit being thrown back to sixty-five or sixty; and instead thereof the authorities are elaborating another scheme for the relief of widows and orphans of workmen, as already foreshadowed in January 1900 by the Secretary of State for the Interior, Count von Posadowsky.

The force of the above explanations will be easily grasped from the subjoined statistics, which show that the number of old-age pensions has rapidly decreased from the year 1891, whilst that of the invalidity pensions has immensely increased :—

NUMBERS OF PENSIONS GRANTED

Year.	Number still being paid at beginning of the year.			Number granted in current year.		
	Invalid Pensions.	Sick Pensions.	Old Age Pensions.	Invalid Pensions.	Sick Pensions.	Old Age Pensions.
1891	...	...	...	31	...	132,926
1892	...	...	...	17,784	...	42,128
1893	...	...	...	35,177	...	31,083
1894	...	...	...	47,385	...	33,871
1895	...	...	...	55,983	...	30,144
1896	...	...	...	64,450	...	25,953
1897	161,670	...	203,955	75,746	...	22,320
1898	210,859	...	203,644	84,781	...	19,525
1899	264,899	...	201,329	96,665	...	17,320
1900	324,319	...	195,133	125,821	6,677	19,867
1901	405,337	5118	188,472	130,510	7,632	14,849
1902	486,945	8700	179,450	142,720	8,734	12,885
				877,053	23,043	402,891

To this I may add the subjoined statistics of the working of the Invalidity Act, showing the receipts in each year from 1891-1902 from contributions of employers, employed, state subvention, and interest; and the amount of pensions given in the same years for invalid, sick, and old-age pensions:—

OLD-AGE AND INVALID INSURANCE—REVENUE AND AMOUNT OF PENSIONS, 1891-1902

Year.	Revenue.				Pensions.		
	Contributions.		Subvention of Empire.	Interest, etc.	Invalid Pensions.	Sick Pensions.	Old-Age Pensions.
	Employers. *M.*	Employed. *M.*	*M.*	*M.*	*M.*	*M.*	*M.*
1891	46,986,065 (£2,302,258)	46,986,065 (£2,302,258)	6,049,848 (£296,561)	795,934 (£39,016)	129 (£6, 6s.)	... ...	15,299,004 (£750,000)
1892	47,821,401 (£2,344,186)	47,821,401 (£2,344,186)	9,041,185 (£443,195)	3,909,773 (£191,655)	1,338,962 (£65,606)	... ...	21,025,008 (£1,030,637)
1893	48,454,492 (£2,375,220)	48,454,492 (£2,375,220)	11,336,896 (£555,730)	6,770,608 (£326,010)	5,207,093 (£255,250)	... ...	22,705,614 (£1,113,020)
1894	50,017,825 (£2,451,854)	50,017,825 (£2,451,854)	13,923,211 (£682,510)	10,142,918 (£497,201)	10,031,897 (£491,759)	... ...	24,419,515 (£1,197,035)
1895	51,360,469 (£2,468,650)	51,360,469 (£2,468,650)	16,933,195 (£830,058)	13,404,318 (£657,074)	15,332,799 (£751,607)	... ...	26,496,741 (£1,298,860)
1896	54,567,798 (£2,674,892)	54,567,798 (£2,674,892)	19,232,239 (£942,756)	15,857,359 (£777,321)	20,844,729 (£1,021,800)	... ...	27,326,580 (£1,339,538)
1897	56,406,221 (£2,765,010)	56,406,221 (£2,765,010)	21,836,872 (£1,070,435)	18,392,305 (£901,632)	27,061,335 (£1,326,565)	... ...	27,555,955 (£1,350,782)
1898	58,976,086 (£2,890,984)	58,976,086 (£2,890,984)	24,401,014 (£1,196,128)	21,210,524 (£1,039,731)	34,363,360 (£1,684,478)	... ...	27,449,836 (£1,345,580)
1899	63,631,507 (£3,119,191)	63,631,507 (£3,119,191)	27,108,444 (£1,328,845)	24,001,454 (£1,176,541)	42,368,463 (£2,076,885)	... ...	26,825,558 (£1,314,978)
1900	64,385,208 (£3,156,137)	64,385,208 (£3,156,137)	30,761,768 (£1,507,930)	27,538,246 (£1,055,796)	53,573,150 (£2,626,134)	651,407 (£31,931)	26,224,203 (£1,285,500)
1901	67,406,753 (£3,304,252)	67,406,753 (£3,304,252)	33,870,735 (£1,660,330)	30,840,885 (£1,511,808)	65,021,700 (£3,187,338)	1,299,591 (£63,313)	24,655,737 (£1,208,614)
1902	69,492,890 (£3,406,514)	69,492,890 (£3,406,514)	37,849,694 (£1,855,377)	33,841,641 (£1,658,904)	78,565,951 (£3,851,272)	1,810,988 (£88,773)	23,507,280 (£1,152,317)

N.B.—In all calculations throughout this paper, Mks. 20.40 = £1.

(*N.B.*—The sick pensions given in 1900-1902 represent the assistance given to those who were not permanent invalids.)

The nature of the contribution of the Empire requires some explanation. It was considered fair that the State should contribute to the Invalidity Insurance Fund in consideration of the fact that the Invalidity Act relieves both the State and the communes from the necessity of paying large sums for poor relief.

On the part of official specialists, exponents of the law, it is submitted that in a country like Germany which, as compared with England, is poor, higher pensions are not for the present feasible; whilst they declare that in England such a system as theirs could be worked out on a much more liberal, and therefore, for the working-classes, a more useful basis than is possible in the German Empire.

It must not be forgotten that the standard of old-age pension was fixed at a time when the wages of highly-paid skilled workmen were—even in Berlin, where wages are in general higher than elsewhere—much less than what they are at the present time. Again, too, the framers of the law did not contemplate guaranteeing a sum even for the lowest class of insured which would be wholly adequate for his support. It was assumed that he would in the natural order of things reside with some member of his family, or at least receive a contribution from his relatives towards his support. The small sum given was considered as calculated to relieve him from the unpleasantness of being looked upon as a non-paying but unavoidable guest. In country districts the low pension is even considered as adequate, though, of course, this is not the case in towns. One must, however, bear in mind that, in the case of the workpeople of large factories, an almost universal practice prevails of giving a pension to superannuated employés; so that those in receipt of pensions under the Act can certainly count on a pension of at least equal amount from their late employers. Moreover, numerous cases could be cited of aged workpeople in other callings also who are now in a comparatively comfortable position in consequence of their being in receipt of the pension under the Insurance Act, as well as of allowances from their former employer and from relatives. The provision too that those who, even at the age of seventy, are in a position to earn something and still receive the pension is an advantage that should not be underrated.

Amongst the main complaints still made concerning details of the Act, I may mention two that could easily be eliminated. They were pointed out to me by a Socialist member of the Reichstag, who is competent to give an opinion. Firstly, the law is so complicated that it is difficult to put it in a form to be comprehended by the people; and secondly, not sufficient trouble is taken either by the authorities or by anybody else to explain the bearing of the Act to those affected thereby. The contributions are deducted from the wages of the workpeople before payment, and the younger ones, though knowing that the money is deducted, are not initiated as to the reasons why this deduction

is made, nor as to the certainty of the benefits that they will later on be entitled to reap. My Socialist informant frankly admitted that the leading administrative members of his party might contribute more than actually is the case to the dissemination of knowledge concerning the contents of the Act; and Dr. Zacher, President of the Senate of the Imperial Insurance Office, fully endorses the validity of the above-named complaints.

Whilst the law was under consideration, it was supposed that the executive authorities would be confronted with manifold difficulties in their task of carrying out its details. This has not been the case; on the contrary, the machinery works very well. Both employers and employés have accommodated themselves to whatever burdens are associated therewith, and the benefits that accrue therefrom are being more and more acknowledged. Of course, there are a good many complaints about the lowness of the pensions, but I have already given some reasons why this feature must remain inherent to the Act. It should be further noted that any workman is entitled under the Act, by agreement with his employer, to insure in a higher class than the one he is compelled to subscribe to, or he may voluntarily himself insure in a higher class. Under no circumstances would it be possible to render all parties content with this detail. The beneficiaries under the Act have, however, had reason to discover that they are not, on becoming invalided or attaining the age of seventy, handed over to the public Poor Law officers, but that they enjoy a *legal claim* to an allowance. This alone is a moral gain.

Mr. Geoffrey Drage, M.P., remarked nine years ago, in his most instructive book entitled *The Problem of the Aged Poor*: 'The general objection which applies to all pension schemes alike appears to be that they would discourage thrift instead of encouraging it.' This has not been the experience of the working of the German law. The apprehension that the spirit of thrift would be paralysed thereby was entertained over here, and was set forth as one of the objections to the measure. As a matter of fact, however, the deposits in the savings banks have increased since the Act came into force. The sum total of deposits in Prussian savings banks increased from 1593 millions of mks. (roughly £79,000,000) in 1880 to 4968 millions of mks. (roughly £248,000,000) in 1897—the number of deposits up to 60 mks. (£3) being 2,164,621 in 1897, whereas in 1881 they had only been 725,477. In Bavaria the sum total of deposits was 89 millions of mks. (roughly £4,450,000) in 1880, and 284 millions of mks. (roughly £14,200,000) in 1897.

The statistics now at hand give ample evidence of the immense benefits derived by the workpeople, male and female, from the hospitals erected under the Act. On this subject there has been a consensus of opinion at all the International Congresses hitherto held. A large sum of money is saved by means of the hospitals, and the working-classes, as well as all political parties, unreservedly admit their inestimable value. Thousands of patients have permanently recovered their health, and have been preserved from total

disability in consequence of the treatment they have undergone at these hospitals. From 1897-1902, 19,647,166 mks. (£963,037) were expended on the treatment of consumptive patients; and 12,369,457 mks. (£606,346) on the treatment of patients suffering from other maladies.

The treatment of patients for consumption lasted up to 82 days for women, at an outlay of 341.43 mks. (£17); and up to 74 days for men, at an outlay of 360.20 mks. (£18); for other maladies up to 53 days for women, at an outlay of 183.67 mks. (£9, 3s.); up to 48 days for men, at an outlay of 198.48 mks. (£9, 18s.).

From 1897-1902, the statistics of the treatment of consumption were as follows:—

	1897.	1898.	1899.	1900.	1901.	1902.	Total.
Men, . . .	2,598	3,806	6,032	8,442	10,812	12,187	43,877
Women, . .	736	1,104	1,666	2,652	3,844	4,302	14,304

The statistics of the treatment of other maladies were:—

Men, . . .	4,082	5,025	6,870	8,755	9,176	9,837	43,745
Women, . .	1,806	2,489	3,802	5,276	6,009	6,196	25,578

The insurance institutes of Berlin, Brandenburg, Silesia, Hanover, Würtemberg, Baden, Grand Duchy of Hesse, Thuringia, Oldenburg, Brunswick, the Hanse Towns, Elsass-Lothringen, the Pension Fund for Workmen of the United Prussian-Hessian Railways, the Norddeutsche Knappschafts Pension Fund, and the Bochum Allgemeiner Knappschafts Verein, have erected splendidly equipped hospitals under the Act. The one erected by the Berlin Institute, situated at Beelitz, within easy distance of Berlin, in the midst of a huge pine forest, was visited by the members of the International Tuberculosis Congress in 1902, and subsequently by a deputation of the English Friendly Societies, brought over for that purpose by Dr. Hillier of London.

Since the passing of the Acts for the relief of invalidity and old age up to the end of 1902, 32,603,777 mks. (£1,598,224) were spent for the relief of the sick; and in 1902, 5,861,166 mks. (£287,312) for patients suffering from diseases of the lungs alone.

It must also be remembered that the insurance institutes contribute to the supply of better dwellings for the poor by the loans they advance to building societies.

A defect which will probably be remedied before long, the more so as the parties themselves are clamouring for it, is that a number of home-workers and individuals in the employ of private individuals are not yet subject to the Act.

If we turn to the statistical results of the Workmen's Insurance Laws from 1885 to 1903, we learn that *sixty millions* of persons in the *German Empire* (sick, injured by accidents, and invalided and aged persons, or their families), have received during that period 4,036,000,000 mks. (£197,843,137) as statutory compensation, of which sum the workmen themselves paid only the smaller half of the contributions, and have received as compensation through

the medium of these funds 1½ milliards of marks (£73,529,411) more than they themselves contributed.

Of this large sum, 293,500,000 mks. (£14,387,255) have been paid during the last twelve years in the form of *Old Age Pensions*, *i.e.*, between 1891-1902, making an average of £1,203,000, or nearly 1¼ millions of pounds per year; and 357,500,000 mks. (£17,524,509) for invalid pensions, making an average of nearly 1½ millions of pounds per year. I am enabled to state on authority that at the time of writing these lines, roughly 1¼ millions of marks (£61,274) are spent *every* day of the year in the German Empire for the relief of the working-classes under the provisions of the three Acts of Parliament dealing with workmen's insurance. The accumulated funds amount already to 1½ milliards of marks (£73,529,411), of which, up to the end of 1903, about 296 millions (£14,509,804) have been spent on the construction of workmen's dwellings, sanatoria, public baths, etc., for the benefit of the working-classes, according to the letter and spirit of the Invalidity Act.

The total population of the German Empire is now estimated at about 58 millions, whilst the number of *wage-workers*, *i.e.* of professional working people and labourers, workmen, or daily labourers, is estimated at 14½ millions. *Wage-earners*, who are also subject to the Workmen's Insurance Acts, include all persons whose wages or salary do not exceed 2000 marks (roughly £100) per annum, from amongst industrial and agricultural officials, commercial employés and assistants and small employers.

Dr. Zacher, of the Imperial Insurance Office, draws a distinction, as above, between wage-workers and wage-earners for purposes of the Acts.

The aim and object of the social legislation of the German Empire, inaugurated in 1881, was the amelioration of the material condition of the working-classes. Subjoined is a summary of the points that the officials responsible for the drafting of the Acts presented to themselves for consideration.

It was felt that the wealthier classes had increased their wealth; that the well-to-do classes had become better off; and that the claims of the working-classes for succour and relief from the State could no longer be deferred. As the better situated classes had a perceptible interest in the maintenance of the existing State, it was deemed desirable that the working-classes should be enabled to feel a similar interest, by making them actual shareholders in State property in the shape of a vested claim to the funds destined to distribute allowances and pensions. The working-classes hold no property in the generally accepted sense of the term; but they are the most numerous section of the body politic. They are the least educated, but should be made to feel that the State is an institution which distributes tangible benefits that they also can and do share in. The State does not exist merely to afford protection to the better situated; but also to watch over and to administer to the requirements of the working-classes.

It was submitted, however, that this species of social legislation was nothing

more nor less than a 'class legislation,' which for this reason ought not to be tolerated by the nation. In reply thereto, it was said in 1883 by the present Under Secretary of State in the Prussian Ministry of Trade and Commerce:—

'The peculiar feature of our modern development is, that conditions for the whole class of workpeople have arisen therefrom, which *compel* the State to interfere by enacting special laws, if it is not to run the risk of seeing these conditions lead to complete ruin. A whole series of laws has resulted from this necessity. . . . All of them place restraints on the freedom of contract in regard to work . . . because the consistent following out of this basis of modern economic arrangements (*i.e.* freedom of contract in regard to work), would lead to the ruin of the classes concerned.'

With the publication of the Imperial message, the working-classes in the German Empire secured the recognition by the Government that the clamour for relief was justified.

The first step taken was to ward off the weight of the consequences accruing from accidents and sickness; and the result of the labour in this direction was the passing of the Workmen's Sickness Insurance and the Workmen's Accidents Insurance Bills. The latest amendment dealing with Workmen's Sickness Insurance dates from May 1903, and came into force on January 1st of this year. Of this amendment, Count von Posadowsky-Wehner, the Minister of the Interior, said on 27th February 1903:—'I must beg that this Act be regarded merely as a further *étape* on the road for the continuance of social reform.' It can thus be inferred, as already hinted above, that the Imperial Government has no intention of shelving the subject as finally disposed of.

The original 'Invalidity and Old Age Insurance Act' was passed in January 1889, and came into force on 1st January 1891. This was replaced on 1st January 1900, by the 'Invalidity Insurance Act,' which passed the Reichstag on 13th July 1899. The amendment introduced several improvements which were based on the experience made in the previous eight years. Its main object, as already pointed out in the British Board of Trade Report published in 1899, was to effect a more even distribution over the various parts of the empire of the burdens entailed by the payment of the pensions prescribed by the law. A readjustment of these burdens had been shown to be necessary because of the unsatisfactory condition of the finances of the Insurance Institutes in those parts of the Empire where the population was mainly agricultural. In agricultural and kindred occupations the burden for pensions was found to be quite out of proportion to that of other occupations, hence a general fund was formed which was to bear the chief brunt of the pensions. There are thirty-one of these Insurance Institutes, and nine special funds, making in all forty bodies dealing with the business of the Act. The inequality just mentioned was found to be primarily due to the fact, only discovered after the census of 1895, that persons of seventy years of age and upwards formed a larger percentage of the insured population in agricultural than in industrial

and commercial districts. In view of the universal complaint that the younger and more enterprising portion of the rural population perpetually verges towards industrial and commercial centres, this inequality could present no surprise. The opportunity was also seized for extending the scope of the law. Foremen and similar higher-grade workmen who, though in general they work for wages, also occasionally do jobs on their own account; and teachers with incomes not exceeding 2000 marks (£100) per annum; are now included under the Act, and are subject to the obligation to insure.

The statistics for 1891-1902 inclusive, *i.e.* for the first twelve years, are as follows:—

	Millions of Marks.	£
Pensions given to invalids . .	357·5	17,524,509
Old-Age Pensions . . .	293·5	14,387,255
Expended on cure of patients . .	33·2	1,627,451
Reimbursements to the injured have been made as follows:—		
In cases of marriage of women . .	27.1	1,328,431
„ „ death	9.0	441,177
„ „ accident	.1	4,902
Total	720.4	£35,313,725

The obligation to insure under the Act extends to all persons working for wages or salary as workmen, assistants, journeymen, apprentices, or domestic servants (male and female), and laundresses, women who go out to work, dress-makers, sempstresses, housekeepers, charwomen, (including foreigners working in Germany under these categories); officials of works, overseers, foremen, engineers' assistants, clerks and apprentices in a merchant's office (with the exception of assistants and apprentices in chemists' shops), all other employés whose professional occupation is their main form of occupation, schoolmasters, schoolmistresses, tutors, and governesses, in so far as their income does not exceed 2000 marks (roughly £100).

The occupation referred to must be one that is sanctioned by law; must be of a fixed kind; and must be recompensed by wages or salary. When free maintenance alone is given in lieu of wages, the occupation does not fall within the scope of this law.

The Federal Council is empowered to extend the obligation to insure to all home-workers, irrespective of the number of hands they employ; and so far, this extension has been ordered for home-workers connected with the manufacture of tobacco, and to home-workers occupied with weaving and knitting (textile industry).

The following are allowed to insure *voluntarily* until they have attained their fortieth year:—all employés with earnings from 2000 to 3000 marks (£100 to £150); small master-workers (with only two regular workmen), and

home-workers who are not liable to compulsory insurance; persons who only work occasionally, or for board and clothing.

All officials of the civil service of the Empire and the Federal States, and of communal bodies, as well as teachers and tutors undergoing training; and soldiers who when on duty are employed as workmen, are exempt from compulsory insurance.

Women who have paid 200 weekly contributions may recover the same on marriage; and widows and orphans (under fifteen years of age), and children of deserted wives, may also recover the contributions of insured persons who die before they are entitled to the annuity.

The Pension for Old Age is granted to *all* who have completed their seventieth year—even though the recipient may be still able to earn wages. In this case it serves to make amends for diminished vigour. The sole condition is that the recipient shall have contributed for 1200 weeks—the so-called 'waiting time.' This period of time used under the original Act to be 1410 weeks.

The employers, the employed, and the Empire, co-operate to form the fund out of which the allowances and pensions under the Act are paid. The weekly contribution is paid in equal shares by the employers and employed; and the State adds a fixed sum of 50 marks (£2, 10s.) per annum to each *annuity* when it becomes due.

The State further pays the contribution of the workmen whilst serving in the army or navy; and defrays the expenses of administration, including the postal charges for sending pensions through the Imperial Post Office.

Those insured under the Invalidity Act are divided into five contributory classes, according to the amount of their yearly earnings, which are reckoned from the average wages earned in their respective callings, or by fixing them at 300 times the local daily wage of labourers in the respective localities.

The subjoined table gives the pensions for Old Age, and for Invalidity after the expiration of the average period of contribution—35 years of 50 weeks each—*i.e.* 1750 weeks:—

Earnings	Weekly Contributions	Annuity, including State subsidy of 50 Mks.	
		Old-Age Pension	Invalidity Pension
Class i. up to Mk. 350 (£17 10)	½ of 14 pf. (1.45d.)	Mk. 110.40 (£5 10)	Mk. 162.60 (£8 2)
,, ii. ,, 550 (£27 10)	½ of 20 pf. (2.348d.)	,, 140.40 (£7 0)	,, 225 (£11 5)
,, iii. ,, 850 (£47 10)	½ of 24 pf. (2.823d.)	,, 170.40 (£8 10)	,, 270 (£13 10)
,, iv. ,, 1150 (£57 10)	½ of 30 pf. (3.529d.)	,, 200 (£10 0)	,, 315 (£15 15)
,, v. ,, 2000 (£100)	½ of 36 pf. (4.235d.)	,, 230 (£11 10)	,, 360 (£18 0)

This table enables us to form a rough comparison between the relative amounts of wages and contributions for old age in Germany and England. In 1895 Mr. Drage quoted in the book, cited above, from evidence given before the

Royal Commission, to the effect that the average wages of the Norfolk Agricultural labourer were 13s. per week, or from £33 to £35 a year, these wages allowing of a regular subscription of about 9d. per month (which is just above what Class 5 pays in Germany, the insured only paying the half of the required contribution) to a trade union, plus a subscription to a friendly society.

The labourers, as stated by the witness cited, could do no more than this towards providing for their old age. Thus this type of the British labourer voluntarily contributes more than the German labourer contributes under compulsion. In Germany he would be entitled from the amount of his earnings to belong to the 3rd Class, but pays, even to the trade union, a contribution almost equal to that for the German 5th or highest class; and one must not forget that the German workman's contribution, though less, insures him against invalidity as well as against old age.

The plan for determining an invalidity allowance or pension is somewhat different. The invalidity allowance which is given to persons unfit to work even after they have only contributed for 200 weeks (the 'waiting time' as it is called) amounts, according to the class in which the person is insured to 116.40 mks. (£5, 16s.), 126 mks. (£6, 6s.), 134.40 mks. (£6, 14s.), 142.20 mks. (£7, 2s.), and 150 mks. (£7, 10s.), respectively; but after fifty years (2500 contributory weeks, the year being reckoned at fifty weeks), beyond which time a workman seldom subscribes, the allowance rises as follows:—

Class:—	1	2	3	4	5
	185.40 Mks.	270 Mks.	330 Mks.	390 Mks.	450 Mks.
	(£9, 5s.)	(£13, 10s.)	(£16, 10s.)	(£19, 10s.)	(£22, 10s.)

The old-age pension remains the same; but the invalidity pension rises according to the number of weekly contributions paid until over fifty years, viz., by 3, 6, 8, 10, and 12 pf. respectively, according to the class. In this way, if the year be taken at fifty-two instead of fifty weeks, the pension after fifty years would amount to:—

Class:—	1	2	3	4	5
	188.40 Mks.	276 Mks.	338.40 Mks.	400.20 Mks.	462 Mks.
	(£9, 8s.)	(£13, 16s.)	(£16, 18s.)	(£20)	(£23, 2s.)

Now supposing a workman be not invalided till he attains the age of seventy, which is the age for an old-age pension, and has contributed ever since his seventeenth year, his allowance will be according to the following scale:—

Class:—	1	2	3	4	5
	194.40 Mks.	288.60 Mks.	355.20 Mks.	421.20 Mks.	487.20 Mks.
	(£9, 14s.)	(£14, 8s.)	(£17, 15s.)	(£21, 1s.)	(£24, 7s.)

An invalid—*i.e.* a workman 'unfit for work'—belonging to the 5th Class

would thus receive an annual allowance of £24, 7s. on becoming invalided at seventy years of age.

The payments are made under the German Act through the employer, who is responsible for their being made punctually, by means of stamps, purchased from the post offices or other authorised places, which are affixed to cards that serve as receipts for the insured. The cards contain room for fifty-two stamps, and are exchanged for new ones when filled up. The filled up ones are kept in the Insurance Institute.

It is very remarkable that this convenient method of registering the payment of the contributions was ruthlessly ridiculed in the early stages of the operation of the Act; and the Act itself was derided and nicknamed the 'Adhesive Law.' This very system had been, however, in use for many years amongst the German trades-unions (Gewerk-Vereine), and was adopted precisely because the working-classes and those connected with them were familiar with it and found it practicable. The amended Act has introduced facilities connected with the stamps. There is an option now of affixing them every week, fortnight, or quarter, to suit the circumstances of every mode of employment.

The amount of the contributions is fixed by the Federal Council for a period of ten years, and any change therein is subject to the assent of the Reichstag. The amount above quoted holds good until 31st December 1910. It is so estimated as to cover the capital value of the annuities chargeable to the Insurance Institutes, the reimbursements of contributions and the expenses of administration.

If the amount of the labourers' contribution be compared with that of the pensions, it is clear that, even though the latter be low, such favourable conditions could not be offered to working-people by any private insurance office—the insured receiving the benefit of the State subsidy and of the employers' contribution, without giving any equivalent.

The pensions are paid monthly, in advance, and may neither be pawned nor sequestrated. In connection with the apparent insignificance of the amount of the pension, I will cite a concrete case, namely that of a skilled workman employed at one of the largest works in Berlin, whom I have questioned on the subject.

An *unskilled* workman at these works *can* earn up to four marks (4s.) per day, *i.e.* 24s. per week. The majority earn from 30 pf. (3.529d.) to 35 pf. (4.117d.) an hour. A *skilled* workman can earn 60 pf. (7.058d.) or roughly 7d. per hour. This amounts to 5s. a day; sometimes it is a little more in consequence of overtime work. Roughly speaking, he earns 30s. per week.

The man I refer to has a wife and two children. He assured me that he pays for his apartment, consisting of two rooms—one the sleeping-room, the other the kitchen and sitting-room—6s. per week, and for household expenses 18s—in all 24s. per week. I think he estimates the item for household

expenses at too high a figure for his class, but let that pass; the price of the apartment is of course monstrously high, and there should be a remedy.

If that man lives to seventy he will not have had to pay for the maintenance of his children for a number of years, and it is possible that his wife will have predeceased him. He is certain, as a 5th Class contributor under the Act, to receive an old-age pension of 230 marks (£11, 10s.) per annum, which is about one-seventh of the wages he earned as a workman in the full vigour of life, and it is practically certain that this sum will be at least doubled from other channels, so that he would then receive just one-third of his former wages. If he should become invalided at any time before attaining the age of seventy, he becomes legally entitled to 450 marks (£22, 10s.) something less than a third of what he used to earn as an able-bodied workman; and this should under ordinary circumstances be increased from other channels.

The Insurance Institutes above mentioned are the executive bodies for carrying out the provisions of the Act. Their business is managed by a committee composed of at least five representatives of both sides—employers and employed.

If, as is done by some politicians who are also large employers of labour, exaggerated stress be laid on the assumption that one of the chief aims of the legislature was only to produce contentment amongst the labouring-classes, and better relations between the employers and employed, it would be necessary to say that the object of the Workmen's Insurance Laws has not been attained. Discontent prevails nearly as much as ever, and the relations between employer and employed are, if not more strained, certainly as cool as before. But the main aim was not this: the main aim was to better the condition of the working-people, and to give them a legal right to certain compensations for contingencies against which they could not make provision unaided by the State. Discontent cannot be effaced anywhere from the body politic; and contentment cannot be prescribed by law. If the State were to make a present of £10 to every citizen at a certain age, most of them would complain that the gift was not higher.

When Kaiser Wilhelm I. issued his decree in 1881 introducing social reform for the aid of the sick, the injured, the weak, and the old, it was almost contemporary with the law for the repression of Socialism. In 1881, twelve Socialists were returned to the Reichstag by 312,000 voters; and the Socialists as a party were against the Government's insurance system. In 1890, Kaiser Wilhelm II. turned his attention to the condition of the industrial workpeople of Germany and issued another set of decrees. These decrees were accompanied by the repeal of the Socialist Law; and in that year thirty-five Socialist deputies sat in the Reichstag, returned by 1,427,300 voters. In 1903, eighty-one Socialist deputies were returned to the Imperial Diet by 3,000,000 of voters, and the Socialist party no longer opposes the Workmen's Insurance policy of the Government.

It should not be forgotten that Prince Bismarck always characterised the Social Democrats as 'enemies of the Empire'; and in the view of the high circles in German society—official and otherwise—their political opinions are still a bar to their social progress. And so long as many influential members of the Social Democratic party in Germany continue to publicly advocate the total subversion of the existing order of things, including the abolition of monarchy, this ostracism is not likely to be revoked in the German Empire or any one of its Federal States. On the other hand, as a people's party their concurrence and co-operation is worth having, and should be sought for. In actual practice it is sought for; and, despite the enormous increase of an antagonistic political Socialist vote, from which some persons not sufficiently cognisant of the conditions of German life and thought are wont to draw erroneous conclusions, there is no longer any tendency amongst the responsible Socialist leaders to depreciate the value of the Government insurance system. It is now pretty generally acknowledged throughout the Empire that as time goes on, the development of this system cannot fail to exercise a salutary influence more and more perceptible on the economical and social condition of the working-classes.

As above intimated, the Government are preparing to meet the obvious defect pointed out by Mr. Drage, M.P., in 1895, that women on marriage, though receiving back the contributions they had hitherto paid, forfeit all claim to a future pension in old age or invalidity. A scheme for the relief of widows and orphans of contributors is being prepared.

What is described as the 'apathy of the insured' has been referred to above. As to the 'open and uncompromising dislike' spoken of by Mr. Graham Brooks in 1893 in his report on the German insurance laws, drawn up on behalf of the Commissioner of Labour of the United States, I find, after careful personal inquiry, and a minute study of official statistics, that it has to all intents and purposes wholly disappeared, now that the nation has become familiar with the operation of the Act.

So far, Germany is the only country in which the system of compulsory insurance has been introduced and practically tested. It was feared by many that the working-classes would thereby become less thrifty and would also suffer a diminution of wages. As I have shown above, the contributions to the savings banks have increased, and wages are higher. It is incontestable that the general conditions of the working-classes in the German Empire as regards relief in time of sickness, accidents, invalidity, and old age have improved.

Hand-in-hand with their ameliorated conditions in this respect, we find that the working-classes in Germany are also decidedly paying more attention to material comforts and to the quality and quantity of their daily food.

It will be for the rising generation to fully appreciate the effects of what has already been created; meanwhile the Government scheme is in a state of

continuous development. Since the introduction of the system of compulsory insurance for the German workmen the German Empire has advanced on the road of progress and wealth by leaps and bounds. The material and hygienic conditions of the whole nation have improved; and everything goes to show that the working-classes must in a great measure attribute their increased health and vigour to the beneficent effects of the legislation initiated twenty-three years ago.

(*See Summary of Discussion, page* 400.)

OLD-AGE PENSIONS IN GERMANY

By HENRY W. WOLFF, London

The aim which the authors of the German Old-Age Pensions law set themselves when framing their measure, and which has been strictly adhered to since, was, to devise a scheme which should provide for the needs of old age by the concurrent enlistment of these three factors: State aid, employers' contributions, and the beneficiaries' own thrift. The last point was held to be absolutely essential. There was to be no indiscriminate alms-giving, no unconditional poor relief, but what has in this country been termed, aptly enough, 'endowment of thrift.' Inquiry into thrift practised by other methods —membership in a provident society, the possession of a savings bank deposit, etc., such as has been proposed among ourselves—was judged too roundabout. It would, in the opinion of the authorities, have required quite as much checking, and supplied only very inconclusive results. In their opinion the men or women to be provided with old-age pensions must be made, to some extent at least, to work out their own salvation and purchase their benefit. If they would do this, if they would set apart every week from their earnings a sufficient quota to make up in the end only a third of the entire funds, the general tax-payer should be made to help, roughly speaking, with another third; and the State would cause the employer to contribute the balance by what may be regarded as compulsory deferred pay.

We have no concern at present with the political motives which prompted the comprehensive workmen's insurance legislation of which the old-age pension measure formed a conspicuous and the most costly item, except so far as to take note that inasmuch as such legislation was distinctly intended as an effective bid against the Socialists, then becoming unpleasantly turbulent, the benefit which it was to confer was designed as a boon which the workmen would readily prize and gladly grasp at, and the prospect of which would make them more contented and submissive.

But that was not really all that was aimed at. The boon offered was to have an educational effect, train the people to habits of thrift and providence even beyond what was required to ensure them their pensions. Accordingly,

it was deliberately decided that the pensions granted should not be dealt out with a lavish hand, but, like the State subvention, only in such proportion as to provide encouragement for other thrift, by which it was the legislator's wish that the pension was to be supplemented. The moderate figure of the pensions sometimes complained of was therefore intentional.

The question of finance also entered into account in this connection. To talk merely of old-age pensions is perhaps to suggest a mistaken conception of the legislation in question. The pensions were to be for men and women permanently disabled otherwise than by accident—accident disablement having been already provided for by a separate Act. Disablement from other causes constituting disability to earn at least one-third of the ordinary wages was to entitle to a pension. Old age was recognised as only one such cause, and as time goes on the proportion of cases attributable to other causes becomes distinctly more predominant. At the outset, however, old age claimed, and in rural parishes it always will claim, the lion's share, and, generally speaking, we are well able, as I propose to do here, to keep it distinct from other disablement, at any rate sufficiently for our present purpose. The limit for old age was advisedly fixed, not at sixty-five, as some of our philanthropists would have it, but at seventy, because to lower it by five years would have meant to have to about double the provision to make in funds. And that provision is, at the rate of £3,500,000 annually from the employers, who pay £12,689,055 in all for workmen's insurance, and a heavy subsidy, rising gradually to £5,000,000 a year from the State, already considered quite considerable enough. The benefit granted in respect of disablement only has had a very good effect in causing government authorities and employers to pay greater attention to sanitary and curative arrangements to prevent disablement among workmen, such as better housing and hospital provision. After compensation has become obligatory there is a saving in this, and consideration for their own pocket makes people do what simple consideration for the health and comfort of the workmen failed to prompt them to accomplish. It is true that, willy nilly, the workmen are made to contribute to the cost. In any case, within the twelve years that the Act has been in operation, as much as £15,000,000 has been expended out of pension funds for hygienic and curative purposes, and the outlay is considered well placed.

The Old-Age Pensions law was passed in 1889 and came into force in 1891. It has been amended several times, and finally recast in 1900. Its provisions and the effects obtained are in rough outline as follows:—

The weekly contributions, carefully calculated on approved actuarial principles, are for convenience collected from the employer, who is made responsible for their collection and also for all formalities. A good deal has been done to facilitate collection and transmission by other means. Under the new law, in addition to the thirty-one central old-age offices, serving as many territorial districts, and nine special ones, there are something like a

thousand local offices, the number of which may be indefinitely increased. But that is rather as a help for adjudicating in cases of *disablement*, to be judged by a mixed jury, than as an assistance in the administration of *old-age* insurance, which really regulates itself. However, since, at any rate up to now, recipients must be either wage-earners or salaried employees, evidently tapping the source at the fountain-head seems by far the most convenient course. Accordingly the employer is made responsible for the two contributions collectively, but permitted to deduct the workman's share from the latter's wages on the weekly pay day. There are provisions, too complicated to be here explained, for making those contributions regular. There is a minimum figure per annum, and the wage-earner is made to account for his time. In token of the payment of such contribution a stamp indicating the amount paid is affixed—or ought to be—each time to a card having fifty-two vacant spaces upon it, which becomes the workman's record of the transaction, the visible sign of his title to a pension. The employer is responsible for the proper observance of the procedure described, and only the other day a negligent employer was condemned to payment of a workman's entire pension for life, out of his own property, because he had neglected to affix stamps. This method of keeping a record has been a good deal criticised and has in fact become exceedingly unpopular, mainly on grounds which are really quite erroneous. It is apprehended that employers may use occult signs impressed upon those stamps to serve as bad conduct marks for the information of other employers. Any such abuse is strictly prohibited by pains and penalties. I have not been able to trace a single case of prosecution on this score which was at all substantiated. And indeed it seems inconceivable that it should be resorted to. Moreover, for additional safety the workman is entitled to claim a new card, without having filled up the old one, at any time that he chooses. Evidently some method, such as the one employed, is indispensable if the 'contributory' character of the pension is to be maintained. Do away with the workman's contribution, that is, with the 'endowment of thrift,' make the relief scheme indiscriminate, and the cards and stamps may at once be dispensed with. The rates of contributions are fixed for a period of years in advance by the central department, which administers all this workmen's insurance at Berlin. Wages and salary earners up to £100 a year income are grouped in five classes and pay a fixed rate out of their weekly wages accordingly. That rate is at present, up to the close of 1910, for the first class, representing wages up to £17, 10s. a year, and purchasing a pension eventually of £5, 10s. 5d., ⅞d. per week; for the second (up to £27, 10s. wages, with a pension of £7, 0s. 5d. in prospect) 1¼d.; for the third (up to £42, 10s. wages, with a pension of £8, 10s. 5d. in prospect) 1½d.; for the fourth (up to £57, 10s. wages, with a pension of £10, 0s. 5d. in prospect) 1⅞d.; and for the fifth (up to £100 with a pension of £11, 10s. 5d. in prospect) 2¼d., the employer in every case adding a similar amount. The pensions paid in

respect of disablement are, generally speaking, more liberal. However, the old-age pension does not preclude such employment as the beneficiary is at his age still capable of. Should he, however, be in receipt of a compensation pension for disablement by accident, which, in addition to any other income, exceeds the $7\frac{1}{2}$ fold of the old-age pension independently of the State subvention, *i.e.* with £2, 10s. per annum deducted, his old-age pension remains in abeyance while the accident pension continues at that point. The workman may raise the rate prescribed in the above scale, that is, insure in a higher class, entitling him to a more liberal pension, if he chooses, either by paying the full excess contribution (double the above amount) himself, or obtaining from his employer excess payment proportionate to his own. The State subvention in all cases remains the same. I have heard of some large agricultural employers who from generosity not only pay the whole contribution on behalf of their men and themselves, but pay it in a higher class than the wages require. However, no one can go below his proper rate. The rates are also so fixed as to something like equalise the income of the fund for a long period of years. If only the pensions actually paid out were raised each year, with a margin for management expenses, comparatively little would be required in the earlier period, but payments would become crushing in the later stages. Accordingly, more is levied now, and out of the overplus a reserve is laid up which already amounts to about £50,000,000. The funds having reached this point, the interest becomes available for outgoings and by this means the finance of the system is steadied, and it is calculated that the State subvention will after a time become stereotyped. When the out-goings for pensions have reached their normal height, it is expected that, thanks to the interest on accumulated funds, £5,000,000 a year will suffice as annual payment from the State. The employers' payments are expected to reach about £5,500,000 a year in 1910, and £8,700,000 in 1950. The rate allowed by the State is 50s. per pension and year. The several contributions are now calculated to compare as follows per head of the insured and per year: 4.65s. for the employer, 4.65s. for the workman, 2.88s. for the State. By a special provision, the workman's contributions are made repayable (so to speak, on surrender of the policy) in certain contingencies, such as the marriage of a woman who thereby ceases to be a wage-earner, premature death while leaving a widow or orphans, etc. In the period from 1891 to 1902 1,093,681 such reimbursements have been made amounting to £1,855,000. The cards, when filled up, or when new ones are claimed, are delivered up through a local receiving office to the central district office, where they must be carefully kept, whatever their bulk, in fireproof receptacles. For they are the workman's title-deeds, and their loss could not be repaired. They are carefully defaced when done with, to prevent fraudulent fresh use. The pensions are paid, a month in advance—except when otherwise arranged by consent—to the beneficiary in his own dwelling, by the Post Office, which at the close of every

year recovers from the pension office. Such pensions may be neither seized nor assigned. They are absolutely secured.

Such, in brief outline, is the German Old-Age Pensions scheme. It may be asked: What has it effected? According to official showing, of about 14,500,000 wage-earners at the close of 1902 as many as 13,381,000 were insured under its provisions, 1,061,000 compensations had been granted, under the two headings of Disablement and Old Age, amounting collectively to about £6,000,000, and being at the rate of about £5, 13s. per case. Of such compensations 839,000 were paid in the shape of pensions. In all, in twelve years, about £36,000,000 had been paid out to beneficiaries, whereof £14,675,000 stood to the account of Old-Age Pensions alone. If you include the year 1903 you find the total sum increased to £42,715,000. So far as the law has been applied, every wage-earner is assured a pension which, if it does not suffice him for all his needs, at any rate secures him a certain advantage, and makes him, apart from the freedom left to him to move about, better off than a pauper. Small as the pensions are, there can be no question that they have conferred a distinct benefit. The poor worn-out old man, lodging with a family, is less unwelcome, and better cared for, now that he brings at any rate something in ringing cash to the common fund. He can buy his sausage, or his pot of beer, or some other little luxury to help him glide more smoothly down the tide of time. The decline of emigration in the later period of the protectionist era is probably in part to be accounted for by the pensions. There was trouble at first about the incidence of this new taxation. It fell upon some districts, and those not the wealthiest, more heavily than on others. But that has been to some extent remedied by partial pooling. On the whole the new policy has something standing to its credit.

However, unquestionably there is also another side to the account. This is clearly apparent from the frequent tinkering of the measure in the past, and the heavy volleys of criticism poured upon it from all sides—except the Government table—whenever it is brought up for discussion in Parliament.

To take the critics group by group, one cannot surely wonder at the tax-payers disliking a measure which means at the lowest, that is the Government estimate, five millions sterling extracted from their pockets every year in perpetuity not long hence. Will it be more? It can scarcely become less.

Once more, no one can be surprised at the very wry faces made over the business by the employers. You must go round to their offices, and to the offices of their Defence Associations, to hear the full jeremiad. Working-men's insurance legislation costs them a round £12,700,000 every year. £3,500,000 or so is paid under the Old-Age Act; and there is every prospect of the quota becoming heavier, for fresh claims are put forward every year. The general tendency almost naturally is in the direction of including new classes of beneficiaries, and providing more amply for them. The rate of pensions goes

up periodically. The time of probation has been reduced. Concessions are made at all points, and, as usual, *canis peccatum sus dependit.* 'My peasants,' so the leader of the Bavarian Peasants' Union complained to me ten years ago, 'have to pay considerably more in old-age pension contributions than in rates and taxes.' German manufacturers complain—just as ours do on the score of our labour legislation—that with such burdens upon their shoulders they cannot possibly compete with their foreign rivals. Accordingly fresh recourse is suggested to that same protection for which—rendering, as it was found to do, working-men's necessaries of life dear—working-men's insurance was originally adopted as a compensation. Now the compensators in their turn are to be compensated in respect of their own compensation. And so the endless screw may go on merrily, turning and turning afresh. When the Government propounded its great scheme of creating, by the side of old-age pensions, a special class of pensions for widows and orphans, the employers at once cried out in tones of protest that were not to be disregarded. Accordingly the suggestion was substituted, which has found favour in Birmingham, that the necessary funds should be raised by a rise in the tariff. Nevertheless, whatever employers may say, new claims are from time to time put forward by gentlemen dependent upon votes. The latest proposal is that artisans, small tradesmen and the like should be admitted to the insurance along with workmen. The Government has objected—as it has often objected before, only to give way in the end. The little flake of snow of 1889 has in truth become something of an avalanche.

And it is not only the actual taxation which employers feel as a grievance. All that £50,000,000 accumulated—about £70,000,000 in all—is taken away from productive employment in a country none too well provided with capital, as the recent crisis has shown, to be laid up unproductively in the unprofitable napkin of the parable. 'Invested as trust funds,' so says the official report prepared for the St. Louis Exhibition. That huge mass of money positively embarrasses its administrators, as some of them have owned to me. They have found a loophole, fortunately—in fact, two; but neither was originally contemplated. They deposit some of their money with the savings banks, which are entitled to deal with it just as any banker might, even on personal security only, and so bring it back into circulation. And they advance money for the construction of working men's dwellings; that has proved a veritable godsend in two ways. The pioneer experimenter on this ground, the fund at Hanover, has already laid out about £1,500,000 in this manner. But, generally speaking, these two loopholes only very slightly relieve the administrators in this dilemma.

Even that does not tell the whole tale of the employers' grievances. Old-age pensions are found to mean for the employers most irksome, irritating interference by the State from which they can never be safe. There is the Government officer always prying and examining. Factories and workshops

are now liable to Government inspection on account of five distinct authorities. And there is that heavy responsibility already spoken of!

On the other hand, the working-classes seem as little satisfied. They receive some boons. However, on the principle of *hostium munera non munera*, they feel no gratitude for them. They relish Government control as little as do the employers, and they distinctly dislike being held to their work by the insurance controller who, assisted by the entries on their cards, keeps telling them: 'fulfil your work, your daily tasks.' Apart from this, once they are to receive something, they want more. There is much grumbling on their part, and there has been considerable shirking. In the early period, like the shortsighted Irishman burning the notes of the Bank which they wished to injure, these men have been known to tear up their own cards, so to speak their own money, and fling the pieces in the employer's or the controller's face. The full number do not even yet obey the law; they shirk their obligation whenever they can. About ten years ago the number of insured positively decreased. The shirkers were as one in four. More stringent Government inspection has reduced the proportion. However, there is only one opinion on this point, that if compulsion were withdrawn all the gifts offered from what corresponds to the Consolidated Fund and the employers' pockets would be proffered in vain. Working men and working women would much prefer to keep their weekly contributions, and to take their chance of old age.

And what may be said to have been the principle object of all kept in view has distinctly not been attained. Neither have the working-classes become more thrifty, nor less discontented and less inclined to Socialism. The gaping chasm between classes has not been bridged over, but become more deeply marked. The Socialist vote has grown by a million in the interval of two general elections, and 'social peace' remains further off than ever. 'A great disappointment,' so said a high Government official at Berlin to me ten years ago. 'We expected a heavy working-men's poll on our side, but their votes go all the other way.'

Here evidently is a failure to be set against the first recorded success! Which is the greater? It seems to me that it is the failure, for although some good has no doubt been accomplished, it is not the good that was particularly aimed at. However, whatever be the result, the empire remains saddled with its burden, and cannot shake it off. 'We cannot get rid of it,' so frankly admitted to me a leading administrator under this legislation; 'if it works badly, all that we can attempt to do is to improve it.' It must seem significant that, loudly as German Government men boast of the success of the measure, and freely as other German 'social' legislation affecting working-men has been copied elsewhere, no other country has so much as attempted to graft German Old-Age Pension legislation upon its own institutions. Denmark has what it calls 'Old-Age Pensions,' but these, as President Bödiker has been the first to point out, are 'mere extended outdoor relief.' France and Italy both subsidise

working-men's Old-Age Pensions a little, but they avoid compulsion, and the results are infinitesimal.

Now, in considering this matter, we ought to be fair to the Germans. Their cast-iron methods of administration have not a little to answer for in good sooth. But they are distinctly not answerable for what failure there has been under this particular head; quite the reverse. No law of the kind could be more economically and efficiently administered than is this, thanks to the cheapness of clerk labour, and the scrupulous conscientiousness of administrators available in Germany. Neither could it be more humanely administered, so far as the heads of the department are concerned, whose urgent endeavour it is, as I can bear witness from what I have myself seen in long years of observation, that at least full justice should be done to the working folk. Hence, in part, the periodical extensions of the Act, and the higher pension rates. And the methods applied appear distinctly called for by the principle adopted. At any rate extremely careful reflection, to which the voluminous 'argument' explaining the measure, the 'Begründung,' bears witness, has led experienced statesmen in Germany to conclude that by no other means could the desired result be attained. If you would have contributions, you must have checks; if you would check, you must seize the portion of the wages due as it issues from the employer's cashbox. If the check is to be effective there must be pains and penalties, and rather severe responsibility. If the scheme is to be business-like there must be an accumulation of funds. The mischief, if there is any, lies in the principle selected. However, the principle of a 'contributory' scheme was, on mature consideration, judged necessary, partly on educational grounds, partly on financial. The burden is felt as heavy enough as it is. To discard workmen's contributions and make the relief promiscuous would, in the opinion of German statesmen, make it absolutely unbearable, even if pensions were not raised beyond their present rate, sometimes complained of as inadequate; and it would not make it more educational, nor stave off socialism. There is Scylla on one side and Charybdis on the other, and between the two Ulysses' craft has a bad time of it.

If there was a mistake made, it appears to have been made in endeavouring to benefit the working-class at all by such use of subventions, which, necessarily, involves inspection, penalties, and the rest of it. There is no apt example to pit against German old-age pensions in any other country. But the Germans have one at home. Sick relief, corresponding to the provident action of our friendly societies, is under the same cluster of measures, by an earlier Act, made likewise compulsory on principle, as yet only among industrial workmen, and subsidised on principle. German officers of the department take particular credit for this. They contrast their own system with ours, which *could not*, so they affirm, being purely voluntary, reach *the whole* of the working class. Moreover, no voluntary society, so it is argued, could compete with a subsidised society in which the employers contribute,

under State compulsion, one-third to the fund. Nevertheless, it has not proved practicable hitherto altogether to suppress the purely voluntary sick clubs. They number 1,659 with 910,040 members, to 21,111 compulsory with 9,409,524 members. However, the members of the voluntary clubs will not give up their own societies, in the management of which no outsider can interfere. And although they must forego the employers' subventions, representatives of these societies have assured me—I have not been able to test the matter—that they give the larger benefits. In Scotland, at any rate, we have no *prima facie* reason for disbelieving this, seeing that your Scotch savings banks, although foregoing the ready-made apparatus found for the Post Office Bank, manage their business at an appreciably smaller cost. In Germany many of the whilom advocates of purely voluntary, self-help action have abandoned their objections in submission, not to argument but to the necessity of the case. Since the old age pensions scheme cannot be got rid of, what they hold that they must concentrate their efforts upon is, to make it as perfect as can be, such as it is. But I still find men of experience in the matter, whose opinion is worth heeding, even public officers of this very department, standing firm by their earlier opinion, that to resort to State Socialism, which constitutes the central pillar of this scheme, was a mistake educationally as well as financially, and that, if not as extensive, certainly better results might have been obtained, more conducive to the formation of a thrifty and provident nation, if the scheme had been built up upon a purely voluntary basis.

APPENDIX

CONDENSED CONSPECTUS OF THE RESULTS OF GERMAN OLD-AGE PENSIONS

TAKEN FROM OFFICIAL FIGURES

OFFICIAL FIGURES FOR 1902

Assumed total population of the Empire		58,000,000
Assumed number of wage-earners liable under the Act		14,500,000
Number actually insured		13,381,000
Number of persons compensated under the Act in respect of old age and disablement		1,061,000
Thereof by pensions		839,000
Accumulated funds (bearing interest)		£50,373,875 0 0
Total receipts under the Act		10,533,850 0 0
Thereof paid by employers	£3,474,645	
Do. by workmen	3,474,645	
State subsidy	1,892,485	
Expenses		6,618,090 0 0
Thereof compensation	£6,020,705	
Management expenses	597,385	
Compensation per case		5 13 0
Charges er person insured		0 13 2½

WEEKLY CONTRIBUTIONS FIXED UP TO DECEMBER 31, 1910

PAYABLE ONE-HALF BY EMPLOYER, ONE-HALF BY EMPLOYED

CLASSES.	I.	II.	III.	IV.	V.
Annual wages . . .	up to £17, 10s.	up to £27, 10s.	up to £42, 10s.	up to £57, 10s.	£57, 10s. to £100.
Weekly payments . .	1¾d.	2½d.	3d.	3¾d.	4½d.
Minimum payments by workmen entitling to pension (1200 weeks) .	£4 4 0	£6 0 0	£7 4 0	£9 0 0	£10 16 0
Maximum payments by workmen only (2500 weeks)	8 15 0	12 10 0	15 0 0	18 15 0	22 10 0
Benefits (old age only) from 70 forward. Annual pension . .	5 10 5	7 0 5	8 10 5	10 0 5	11 10 5

RESULTS SINCE THE ADOPTION OF THE ACT

TWELVE YEARS: 1891—1902

Total number of annuities granted		1,302,900
Thereof in respect of old age	402,856	
Do. in respect of disablement . . .	900,044	
Disablement Pensions paid		£17,875,000
Old-Age Pensions paid		14,675,000
Expended for curative treatment (156,000 cases) . . .		1,660,000
Reimbursements made (1,093,681 cases)—		
In respect of marriage		£1,355,000
Do. deaths		450,000
Do. accident		50,000
Of this sum the State paid £12,600,000 in subventions		£36,065,000
Add 1903		6,700,000
		£42,765,000

ALL THREE INSURANCES UP TO 1903

Sick Insurance (since 1885)	£111,650,000
Accident Insurance (since 1885)	46,050,000
Old Age and Disablement (since 1890)	42,765,000
	£200,465,000

meaning that the workmen compensated and pensioned have received £75,000,000 in excess of what they have themselves contributed.

TOTAL PAYMENTS in respect of the three insurances in 1902

Sick Insurance	£10,175,030
Accident Insurance	7,069,205
Old Age and Disablement	10,533,850
	£27,778,085

EMPLOYERS' PAYMENTS towards this

Sick Insurance	£2,931,245
Accident Insurance	6,283,165
Old Age and Disablement	3,474,645
	£12,689,055

FUNDS ACCUMULATED

Sick Insurance	£9,332,760
Accident Insurance	9,959,715
Old Age and Disablement	50,373,875
	£69,666,350

(*See Summary of Discussion, page* 400.)

THE SCOTTISH PRACTICE AND EXPERIENCE OF BOARDING-OUT AGED PAUPERS

BY ETHELINDA HADWEN, 41 GEORGE STREET, EDINBURGH

THE celebrated humorist Artemus Ward once advertised that he would lecture on The Babes in the Wood. He kept a large audience very well amused for an hour and a half and then he suddenly said something like this, 'Well, ladies and gentlemen, time's up and I have not said anything on the subject of my lecture, the fact is, I suppose there were or there may have been Babes in *the* Wood or in *a* wood at any rate, but I really don't know anything about them, Good-night.' Now the title of my paper has been given to me, whereas Artemus Ward was responsible for his, but otherwise I am in exactly the same position. I cannot speak to the title of my paper, for I know nothing about it, and this for the very good reason that no Scottish Practice of Boarding-Out Aged Paupers exists, and it therefore follows that there is no tangible amount of experience, the results of which I could formulate. I propose therefore to speak generally of the conditions relating to the aged poor at present, and of the methods employed in dealing with the poor in past history, and then to make some suggestions for the future.

The present is always best understood when looked at in its relation to the past, and this is, I think, especially the case in Scotland. Scotland is a country which had always been very poor, until the advent of the age of steam

—which made possible rapid and cheap means of communication, thus stimulating the mining and shipbuilding and manufacturing industries—came to enable Scotland to achieve in a hundred years more material progress than had been possible in two thousand years before. Up till a hundred years ago life was very hard in Scotland generally. Famines were frequent; it was reckoned in the eighteenth century that harvests failed on the average once in four years; and it was estimated that at the end of the seventeenth century every fourth person in Scotland was a beggar. The beggars swarmed all over the country; they went singly and in bands, and in the latter case they were the terror of the cottars in country districts. The population was sparse, and till well into the eighteenth century, communication between north and south was infrequent in summer and non-existent in winter. A journey from Nairn to Edinburgh was much more of an undertaking than a journey from Edinburgh to Paris would be now, while the time required would be greater in the first case than in the latter. In the winter there was very little communication between towns even in close proximity; thus, about the middle of the seventeenth century there was no communication at all between Peebles and Edinburgh for more than five weeks. At the end of the seventeenth century there was no regular communication between Edinburgh and London. Roads were very few and bad, bridges over rivers very few, and it was not till a century later that good roads were made through the greater part of Scotland and bridges built.

The poverty of the country being so great, the poor could not receive generous treatment. In pre-Reformation times the rich monasteries helped the poor, and their indiscriminate almsgiving increased the pauperism of the country immensely, so that when the Reformation came and the monasteries were destroyed and despoiled, the state of the country for years afterwards was such that, as I have already said, it was estimated in 1700 that every fourth person was a beggar. In 1579 the contributions to poor boxes, hitherto the only recognised means of alimenting poor persons, were so small that an Act was passed giving to burghs the right to assess for the maintenance of their poor, but very few parishes took advantage of the Act. Glasgow, with 70,000 inhabitants, resorted to a tax in 1770, Greenock and Paisley in 1783, Edinburgh at the end of the eighteenth century.

I have said this Act gave to burghs the right to assess for *their own* poor. This was the spirit of the Middle Ages—not national patriotism then so much as selfish local patriotism. Edinburgh for her own craftsmen, her own freemen, her own poor, Glasgow for hers, Aberdeen for hers, but not one of them admitting outsiders. Towns were then more distinctly separate than countries are now, and all people, other than fellow-townsmen, were foreigners and aliens, to be expelled as soon as possible whether vagabonds or not; on no account to be allowed to form a settlement and trade within their borders; none but freemen of the burgh, sons of freemen and men who had married

freemen's daughters might reside and work in the town. Towns continually ordered that vagabonds be sought for within their bounds, that those who harboured them be punished, and the vagabonds themselves 'scurgit and bannist the toun,' usually 'for all the dayis of thir lyffis, vnder the pane of deid gif thai returne.' That these persons might be recognised wherever they went, if they proved contumacious, they were branded on the cheek with a hot iron. Should any inhabitant of the town, being young and strong, refuse to work, and beg, he also was banished, with a threat of branding should he venture to return. In 1529 in Edinburgh, for instance, 'Jonet Broune for hir demeretis is bannist this towne for all the dayis of hir lyf and neuir to cum thairintill vnder the pane of deid, and to remouf incontinent vnder the said pane.' Men having no masters nor craft, otherwise no visible means of earning a living, were banished the towns, and by various enactments were handed over as slaves to the mines and the salt works at Prestonpans, where they and their descendants remained as serfs till quite a modern date. Vagabonds were thus made to work for a living, if possible. Evildoers, thieves, etc., were scourged and banished. Prisoners unable 'to pay for their own entertainment' were either hanged or banished according as the town judged their offences, for the citizens could not afford the cost of their keep in gaol, and indeed in many places there was no public building where prisoners could be lodged, and the church steeple was sometimes requisitioned for this service. In 1551 regulation against vagabonds was again enacted in Edinburgh, and the burghers proposed to kill some of them when they could catch them, as the case was becoming desperate. A hundred years later the law-abiding populace was enjoined by the authorities, presbyteries, and others, to kill all Egyptians (otherwise wandering beggars) wherever found. In the seventeenth century ministers were enjoined by their presbyteries to direct their flocks from the pulpit to refrain from allowing beggars to take shelter in their houses, and from giving them alms, under pain of being brought under the severest penalties of church discipline should they disobey. Such injunctions are found frequently recorded in presbytery minutes. So far for the undeserving poor.

The aged, lame, impotent, and feeble folk in the towns were given badges licensing them to beg throughout the burgh boundaries, and in specially hard cases special licenses were given: for instance, in 1554, 'The Council (of Edinburgh) understanding that a certain John Nicholson alias Dr. Forsyth, late deceased, had left his wife and six young children in extreme poverty, grants a license of one day per month to any person who will procure alms through the town for the said wife and small children "aye and while they be brought to perfection."'

In the seventeenth century the system of outdoor relief for aged and necessitous poor people, given by doles from the poor box of the parish church, was fully inaugurated, and this was the system which persisted over the greater part of Scotland till the passing of the Poor Law Act in 1845. The system of

relief by parishes was crystallised by an Act of the Scots Parliament of 1535 enacting that the poor who cannot work should be supported by the parishes in which they were born, but this was theory, not practice, for very many years. Church collections were very small, and during the seventeenth century an enormous quantity of foreign money was in circulation, mostly very worthless, and an enormous quantity of false money, so that kirk sessions often had the mortification of finding two bad coins for one good one in their collections. They sold it by weight, but found it necessary to send it away to a distance for that purpose. Buttons would have been valuable in those days. The Aberdeenshire people, it may be mentioned, were accused of being sharper than the average. They not only put bad money in the plate, but they took out the good in exchange! In the seventeenth century paupers were allowed 1s. 6d. to 2s. per month. The whole annual funds for the poor of a parish of 2000 inhabitants might only amount to £12 per annum. Wages were correspondingly small, however, till the middle of the eighteenth century, masons and joiners earned about 1s. 6d. per week, rising for special work to 2s. per week. Women servants earned about 20s. a year. In the middle of the eighteenth century, after the Act of Union had abolished the separate coinage of Scotland, kirk sessions found it necessary to obtain farthings from the Mint in London for doles to the poor—a halfpenny was too much to give at one time. The farthing was itself a great advance however, as formerly the usual dole given by a gentleman to a beggar was a doit, worth one-twelfth of an English penny, or a bodle, worth one-sixth of a penny.[1]

Except for a few hospitals, very few in Scotland, all assistance given to the aged poor was outdoor relief till quite recent times. The beggars roamed the country carrying their pokes, and every poor cottager or wealthier farmer gave the beggar a handful of meal or a morsel of fish, or (after the end of the eighteenth century) a few potatoes or a turnip. When the beggar thought he had gone a long enough round, he would go in to some cottage, and taking his place by the fire he would cook his meal, and afterwards retiring to the barn, or perhaps lying on the hearth, he would pass the night in shelter, and go on his (or her) way with daylight. People who could not walk, being cripples or infirm, were called 'objects,' and if not able to go on crutches, sometimes passed their lives in a wheelbarrow, going from farm to farm in this wise. When one farmer thought the 'object' had remained long enough with him, he wheeled him to his next neighbour, who in turn trundled him off to the next. These poor wandering creatures were not unhappy, they were not ill-treated, they had as much to eat as their neighbours, they saw the country, and had a very varied existence, and they did not require to do anything for themselves. They were not unwelcome for a time, as they were a regular *chronique scandaleuse* or local advertiser, and like Edie Ochiltree, who was

[1] A Scotch shilling was the equivalent of an English penny. £100 Scots = £8, 6s. 8d. sterling.

one of the King's bluegowns or national licensed beggars as distinguished from a town's beggar, they were even sometimes rather respected.

Such a system can only apply to a state of society where population is sparse, and consequently individuals are well known in their own village or district. In towns an organised distribution of charity becomes essential, and residences specially affected to the reception of the poor become an essential feature of any system of relief. In Scotland it should be remembered relief is not given by Parish Councils to able-bodied adults. In Edinburgh the Charity Workhouse was built in 1743 by voluntary contributions, and the poor people were allowed 2d. out of every shilling they earned for the work they did, which was of considerable value. Their maintenance cost £4, 11s. 7d. per head per annum, and was provided by a tax of 2 per cent. on city rents, half the proceeds of the Assembly Rooms and church collections, etc. From 1st January 1777 to 1st January 1778 the number maintained in it was—of adults 484, of children 180 (no children under two years old being admitted). The Canongate Charity Workhouse was built by subscription among the inhabitants of that burgh, and was opened in 1761, had about 90 in and 4 out pensioners, and was kept up by church-door collections and subscriptions.

The West Kirk Poorhouse was built 1761 in the same manner as the others, and maintained by assessment on rentals, church-door collections, and donations; average annual cost per head per pauper, £4, 1s. 6d. Inmates—105 adults, and 5 children. None of these buildings now exist for this purpose; there still exist various funds for the relief at their own homes of the aged poor, and various private institutions for their reception in Edinburgh and elsewhere, but the main provision for the aged poor at the present day is in Poorhouses and in outdoor parish relief. The ratio of poor to population has been decreasing of late years. In 1780 the population of Edinburgh was supposed to be 100,000, and the poor, including boys at Heriot's and other orphanages, etc., and poor in North and South Leith, but not including children of less than two years of age, were said to amount to 1800. The average cost of maintenance of people in Poorhouses in 1780 is said to have been £4, 10s., while at that time an ordinary skilled journeyman did not earn more than £14 per annum. At present there are two Poorhouses in Edinburgh, each equipped with a hospital and a children's department, and the cost per head is 4s. 8d. in ordinary wards and 8s. 2d. in hospital wards, whilst the average wage of a skilled journeyman is 30s. to £2 per week.

The number of cases of aged persons on the Edinburgh outdoor roll as at 15th May 1903, the latest figures we have, was 626, and the average allowance was 2s. 6d. for persons under seventy years, 3s. for people over seventy, and over eighty 3s. 6d. There are cases where more is given, but in no case has the allowance ever exceeded 5s. per week for a single person, and that amount is *very* rarely given. These old people live by themselves, or with relatives, or with friends, but cannot be described as boarded-out. They are all people

who are in such a condition as to be able to manage to look after themselves where they live alone, or if bedridden, are living with relatives. The allowance is not supposed to be sufficient to maintain them without other help, but is intended to supplement other sources of income. Many can earn 1s. or 2s. per week, others have friends who assist, and many get help from the many charitable societies in Edinburgh.

In Craigleith and Craiglockhart Poorhouses there are wards set apart for infirm old people. Some of them have been respectable and some not.

There are aged,	65 to 70,	143	persons.
,,	,,	70 ,, 75,	144	,,
,,	,,	75 ,, 80,	71	,,
,,	,,	80 ,, 99,	49	,,
Total, .	.	.	407	,,

In Craigleith there are among these old people only 21 persons over sixty-five years who could possibly be considered suitable for boarding-out, and in Craiglockart there are 10 to 12, say in all about 33 persons who might be boarded-out if suitable homes were founded for them, but not one-half of these, probably not so many, would be willing to go.

The average age in both houses is steadily rising. The average age at death is steadily rising in the community outside—in the seventeenth century men of sixty were looked upon as 'aged men,' oldest inhabitants in fact. Now things are very different, and we have in our Poorhouses increasing numbers of cases of rheumatism, for instance, disabling, but not killing, chronic bronchitis, heart disease—often a long illness—and other old-age diseases of a lingering nature. Now the old *men* in most cases should have been able to partially, if not wholly, provide for old age; but it is impossible for working women in most places in Scotland, certainly not in Edinburgh, to provide for an old age that may extend from seventy to ninety, consequently they come on the rates, and if helpless, to the Poorhouse. The average proportion of infirm people in Poorhouses in Scotland is 22 per cent., and of people in hospitals 28 per cent., in other words 50 per cent. of the people in the Poorhouses are unable to do work; while there are 12 per cent. of children, leaving a very small number of people who are partially able-bodied to do the necessary household work.

I think the time is coming when this matter of the aged poor will have to be considered deeply. It is very difficult to get a sufficient number of inmates to do the necessary cleaning of wards and caring for these old bodies, and the time is coming when paid assistance will have to be got. Boarding-out will not solve the difficulty, for the mass of these people are not fit for boarding-out.

I should like to see the indoor relief system altered in this way:—

Better hospital treatment for those requiring it as chronic cases, being respectable people.

Better infirm wards for the infirm *respectable* poor, if possible in a quite separate department where they could have more liberty, and if possible some method whereby they could be enabled to earn a penny or two now and again as a reward for effort made for the good of the house.

Where advisable a larger outdoor allowance to enable respectable people who have no relatives to assist them to live outside. This would require to be at least 7s. per week.

Much more severe treatment of 'ins and outs,' as we call the people who spend their lives between prison and poorhouse, out of one and into the other many times a year, or to use the old phrase, 'vagabonds and evil people.' I should follow the old plan, and banish them from the town, sending them to labour colonies. They are not proper inhabitants of a poorhouse; it is detention in a reformatory they require. This would not entail additional expense.

I should suggest as one means of meeting the extra cost entailed in the above suggestions, plainer and less expensive housing for chronic lunatics. The expense on this head is so serious to Parish Councils that if these people were treated more as ordinary paupers, the money saved would enable all the improvements I desire for the infirm sane poor to be carried out without any injury to any one, and at no extra cost to the heavily-burdened ratepayer. I think 2s. a week might quite well be saved on the upkeep of the chronic insane pauper of the poorer class, and that 2s. a week applied to the upkeep of the sane, respectable aged poor would mean an enormous difference in their hard lot. It is a very hard thing for respectable aged women to have to end their days in a poorhouse ward, even in our best classified wards; yet if they live long enough they are obliged to go there, there is practically no alternative.

ANALYSIS OF EDINBURGH POOR

Poor receiving Outdoor Relief as per Lists, May 1900, 1901, and 1903

Causes of Pauperism.	Cases.		
	1900.	1901.	1903.
Old Age	615	644	626
Children (Widows, Husband ill, in jail or asylum, etc.)	423	552	514
Youth	22	42	10
Other Causes (heart disease, blindness, want of limbs, debility and various diseases)	138	239	228
Rheumatism	70	80	101
Bronchitis	57	66	52
Paralysis	42	50	62
Phthisis	44	47	25
Brain (weak-minded, epileptics, etc.)	29	35	40
Total on Roll	1440	1755	1658

Poor in Poorhouses

	1900.		1901.		1903.	
In Craigleith.						
Poor aged 75 and upwards	83		82		69	
,, 70 ,,	76		82		89	
,, 65 ,,	88		73		79	
	247		237		237	
Add—Children under 14	74		70		94	
		321		307		331
In Craiglockhart.						
Poor aged 75 and upwards	33		43		51	
,, 70 ,,	48		43		55	
,, 65 ,,	61		58		64	
	142		144		170	
Add—Children under 14	95		84		92	
		237		228		262
		558		535		593
Total Inmates		1021		974		1187
Total remaining Inmates, part of whom in Hospital		463		439		594

(*See Summary of Discussion, page* 400.)

SECTION III.—ABLE-BODIED ADULTS

President—SIR CHARLES CAMERON, BART., M.D.

Secretaries—JAMES C. DUNLOP, Esq., M.D., F.R.C.P.E., 33 Chester Street, Edinburgh; and JAS. R. MOTION, Esq., Parish Council Chambers, 266 George Street, Glasgow.

PRESIDENT'S OPENING ADDRESS

ABOUT ten years ago I had the honour of presiding over a Departmental Committee, appointed by the Secretary for Scotland, to inquire into and report on Habitual Offenders, Vagrants, Beggars, and Inebriates in this country—the very subjects with which it is proposed that this section of our Congress shall deal, and I have thought that I could not do better by way of opening its proceedings than briefly recount a few of the facts brought under our notice in the course of our investigations. And this seems to me the more advisable because the law of Scotland differs in some material respects from that of the other portions of the United Kingdom, and this is an international Society, the hope of advancing whose objects lies in co-ordinating and comparing facts and results observed in the working of different systems in different countries. In regard, for instance, to vagrancy in Scotland the first peculiarity to be borne in mind is that our poor-law system makes no provision for the relief of able-bodied persons. In England the fact of destitution constitutes a title to relief, and special wards are provided in every parish for the relief, under certain conditions, of destitute tramps and vagrants. In Scotland, on the contrary, no able-bodied man or woman, however destitute, is considered a proper object for relief from the poor-rate. Hardship and starvation, however, speedily break down this theoretical barrier. The subject ceases to be able-bodied, and the moment this occurs it becomes the duty of the poor-law authorities to attend to his needs. This prohibition of expenditure on the tramp up to a certain point, and the legal obligation to assist him after that point is passed, places relieving officers in a difficult position, and, in certain instances, when they have deferred relief too long, and death has resulted in consequence, relieving officers have been prosecuted for manslaughter. A case of this sort having occurred in one of the Border counties the parochial authorities in the district became alarmed and, disregarding the strict letter of the law, they erected shelters for vagrants, to which tickets of admission were

distributed by the police, in which the tramps were permitted to pass the night on the floor of a warmed room, and regaled, at a cost of about twopence, with some supper on their arrival, and some breakfast before their dismissal on the following morning. Now, one would hardly have imagined that this frugal and carefully guarded concession to humanity could have done much harm, but the extraordinary fact was that, in the two small towns of Jedburgh and Kelso alone, in the course of four years after the adoption of the system, the annual number of tramps dealt with increased from 2000 to 5000, the majority of whom were men under forty years of age. And more significant still was the fact that a number of these men were known to make regular tramps round the district in which these shelters were to be found, and that, although there were extensive public works being carried on in the neighbourhood of Newcastle which might have accounted for a flow of Scotchmen in search of employment on their journey southward, the increase was chiefly due to Englishmen who, in the two towns mentioned, numbered twice as many as the Scottish tramps, and more than the Scotch, Irish and foreign tramps combined. These facts cast a curious light on the problem of vagrancy, for they show that the offer of a night's shelter in a warmed room, and twopence worth of oatmeal is sufficient to attract hundreds of able-bodied vagrants from a district where work is plentiful to distant towns where no work is to be had, but where these luxuries can be obtained without payment in money or compulsory labour. The converse of this was shown by the experience of East Lothian. There in certain towns similar shelters for vagrants had been provided, and the number of tramps accommodated during the last year in which the system was in full swing was close on 3000. The shelters were reduced in number, and finally abolished, with the result that in less than ten years from the period to which I have referred the police reported that only 116 individual tramps had been challenged in the county in the course of twelve months. The experience of Musselburgh was to the same effect. Some misguided philanthropist left that burgh a bequest, the interest of which was to be applied to assisting persons passing through that town in search of work. The annual interest amounted to but £22, and was distributed by the police. But small as was the dole it attracted vagrants of all descriptions to the town—many more than it was at all possible to assist—until at last the town council appealed to the Courts to relieve them of their embarrassing inheritance. The appeal was vain, and when our committee sat the police evidence was that tramps were swarming into Musselburgh, and in greater numbers every day.

Now I mention these facts simply to show what mischief may be done in the way of stimulating vagrancy by even small doles distributed by persons so wary of imposture as the police. The object aimed at is of course to assist the impecunious man or woman compelled to take to the road in search of work, or for some other sufficient reason. If, as in the casual wards scattered all over England, you couple the offer of food and shelter with a labour

payment and compulsory detention, you impede and penalise the worthy unfortunates whom you most desire to aid, while the professional tramp, who thoroughly knows the ropes, steers clear of the proffered assistance, tempered as it is with such unpalatable conditions, and lives on the public as best he may. Private philanthropy judiciously applied can do much, and both in England and Scotland has done much to assist the deserving without unduly encouraging the professional vagrant, but if the problem of vagrancy is to be effectively grappled with I am convinced that it must be by organised methods which do not at present exist in this country, and I therefore look forward with much interest to the result of those discussions on labour colonies and the compulsory detention of paupers which are promised in this section.

Coming now to another of the subjects to be discussed, 'The Evolution of the Criminal,' I would again point out some of the peculiarities which distinguish Scotland from the other portions of the United Kingdom. The main fact that strikes one in this connection is the altogether disproportionate extent to which imprisonment is resorted to in this as compared with the sister kingdoms. Thus our committee found that in Scotland the number of persons annually sent to prison amounted to over 12 per 1000 against less than 6 per 1000 in England. An analysis of the figures show that the disparity is due to the enormous number of petty offenders swept into the net of our wide-reaching police acts, and prosecuted at the public cost by our procurators fiscal, who in England, owing to the system of private prosecution, would never see the inside of a gaol. In the case of graver offences, when police prosecution is resorted to in England, the disparity diminishes, and in the gravest it entirely disappears. Now of the 50,000 or 55,000 annual cases of imprisonment in Scotland for petty police offences, while on the one hand a number are those of persons committed over and over again, a very large proportion on the other hand are those of persons who can hardly be termed criminals, persons committed in default of payment of a money fine, and who, if they had been possessors of 10s. or 20s., or even smaller sums, would never have gone to prison at all. So numerous is this class that a return obtained by my committee of the committals to Glasgow and Barlinnie prisons during a single week, in default of payment of fines, showed over 400 persons in this category. What makes the matter worse is that in Scotland the average of the fines imposed is high. In more than half the cases it is 10s. and upwards, while in Ireland more than half the fines imposed are under 5s. The result is that while in Scotland 55 per cent. of the persons fined go to prison in default, in Ireland only 19 per cent share that fate. Now on one point our committee entertained a very strong opinion, and that was the undesirability of sending any one to prison whose offence could be adequately met by any other punishment, and the demoralising effect of ticketing a man as a gaol-bird, and familiarising him with prison life if there was any other feasible method of dealing with him. I cannot say how far our recommendations on this point have conduced to the

diminution of imprisonments for petty offences which, I am glad to see, has recently taken place, but on one point at least we have reason to congratulate ourselves on their success. Prior to our investigation, if a man was fined 40s. with the option of 30 days' imprisonment, and if 39s. of the 40s. were within his reach he had still to remain in prison a burden on the country to the last day, and if the missing shilling was provided after he had spent 29 days in jail he had still to pay the 40s. as the condition of his release. We made a recommendation that in such cases the sentence might be expiated partly by fine and partly by imprisonment, that after the expiration of any portion of the term of imprisonment a proportionate deduction should be made in the fine required to secure liberation. This recommendation, I am happy to say, has been adopted by the legislature not merely in the case of Scotland, but in those of England and Ireland, where a similar state of matters prevailed, and the result I see from the last report of the Scottish Prisons Commission has been that in Scotland alone some 8300 prisoners have obtained their release by the payment of part of their fines, and that independently of the saving to the country in their maintenance, over £4300 from this source (formerly untapped) has found its way into the local exchequers.

I should have liked to have said a few words about the Habitual Inebriate, for whose care I was responsible, some twenty-five years ago, for placing the first provision on the statute-book. But the case of Scotland in regard to him presents no peculiar feature, and I have had no opportunity of studying the results of recent enactments providing for his treatment at the public expense. I will therefore content myself with repeating what has been the verdict of every investigator into the subject, that drunkenness more or less habitual is at the bottom of most of our difficulties in dealing with crime and pauperism. So far as public administration is concerned the fact should never be lost sight of, of the intimate connection which exists between them, and I cannot but believe that much more appreciable and beneficent results would have accrued from the adoption of a comprehensive scheme dealing with the whole class of Habituals—Offenders, Inebriates, and Vagrants—such as that suggested by the Scotch Committee of 1894, than can be expected from the fragmentary scheme with which the Government has seen fit to experiment. The step which has been taken, though smaller than I should have deemed advisable, even for a commencement, is a decided step in the right direction, and I sincerely wish it every possible success.

(*See Summary of Discussion, page* 401.)

HEREDITARY PAUPERS AND THE MEANS OF CHECKING THE SUPPLY

By WILLIAM LAWSON MICKS

Chairman, Poor Law Reform Commission, Ireland

1. When inspecting workhouses in Ireland, my attention has on several occasions been called to the fact that *three*, and in one case *four*, generations of one family were in the same workhouse at the time of my inspection. A tendency towards hereditary pauperism is obviously a matter for serious inquiry, and for counteracting measures, lest the creation of a worthless class of chronic paupers should result from the administration of the Poor Laws. I am a member of the Poor Law Reform Commission for Ireland, a body that was appointed last year by the Lord-Lieutenant of Ireland, and my colleagues are Mr. George Murnaghan, M.P. for Mid-Tyrone, and Dr. E. Coey Bigger, M.D., Medical Inspector of the Local Government Board for Ireland. Our duty is to inquire and report as regards Poor Law administration, what, if any, improvements could be introduced, and what changes might be adopted in the interest of economy, without impairing efficiency. The possibility of closing some workhouses by amalgamating unions is also specially indicated as a subject for inquiry. The Commission is more than half-way through its inquiries, and it has received much thoughtful evidence, with many valuable suggestions as to various methods of improving Irish Poor Law administration.

2. The first Irish Poor Law (1 and 2 Victoria, ch. 56) was passed sixty-six years ago, in the year 1838, and it followed on general lines the English Poor Law as amended a few years before. Among other differences, Poor Law Unions in Ireland were divided into electoral divisions instead of parishes. Boards of Guardians in Ireland also were not at first empowered to grant outdoor relief, but some nine years later when workhouses became full during the Great Irish Famine, the giving of outdoor relief was permitted to certain carefully restricted classes.

3. Workhouses in Ireland are pretty much like workhouses in Scotland or England, and in each of them one finds the following classes of inmates grouped together in various blocks or wards of the same institution :—

(*a*) Sick (acute and chronic);
(*b*) Lunatics and idiots;
(*c*) Epileptics;
(*d*) Aged and infirm;
(*e*) Children;
(*f*) Unmarried women with their infants;
(*g*) Casuals, or ins-and-outs;

(*h*) Vagrants or Tramps ;

(*i*) Able-bodied, other than any in the foregoing classes.

The sick, lunatics, idiots, and epileptics are inmates of a workhouse owing to bodily or mental disease—while all other classes are admitted by reason of their destitution. Up to the year 1862 even acutely sick could not legally be admitted unless they were also destitute, but in that year any *poor*, as distinguished from *destitute*, person was made eligible by law for admission into a workhouse infirmary.

4. Owing to my position as a member of a Commission appointed to inquire and report for the information of Government, but whose inquiries have not yet come to an end, it would not be proper for me to express an opinion of my own upon any of the matters now under investigation. But there does not appear to be any valid reason why a very brief statement should not be made, indicating in a general way some of the opinions and suggestions that have been given and made to the Commission.

5. One of the most weighty and most generally expressed opinions given by witnesses was what amounted to a statement that the housing together of various classes in the same institution is an active cause of an increase in pauperism generally, including that which is here termed hereditary pauperism.

6. A class in Ireland that obviously must be reckoned among permanent paupers is that of the mothers of illegitimate children and often the children themselves. These girls or young women, on the occasion of their first lapse, usually seek admission a few months before their confinement, and during this period, as well as for some months after, if not for the remainder of their lives, they occupy the same wards as women who have had one or more illegitimate children. There are in Ireland, it is believed, as compared with some other countries, relatively few lapses on the part of girls ; but in nearly every case of the kind, it becomes impossible for the girl to return home with her child, owing to the feeling of repulsion or avoidance that prevails in most parts of Ireland towards the sinner as well as towards the sin. The result, therefore, is that nearly all these young women spend most of their lives in a workhouse, occasionally taking their discharge with their child or children, supporting themselves by begging, and sometimes returning to the maternity ward of the workhouse. It is clearly injurious, as has been pointed out, that a young girl after her first lapse should be placed among such hardened associates, and her usual course of life in these circumstances is from bad to worse.

It has been suggested to the Commission that, as an amendment, the workhouse infirmary should no longer be open in Ireland to unmarried girls for maternity purposes, nor the healthy wards of the workhouse for such mothers and their illegitimate children. The suggestion is that, as an alternative, unmarried girls who are about to become mothers should be sent at the expense of the poor-rate to refuges or penitentiaries under religious management (some of which exist in Ireland), where they might be reclaimed and given

a fresh start in life. And further, it was suggested that the mothers should be placed in situations as soon as possible, and that their children should be boarded-out at as early an age as the doctor of the institution would approve. It is thought that the mother, after she gets a situation, might in most cases be able to defray either wholly or in part the cost of her maintenance and also that of her child while in the refuge or while boarded-out.

Under the present system it is alleged that, after their first lapse and in consequence of the system, many Irish girls become depraved women; and that the entire cost of such women and their children in almost every case falls upon the rates. It is hoped that under some new system, either that suggested or some other, very many girls, being carefully secluded in penitentiaries from evil associations, might be enabled to live good lives in future, and that their children being withdrawn from workhouse associations and habits, might be boarded-out and be absorbed in the ordinary life of the labouring classes. At present some illegitimate girls reared in workhouses return to the maternity ward of the workhouse, following their mother's footsteps of shame, and this is one way in which the hereditary pauper class is increased.

7. The remaining classes that perpetuate indoor pauperism through their children are (1) tramps or vagrants, (2) casuals or ins-and-outs, and (3) imbeciles or half sane people who are at large instead of being under restraint. As regards tramps and casuals, very strong measures were recommended by witnesses to the Commission. There is among many in Ireland a feeling of hostility towards these black-mailing, burdensome and useless classes, many of whom are far from being strictly 'honest, sober, and quiet.' There is also an impression that tramps sometimes spread the infection or contagion of smallpox and other zymotic diseases. Some witnesses suggested that all destitute vagrants should be obliged to carry a police passport with their photograph on it, and that, in the absence of satisfactory explanation of or testimony to the cause of their travelling, they should be imprisoned. Other witnesses, again, were in favour of 'labour colonies' instead of prisons. Almost all who gave evidence were willing to separate children from strolling or vicious destitute parents, but some witnesses considered that, if circumstances would warrant the separation of parent and child, the unworthy parent also ought to be deprived of liberty. One medical witness stated, with reference to the reproduction of the insane, that in his experience an alarming number of maternity cases in workhouses were young women of weak mind and deficient in power of moral control. No suggestion, however, was made as to how this difficulty could be met, except a very sweeping proposal with the object of preventing those who ever were insane from becoming parents.

8. So far only indoor pauperism has been referred to, but it is the opinion of many that a general or injudicious granting of outdoor relief would establish hereditary outdoor paupers, over and above the injury caused to the independence of the persons actually relieved.

9. Hereditary pauperism can hardly be said to be caused, to any serious extent, by the transfer of individuals from the sick to the healthy wards of the workhouse, but there can be no doubt that persons advanced in life, *on their transfer* during convalescence from the sick to the healthy wards, lose their feeling of repugnance to the workhouse by a gradual transition to the wards of the workhouse proper. It is suggested, as regards the sick, that they should never be transferred from the sick to the healthy wards of the workhouse, but that they should be simply discharged as from a public general hospital, the power being in their hands of applying for relief if destitute.

10. As to the feasibleness of the suggestions that have been mentioned, I offer no opinion whatever, but it would be of great interest to me to learn the sentiment of others.

(*See Summary of Discussion, page* 401.)

INSTITUTIONAL TREATMENT OF INEBRIETY

By Dr. CARSWELL

Late Chairman of the Committee of Management of Glasgow Inebriate Reformatory

I PROPOSE to deal with this question from the point of view of administration. I have had the privilege of being a co-worker in this field with many distinguished gentlemen, not the least distinguished and certainly the most important pioneer of the movement being Sir Charles Cameron, who is in the chair. The time has come when the results of the labours of many people can be collated for the benefit of public administration, when we can say what it is reasonable to put before the legislature and local bodies as the right thing to do in this matter. We who have been working in this branch cannot but acknowledge the valuable work which has been done by Dr. Branthwaite, the English Inspector, who is here to-day. His reports are the *vade mecum* to which any person who wants to inform himself on this subject must always turn; and the industry and zeal of our Scottish Inspector, Dr. Dunlop, although operating in a more limited sphere, have been such that the Scottish Office is in possession of the most accurate data on which future action may be taken. I had until a few months ago the privilege of being chairman of the committee of the Corporation of Glasgow which established and is working the experimental institution known as Girgenti, and I speak from that experience.

There are, I think, two points that require further practical development, regarding which all who have had experience of the working of the Inebriate Acts are quite agreed. The first point is, that *all* inebriates ought to be dealt with. I put it in that way. What I mean is this. Just as a person who is a repeated offender in the police courts for petty thefts finds himself, by a

sort of automatic official arrangement before the Sheriff Court, and ultimately before the High Court, so all persons who render themselves obnoxious to the community on account of habitual drunkenness ought to be segregated. That is a point that must be kept constantly in the front as ready for immediate attention. The present provision for the care of inebriates under the Act, even the limited number who come within the Act, is utterly inadequate to the requirements of the case. That is my first point. My second point is, that so far as those who have been working with this question can see at present, from the point of view of public administration, there is no other method of dealing with these people than institutional care. I think I gathered from Dr. Donald's paper a certain impression that was perhaps unintentional. I may have misapprehended, but it seemed to be implied that institutional treatment and drug treatment were antagonistic. That is not so. Whether you treat habitual inebriates by drugs or not, you have to put them under care somewhere; and for the public authorities the question just now is: 'Are you prepared to set up institutions all over the country adequate to the requirements of the case and to provide for all inebriates?' Naturally people will say that this is a large order, and it is a large order which, however, only makes the case more urgent. I have examined Dr. Dunlop's report to the Prison Commissioners as to the state of matters which he found in the jails in Scotland, in regard to the question of how many of the people were there through inebriety that would have brought them within the scope of the Inebriates Act, and if the Act had been in full operation would have relieved the jails of the care of these people. I find he gets an enormous number of such people; but after making certain modifications and deductions, he finds a total of something like 1300 people in Scotland who ought to be under care as inebriates and not in jails.

But what would the transfer of 1300 people from jails to inebriate homes mean? It would mean a grand thing for the Prison Commissioners, for they would be relieved of 1300 undesirables who are incorrigible to short terms of imprisonment. Now two facts have come out prominently in this Congress to my mind. They are these: the admission on the part of the criminal authorities that prison methods have failed to secure the reformative results that they were meant to attain; and alongside that, I think there is a noteworthy, creditable, and hopeful indication from all parts of the country, from all parts of the continent, that ladies and gentlemen are eagerly interested in trying to secure new methods for the reclamation of the fallen and helpless. Imprisonment having failed to lessen the number of inebriates who constitute a public nuisance, it is obvious that a method which is certainly on more rational lines should be tried, and the only practical question is really—What will it cost? To provide for something like 1300 inebriates in institutions, we shall have to face a capital expenditure of a sum between £200,000 and £260,000. I do not think you will build such institutions at a total cost of less than £150,000 to £200,000—that is from £150 to £200 a bed. That includes, of course, lands, buildings, work-

shops, farm buildings, and all the necessary offices, laundries, and other equipment for carrying out the industrial methods of such institutions. Institutional treatment will always be open to the criticism that it is costly, and that it is not fair to take the money of working-men to provide human derelicts with accommodation costing much more per head than the houses in which many ratepayers live. That criticism is not valid, because experience shows that you cannot provide institutions such as jails, poorhouses, or asylums, at anything like the rate at which workmen's dwellings can be built. The reasons for that are obvious to all who have had experience of such matters, and arise out of the necessity for providing not merely dwelling accommodation, but all the equipment necessary for the daily life of a large community—such as, day-rooms, dining and recreation halls, laundries, workshops, farm buildings, land, etc. I am speaking, of course, of capital expenditure; maintenance charges, on the other hand, may be, and ought to be, kept down by the labour of the inmates.

Viewed in its true aspects, the institutional care of confirmed inebriates is only a proposal to transfer the heading under which those people are presently a public charge from prison, police, and poorhouse charges, to a charge under the Inebriates Acts. They have not been reformed by imprisonment, they constitute an intolerable incubus upon the administration of the poor-law, and they are a cause of worry, danger, and cost to the community while following their drunken courses. Even if no recoveries could be recorded, the change proposed would afford relief in the directions I have indicated, and at no more cost than is at present being incurred uselessly. But recoveries are secured, and when, as Dr. Branthwaite has pointed out, the large number of hopeless cases accumulated prior to the passing of the Inebriates Acts have become eliminated, the recoveries will probably amount to a very satisfactory proportion of the patients.

I would like to add two remarks in so many sentences. First, short periods of residence in inebriate institutions have been found to be a failure in the majority of instances, therefore there is a severe limit placed upon the possibilities of boarding-out patients. And second, young patients have not been found to be so hopeful as regards recovery as most of us believed and expected, and I am inclined to the opinion that habitual drunkenness in adolescence has certain resemblances to adolescent insauity, which, experience shows, is also disappointingly incurable.

(*See Summary of Discussion, page* 408.)

REMARKS ON THE DOMESTIC CONDITIONS WHICH TEND TO PRODUCE PRISONERS IN SCOTLAND

By Lieut.-Colonel M'HARDY, C.B.

It may be convenient, before dealing with the domestic conditions which influence the prison population, that I should give a short summary of the numbers who come under the notice of the police for crimes and smaller offences in Scotland. Taking the figures in the statistics for 1902, as they give a fair average of recent years, we find matters to stand thus in Scotland, of which the population is estimated at 4,530,000 :—

Apprehensions or citations		182,000
Resulting in—		
1. Pledges to appear at trial forfeited		31,346
2. Acquitted, or not brought to trial		15,000
3. Admonished		19,136
4. Found to be insane		11
5. Sent to reformatory and industrial school	Juveniles	387
6. Whipped	Juveniles	546
7. Placed under probation of First Offenders Act		1,427
8. Order to find caution for future conduct		508
9. Fined, and paid fine		51,903
10. Fined and did not pay, but went to prison		51,204
11. Imprisoned without option of fine		10,953
12. Sentenced to penal servitude		70
13. Sentenced to death		2

It is with the classes 10, 11, and 12 that we are at present concerned, viz. : —1st. Those sent to prison on failure to pay fine. 2nd. Those sent to prison without the option of a fine. 3rd. Those sentenced to penal servitude for serious crimes. It can be seen at a glance that the greatest proportion of those sent to prison is formed from the group comprising those who cannot pay fines ; these are the persons found guilty of minor offences. Long sentences of imprisonment and penal servitude are reserved for such as are guilty of serious crime, and they do not number more than 1800 in a year. There are, therefore, many short sentences of imprisonment—so many, that they form a feature of Scottish criminology. The direct and common cause of offences is drunkenness and disorder, which alone represent 40,000 imprisonments, leaving only 22,000 out of 62,000 for all other offences and crimes. Here, then, we find the main factor which governs the prison population. That population varies in more or less regular manner during each year, and may be represented approximately by a wave form. The trough of the wave marks the least

pleasant part of the year, and the crest denotes the period when work is plentiful and outdoor amusements possible. Our experience for twenty years goes to show that poverty empties the Scottish prisons, while prosperity fills them, and the only explanation which can be given of this remarkable fact is the increase of drinking when good wages are easily earned. Unfortunately, excessive drinking often leads to very serious assaults, and to unmanly attacks by husbands on wives, and also explains most of the cases of cruelty by parents to children. But inebriety does not confine itself to these crimes where its presence would be naturally expected, but it is also closely associated with stealing and housebreaking. From an inquiry made some years ago, among 240 prisoners who were serving long sentences for serious crimes, it was found that at the time when they committed the act for which they were imprisoned 166 out of the 240 were not sober, and many of them were in employment and receiving good wages. It is impossible, therefore, for any one interested in prison administration in Scotland to escape from the conviction that intemperance is a very powerful—indeed, the most powerful—influence in driving men and women from society into the cells of our prisons.

Let us now consider who these people are who become prisoners, and try to discover how it is that they break down in life.

The material available for this inquiry is furnished in the Reports of the Prison Commissioners, where for some years we have printed short histories of the lives of about sixty prisoners annually—not in any way selected, but just as they came in. We have in all about 450 lives to go upon, 165 of them being females, and although in some cases the stories are not very complete, still they are quite sufficient to help us towards some general conclusions. I should add that the statements were made by the prisoners themselves, but they were very carefully questioned at the time by the governors of the different prisons.

The first fact which strikes one when examining these histories is that, with the exception of eight cases in which the persons belonged to the middle or professional class, the whole of the 450 belonged to the working and lower classes, about one-third of the men being artisans, and two-thirds labourers, hawkers, and such like. As regards the women, they were either married or doing little in any steady employment.

It is also interesting to note that of the men two-thirds were single and one-third married, while among the women one-third were single and two-thirds married.

I have been unable to ascertain, except very approximately, the respective numbers in the population of the working and lower classes, and of the middle and upper classes, but they seem to be in the proportion of 83 of the working and lower classes to 17 of the middle or upper classes, or, say, 5 to 1; but the prisoners from these classes are in the proportion of 50 to 1, so that it is clear that many more of the working and lower classes in proportion to their numbers come into prison than of the middle and upper class. We must, therefore,

assume that the conditions of life of the working and lower classes are less favourable to the production of good citizenship than is the case with those who are in better financial circumstances. I need not say that I believe that the great body of the working-class is as well conducted as any other class, and, indeed, forms to a great extent the backbone of the country, still it is clear that it is from the lowest grades of that class that the bulk of the prison population comes.

The next point to be remarked is, that three-quarters of the male prisoners, and four-fifths of the females, had a bad or neglected upbringing. In that category I include those who had drunken parents, those who lost one or both of their parents in early life, as well as many who, when young, were simply neglected.

The number of deaths among the children in such families is very excessive. One inquiry brought out the fact that 15 mothers had had 72 children but only 21 of these were alive at the time of the inquiry.

It will be readily understood that bad upbringing is accompanied generally with an almost entire absence of education. From investigations made into the cause of illiteracy among prisoners in 1899, it was found that in one-third of the cases the cause was truancy, another third was due to illness and death of parents, and the bulk of the remaining third was owing to the carelessness of parents.

Going more closely into the matter, we find that among the more immediate causes of failure in life comes the drink habit. Out of the 450 prisoners about 120 men and 50 women (I am using round numbers) began to drink when quite young, the earliest age stated being thirteen years. The habit seems to have been acquired when the boys and girls began to work in mills and at other modes of employment. The explanation given is that they were led on by company, and we are told in some cases that clubs of both sexes exist for collecting money to be spent on drinking.

About 80 men and 25 women began to drink to excess later in life, and the reason given as before was the inducements of company.

Specific causes are stated in some instances, such as unhappy marriages. The miseries of such lives are said to account for intemperance in the case of 20 men and 50 women.

Domestic crises, such as deaths, provide to 20 men and 15 women excuses for alcoholic excess.

Apart from drunkenness, we have mental weakness, laziness on the men's side and immorality on the women's side, adding small groups towards the total numbers.

Then we have about 25 who became thieves without being given to drink. In four of these cases the exciting cause was losses in betting.

Lastly, we find about 25 who were what might be called accidental offenders, who in all probability will never return to prison.

Such then is a brief summary of the social conditions of the 450 prisoners, and the reasons given for their failure in life. The stories are credible, and there is no reason to doubt that the facts are materially correct.

The question then arises—What can be done to remedy the evils which exist?

When the parents are intemperate, it seems to me that the interest of the State requires that the children should be removed from the home and placed in a family where the ordinary decencies of life are observed and a good moral tone exists, but it is essential that this should be done when the child is very young. Whatever the influences of heredity may be, and they are little understood, the influences of environment on the young are enormous. With reference to this, the evidence of the late Mr. Quarrier may be cited. He said:—'If you can give me a child from any home under five, I will be bound that the child will have none of its father's immorality—that is my experience.'

Where both parents die while the family is young, boarding-out seems again the proper and easy method to adopt with regard to them. When the mother dies and the father is absent all day at work, and he has no female relative of his own to take charge of the family, boarding-out in some neighbouring family where there is a mother always at home would prevent the children from falling into bad ways from want of supervision. In the sad case of a widow being left with a number of young children, it often happens that the widow is forced to go out for the greater part of the day working as best she can for the children. Under such circumstances it seems to me that, given a good mother, she should receive sufficient funds to allow her to remain at home and watch over her children until they gradually reach a wage-earning age. In fact, to put the matter shortly, it comes to this, that wherever there are young children there must be a home with a constant caretaker, to prevent the young from acquiring the lawless spirit engendered by an uncared-for childhood in the street.

In addition to the home training of the young, there must be education. Truancy seems one of the straightest paths to the prison; still, with all our legislation which provides for compulsory education, about one-sixth of the prisoners are illiterate. For this I think truancy on the part of the children, or the nomadic life of the parents, is primarily responsible. Unfortunately also, in many cases, such education as was got at school disappears almost entirely after a few years have been passed at some manual employment, no literary taste having been created in the boy, and reading or writing having been neither required nor practised. The questions, however, connected with the education and upbringing of the young belong properly to another section of the Congress, so I shall proceed to make a few remarks on what may be done for the adult prisoner.

The agencies at work helping to restore prisoners to society may be enumerated as—Prison Visitors, Discharged Prisoners' Aid Societies, Homes

and Shelters for Females, the Salvation Army, and the Church Army. They are all doing good work, but it is only in exceptional cases that they can maintain a sufficiently long influence on the individual to make sure that his manner of life has been permanently altered. What seems to me to be required is the more or less constant and prolonged presence near the liberated prisoner of an influence for good from which, however, the feeling of patronage should be entirely removed.

In searching for where such an influence can be found, I have become convinced that if the aid of Trades Unions could be obtained we should have an enormous force for checking the intemperance of a large number of those who form the bulk of the prison population. I believe the best interests of Trades Unions demand regular lives on the part of the members, and I cannot conceive a better opportunity for reformatory influence on a man than that of his fellow-workmen who are constantly beside him, and whose friendly word might save him on pay-day from the public-house. If Trades Unions with their very great influence could see their way to taking steps in the direction indicated, they would deserve the thanks of the community.

But we may go a step farther. In all classes of the population there exists at the present time a desire for relaxation and amusement, and it would seem wise to attract the young to gymnasia and healthy amusements provided in our cities near the homes of the working and lower classes.

The old and dissipated prisoners who are past work should be detained in some mild restraint, and be prevented from causing such frequent annoyance to the public and the police. They are useless to society, and are really pests.

Another class, of whom fortunately there are few in Scotland, consists of the confirmed criminals who never work, who have adopted the trade of thief and housebreaker; for them there seems no remedy but permanent seclusion.

It is, however, in the proper care of the young that the best means exist for raising the character of the lower classes and reducing the prison population to a minimum.

(*See Summary of Discussion, page* 404.)

THE PUNISHMENT OF CRIME

By G. J. FORSYTH GRANT, Advocate, Edinburgh

It is of the utmost importance to the State that the very best methods should be adopted for the prevention of crime.

What are we to think, then, when one of our officials, of the greatest experience in carrying out our present method, wrote an article not long ago in a popular magazine and called it 'Our Absurd System of Punishing Crime'? what are we to think when an experienced and learned judge, Justice Wills, writes that 'time after time he has been compelled to pronounce a sentence

which he knew would only allow the criminal to again prey upon society; and for this reason, because a long continued application of such severity as is involved in penal servitude is almost too much punishment for any crime, and would be certain to cause something of a revolt against it'?[1] and again, what are we to think when the English Prison Commissioners themselves, in their report for 1903, in recommending their new method of treating young criminals from sixteen to twenty-one years of age, venture to say that their own former method of treating these youths was the worst that could be adopted?

It seems to me that these words, by those skilled in the matter, show conclusively that our present system of punishment is unsatisfactory; and are also ample excuse for drawing to it the attention of those of the public who are interested in the relief of their more unfortunate fellow-creatures.

Let us first consider, then, what are the penalties used for the suppression of crime, and we will find that they are three—death, imprisonment, and fine.

Of the penalty of death it is not intended to treat, except to say that, though it may have some advantages over other forms of severe punishment, it would seem that the public are gratified that, as time goes on, it is less and less inflicted.

The penalties of which it is specially intended to treat are—1st, Imprisonment, which it is thought might be carried out in a way which, while being more economical, would attain the objects in view much more thoroughly; and, 2nd, Fine, which it is thought, might in many more cases take the place of imprisonment, and might be recovered otherwise than by the fear of imprisonment alone.

The first question for our consideration is—What is the object or objects of the imposing of penalties? And it seems to me that there is one object, and one only, to which all kinds of penalties and all means of carrying them out are subsidiary, and that one object is the protection of society in person and property. The means for the attainment of this object are several, of which the first is, with the exception of only a few cases, the only means that has been adopted for the purpose, and this means is to provide a terror to evil-doers through dread of penalties. But there is certainly a second means for the attainment of the object in view, and that is to bring about the reformation of the criminal and the restoration of him or her to society as a citizen fit and capable for his duties as such. There is yet a third means of providing for the protection of society in property, and one which should be very strictly enforced, and this is for the criminal to provide by his labour for the whole of the cost of his keep when under detention. And there is yet a fourth means of protection which might be adopted, and that is for the prisoner to provide by his labour also for the cost of compensation to those whom he has injured by his crime, and this should include the maintenance of those dependent on him or her while in prison.

[1] *Times*, 21st February 1901.

It seems to me that by these means we can approach more nearly to the object in view than by any others; also that for each of these means the one requisite is work, and that for this purpose our prisons should be turned into industrial institutions much more than they at present are, and that our prisoners should be given to understand that, according to the value of their work, so should they be fed and be provided with all necessaries, or perhaps luxuries. I say that work seems to be the one requisite that will provide all the means for the attainment of the object in view: it will provide a terror to evil-doers, for work is the main thing that most of those in the position of criminals dread, and it is the dread of work which has for the most part brought our criminals into their position; secondly, I think I can maintain that work is the best and the very best reformatory agent that can be used, and the only one for which there can be no counterfeit, while, at the same time, skill in work is the one means by which aid may be given to prisoners when they leave prison; but it seems to me that the work at which prisoners should be employed ought to be, not as now, the hard work of quarrying, and fort or dock building, which necessitates long periods of rest, but rather some light work, such as printing and weaving, at which they can be more continuously employed; thirdly, it seems that there is no doubt that by work alone can a prisoner provide for the cost of his keep when under detention; and, fourthly, by work alone can he provide for the cost of compensation to those whom he has injured, and of the maintenance, when in prison, of those dependent on him.

It will very likely be said by those who are concerned to defend our present system that they quite recognise the beneficent effect of work, but that as much as is practicable is now done in our prisons, and that it is perfectly impossible to get enough work out of prisoners to provide for their keep, and *a fortiori* for compensation to those injured, or for maintenance of dependants. In answer to such, I should just like to say that, though the providing compensation to those injured and maintenance of dependants may seem to be a counsel of perfection, I feel sure that the providing for their keep by our prisoners is quite practicable, and that I feel sure of this simply because it has been already done, and done on several occasions in various countries.

Herbert Spencer, in his essay on 'Prison Ethics,' gives instances in which prisons established on such a basis as has been sketched have paid the cost of the maintenance of the prisoners, and been otherwise a great success, in Germany, France, Spain, Ireland, and India. It is to India that I shall advert principally, as it is our own dependency and under our own Government.

The prisons in Lower Bengal were put upon the basis sketched by Dr. F. J. Mouat on his being appointed inspector-general for that district in 1855. He retired in 1870, and of what had been done by that time he speaks as follows:—'I could show you in minute detail that each prisoner employed in handicrafts, striking the average of all the gaols, earned considerably more than he cost; that five of the prisons under my charge were at various times

self-supporting, and that one of them, the great industrial prison at Alipore, a suburb of Calcutta, has repaid very considerably more than its cost for the last ten years continuously.'[1] Dr. Mouat also refers to the reformatory aspect of prison labour. He shows that in the prison of Alipore, in 1835, the discipline was so bad, and the prisoners so desperate, that the prison was considered a source of public danger, and the officer in charge recommended the immediate transportation of its inmates, and that upon an attempt to increase the amount of work the prisoners rose upon and murdered the governor of the gaol. This was the result of mere measures of severity, and he then shows that in 1867, after twelve years of the new system of treatment, the same Alipore gaol had become a well-organised industrial prison, containing more than two thousand prisoners; that it was a model of order and regularity, and the breaches of discipline, and consequent punishment, were few; and yet the convicts in every department executed tasks in excess of the work performed by skilled artisans of the same class in a free state. Dr. Mouat also says that, though he has no reliable statistics by which to trace the prisoners after release, yet it is known to the authorities at Alipore that no skilled workman ever returns, and that large numbers are known to be earning an honest livelihood in and about Calcutta.

I think, then, from this and other instances, that it is conclusively proved that the labour in prisons can be so conducted that the prisoners should provide for the cost of their own keep, and I think it is also shown that this labour has the very best reformatory influence on the conduct of the prisoners both when in prison and after they leave it.

The objection might now be made that while prisons might be conducted on such a basis in places where there might be large numbers of prisoners with comparatively long sentences, it would be impossible so to conduct prisons here where there are but few with long sentences, and many with short, and an average length of imprisonment of only fifteen days. This objection is certainly a strong one, but the answer to it is just this, that these short sentences should at once be done away with, and that they should be done away with just because, in the words of the Departmental Committee on Scottish Prisons in 1899, they are 'useless, or worse than useless, since, if they cannot be worked for the improvement of the prisoner, they cannot, on the other hand, be said to act as a deterrent.'

The question then at once comes up—in what way are minor offences to be suppressed? and I should suggest the answer that in many cases simple caution should be used, and in more serious cases, or on a second trivial offence, fine, and fine to be recovered not only by fear of imprisonment, but, in the prior instances of such being imposed, by civil process, that is distraint in England, or poinding and arrestment in Scotland; and that, if it should be found that there was no property against which to proceed, a simple register should be

[1] *Journal of the Society of Arts* for February 1872, p. 274.

made against the defaulter, until on a second, third, or fourth offence a large sum might be registered against him or her that might be wiped out by a long term of imprisonment.

That prisons should be established on such an industrial basis and be made to pay their whole cost, and the success of those that have been so established is strongly urged and shown by Herbert Spencer, in his able essay on 'Prison Ethics,' and I shall close this paper with the words with which he concludes that essay, where he speaks as follows:—'I have occasionally ventured the paradox that mankind go right only when they have tried all possible ways of going wrong: intending it to be taken with some qualification. Of late, however, I have observed that in some respects this paradox falls short of the truth. Sundry instances have shown me that even when mankind have at length stumbled into the right course, they often deliberately return to the wrong.'

(*See Summary of Discussion, page* 404.)

DISCHARGED PRISONERS' AID SOCIETIES

By the Rev. ROBERT BLAIR, D.D.,

Chairman, Edinburgh Prisoners' Aid Society

One of the most pressing questions of the age is how to raise the fallen and rescue those who are sunk in vice and poverty. The condition of the 'submerged tenth' is a disgrace to our wealthy empire, and any means which tend to wipe out this blot on our civilisation should be encouraged. It is a very difficult problem, and how to deal with the criminal section of the community is the hardest part of the question to solve. As long as crime exists it must, for the safety of society, be punished. Without punishment for wrongdoing, it would be impossible to preserve order, or assure the wellbeing of the law-abiding portion of the community. But punishment for the evil done should not be the sole aim. The reformation of the wrongdoer should find a prominent place in the treatment of criminals. This is now more recognised by authorities. They are becoming more alive to the fact that the duty of magistrates and judges is something more than merely passing sentence upon those who have erred. How to deal with breakers of the law is now being looked at from a higher standpoint, and the duty of society towards the fallen is being placed in a clearer light.

The First Offenders Act is a proof of this. Many who formerly would have been sent to prison, through the operation of this Act have a chance given them of reforming without having the stigma of criminality put upon them. In some of the American States they have a system which they call the probationary system, by which they try to reclaim young and first offenders by supervision and control. Such a system, if judiciously managed, might be more

generally put into practice in Scotland than it is. Something more might be done, during the terms of imprisonment, to train prisoners to some occupation by which they might be better able to earn an honest livelihood when they regained their freedom. The aim of all who have to do with criminals should be reclamation. This is the great object which the Prisoners' Aid Societies have in view; and, in spite of the many difficulties they have to contend with, they are doing a noble work in this direction. Any one who takes the trouble of studying the reports of the various Aid Societies throughout the country will be convinced of this. If the public recognised the amount of good which is done they would more liberally support the efforts put forth by placing larger funds at the disposal of the societies. There are many difficulties to contend with, but there are also many encouraging cases. To reclaim the fallen is not so easy. There are many hindrances. The tyranny of former habits frequently overcomes even the man who is really anxious to reform. His environment, when he leaves prison, may be such that it makes it almost an impossibility for him to turn over a new leaf. The companions with whom he associates, the scenes in which he mingles, all have a tendency to drag him back to his former courses. He has also to contend with the difficulty of getting work. Many employers will not take a man who has been in jail, and the workmen too look askance at him. Several cases have come under my personal observation where the master was willing to take discharged prisoners into his service, but the workmen would not permit it. These, and other circumstances which might be named, make it very hard for the man who has erred to get back to an honest and upright life. There are hindrances to reformation which are inherent in the discharged prisoners themselves. All of them are not anxious to work. Three divisions might be made of discharged prisoners.

1st. Those who do not require employment, or who, being skilled workmen and willing to work, can find work for themselves. This class is not numerous among discharged prisoners. Possibly not more than 10 per cent. need be placed in this category.

2nd. Those who will not work. This class is a very numerous one; probably 50 per cent. of discharged prisoners will fall to be placed under this head. This class is largely composed of those men who live upon their wits, who spend their time in loafing or tramping about the country. They are too lazy to work, and exercise their ingenuity in planning how they may contrive to exist without the drudgery of steady labour. It is in dealing with this class that one of the failures of our system of reclaiming criminals comes clearly to view. To give such men a short sentence, and then send them adrift to pursue their former practices, does not conduce to reformation. Such should be detained in a house or labour colony for a considerable time, until their idle habits are, if possible, eradicated, and principles of industry and honest labour are acquired.

3rd. Another class are those who are willing to work and cannot find

employment. This is the class who specially should come under the supervision of Prisoners' Aid Societies. Probably 40 per cent. of discharged prisoners come under this category.

In this class there are those who are able and willing to do any kind of work, however rough it may be, and those who are willing but unable to work. There are many discharged from prison who are aged, infirm, or maimed. It is an impossibility for such to earn a livelihood for themselves. Such men should not be in prison at all. Their crime probably is begging, or hawking without a license, or sleeping out at a brickwork, or a limekiln, or stackyard. They are hardly criminals at all. No doubt they transgress the law, but the moral offence is not great. It may be asked, why do such men not go to the poorhouse? The answer I have frequently got to such a question has been, 'I would rather be in the prison than the poorhouse, as I am better treated here.' If this be a fact, it is high time for Parish Councils to look into the question, and strive to remedy matters. Better, if need be, increase the poor rate than help to manufacture criminals.

The chief work of the Discharged Prisoners' Aid Society should be among those who are able and willing to work. Sometimes, even for this class, there is a difficulty in getting employment. To meet this difficulty it would be well that the Society should have a labour home, somewhat on the lines of the Church Army home, where the discharged prisoner could get shelter and work until a permanent situation could be got for him.

Another aid to the reclamation of the fallen, which I have often thought of, is to have a labour colony under Government control, where discharged prisoners could be compelled to stay and work. The wages earned by them, after deducting so much for board, might be retained and handed to them when they were permitted to leave the home. There are several such institutions already in existence, such as that of the Salvation Army, and that in Dumfriesshire maintained by charitable gentlemen of Glasgow. The weakness of these colonies is, that there is no power to retain those who go there longer than the individual chooses. I would say, make residence in such a labour colony part of the punishment. Keep a man there until he is trained to work with perseverance and steadiness. This, I believe, would have very salutary results, and might prove specially beneficial in Scotland, where a very large amount of the crime of the country is due to over-indulgence in strong drink. It may be said there are inebriate homes for such cases. That is so, but they are very far from meeting the necessities of the country.

Meantime, until the Home Office and Government adopt further measures to help discharged prisoners, the societies must continue to give all possible aid. They fill up a very important gap in dealing with this class of the community. As already said they are doing a good work, and deserve every encouragement.

One way of giving an idea of the operations of the Prisoners' Aid Societies

is to sketch what is done by that one with which I am connected. I may here be allowed to state that I consider our Edinburgh prison as one of the very best managed in the country. The Prison Commissioners manifest a deep interest in the prisoners, and are ready to give countenance to any well-devised scheme for their reclamation. The Governor also, who is a member of our Aid Society, exerts himself to try and get employment for those who have completed their term in jail. Our Society has two paid agents, one to look after the male prisoners, and a lady to take charge of the females. These agents are indefatigable in their efforts to aid their unfortunate clientele. They meet them at the gate when they are discharged, and those who need it are provided with a comfortable breakfast. They provide articles of clothing for those who require such help. They see those who are leaving town on board the train, so as to help them to shun temptations which might cause them to fall ere they left the city. Lodgings are procured for those who desire to remain in the city and have no home or friends to go to. No effort is spared to get work for those willing to undertake it. The chaplains also throw themselves heartily into this work, and exert themselves to further the aims of the Society. Our Discharged Prisoners Aid' Society also strives to benefit those who are still undergoing their sentences. A good deal of work is done in trying to influence the prisoners for good whilst they are in confinement. Not to speak of the work of the chaplains, who conduct services and visit in the cells, the lady members of the Society visit the females regularly. They also look after them when they are discharged. They get situations for them, or get them, when possible, into homes. One lady member teaches a Bible-class every Sunday on the female side, and the male agent has a large class of men every Sunday afternoon.

A teacher is also employed by the Commissioners to train those who are unable to read and write. Much good is thus done by the combined efforts of all who have to do with the prisoners both before and after they are discharged.

The work is in many respects most interesting. No doubt many disappointments are met with, and some who had given hopes of permanent amendment fall away again. But we have many proofs of permanent good being done. I need not adduce special cases, but we have had again and again evidence that in every human soul, however debased, there is a chord which will vibrate to the touch of sympathy if we only know how to reach it, a chord that will produce the music of a true life even in him who has sunk very deep into the quagmire of crime.

(*See Summary of Discussion, page* 404.)

THE TREATMENT OF HABITUAL OFFENDERS

By Dr. M'NAUGHTAN, I.S.O.

Superintendent of Criminal Lunatic Department, H.M. General Prison, Perth

I am decidedly of opinion that if the reformatory system is to be a success, and a benefit to the prison population of Scotland, the State must take the matter entirely into its own hands. The reformatory doors must be opened wide enough to admit *all* habitual offenders, including inebriates and persons of impaired intellect. It is universally acknowledged that the present treatment of habitual offenders is ineffective, and, I believe, the main cause of failure is that, as a class, their criminal bias is mainly dependent upon a certain degree of mental obliquity. The 'half-and-between' or borderland mental cases are, at present, a constant source of trouble and annoyance to the administrators of asylums and prisons. From prisons they may be sent to asylums, but they have their comparatively lucid periods, and, when those occur, the asylum authorities contend they must be discharged. Although probably technically sane at the time, they are utterly unable to guide themselves outside, and inevitably fall into the hands of the police to be again consigned to prison. This weary round of certifying and discharging goes on, the individuals being shuttlecocked between the asylum and prison, until the mental symptoms become so pronounced as to compel the asylums to detain them. Again, such cases may not be legally certifiable at all, still the mental defect may be sufficient to impair their capacity for guiding themselves aright, and, in prison, they may refuse or are unable to conform to penal discipline. I have no hesitation in recommending that all borderland cases, instead of receiving penal sentences, should be placed under reformatory care and treatment.

The rational course, in my opinion, would be to commit individuals to this General State Reformatory, as it might be called, for an indefinite period, just as criminal lunatics are ordered to be detained during His Majesty's pleasure, but, if this were seriously objected to, then commit for three years as at present. At the end of this period test the effects of treatment by granting them their liberty, but if there be the slightest lapse into drink or crime, recommit at once for another period. In this way all the habituals would be captured and properly cared for, and they would be no longer the pests of the streets, the police courts, and the prisons.

The details of this General State Reformatory would require to be worked out by actual experience. Probably a mental division would be required for mental cases, in any case there must be ample means for proper classification. I may state, in conclusion, that the occupants of a reformatory, such as I

suggest, would be the individuals who at present fill the prisons, so that, although the State became responsible for their maintenance, it need not add materially to the national expenditure.

(*See Summary of Discussion, page* 404.)

FARM COLONIES AND INDUSTRIAL CENTRES
V. WORKHOUSE AND CASUAL WARDS

By the Rev. J. L. BROOKS, Lingfield, Surrey

There is a deep interest manifest just now, of which it seems desirable to take advantage, in order to present the cases of the dependent poor. No new problem is before us, nor any increase of expense—or but little. These are all with us. We *must* feed, house, and care for them. The question is only How? Whether in the Workhouse, the Gaol, or the Gutter.

This paper is built on the thought that labour is the *Birthright* of everybody. Something to *do* for *all*. It should not be, on the one hand considered as a burden through which a man must pass to a Mohammedan paradise; nor on the other an irksome duty, necessary of performance, before a man can eat, but a beneficent order, in which all creation should take pleasure. Work is the blessing; the want of it, the curse of curses, inasmuch as it leads to every *ill*. In the absence of work not only does Satan the mischief-maker interpose, finding mischief still for idle hands to do, for mischief is better than listlessness, but in his capacity of Destroyer, he lays waste all that was fair, atrophying all fibre, and bringing to nought every trace of intelligence. While through work there is a renewal of tissue, and regeneration of thought and purpose.

It will be convenient to set down under three general heads what I have to say.

I. THE CASE STATED.
II. THE METHOD TO BE FOLLOWED.
III. THE EXPERIENCE GAINED.

I. THE CASE STATED

There are at least six types of dependent poor with whom we have to deal. They are of both sexes, and all conditions. But this paper deals with males only. My work has not been among women.

(*a*) *Adult Epileptics* able to do a little work, and who would be much better for employment, but who are now largely in the lunatic and imbecile wards of our workhouses, where their sad lives are made sadder by their surroundings and distraught companions.

Other such epileptics are with their families in their own homes, where it is impossible to properly care for them.

An outdoor life, where a little occupation was a daily necessity under wise control, with directed play, regular hours, and suitable food, would be an immense boon to them. A gracious amenity to all, and for many a prevention of their sinking down into imbecility, or lunacy, because arresting the deterioration which the ravages of epilepsy generally work.

(*b*) *Youths*—not epileptic, of poor physique, small in stature, weak-chested, or short of wit and feeble-minded, now in workhouses, and otherwhere in considerable numbers, without the smallest chance of betterment, or hope to inspire interest. A certain number of these respond to treatment under proper conditions. With nourishing food, healthy work, intelligent play, the body begins to develop, and an improvement in mind ensues—always the body first. All these need protection from themselves, and prevention from harm to others of the opposite sex. To speak of *liberty* for these is to degrade a sacred name.

(*c*) *The idle*—the few who *won't work* but who sponge on the kind-hearted, and are an everlasting peril to those a step or two above them. This type has a variety of evolution, often he is born, and sometimes made. In the first place, the curly-haired darling of a doting mother tied to her apron-string until the death of the father, then with nothing in his hands, and unable to live on his wits even, he is the spoiled boy and youth, an industrial degenerate. When he is *made* it has been by that swift but terrible deterioration which is caused by lack of employment. In either case this man must be *made* to work, and the compulsion must be partly through the stomach—'if he will not work neither shall he eat,' and partly by the set of new conditions into which he must be brought. How this is to be done will appear later.

(*d*) The drunken; for whom there is one general characterisation, viz:—They are almost without exception fallen from the ranks of the intelligent, industrious, able, and lovable. (In dealing with 100 of these at close quarters I have had but two or three who were *idle*—of the two, idleness is worse than drunkenness.) These may be subdivided into the hopeful, the less hopeful, and the least hopeful.

The hopeful are those who wish to be delivered from the thraldom in which they are held, and would gladly join a colony, entailing loss of liberty, in order to secure it.

The less hopeful are those whose depraved appetite seeks drink for its own sake.

The least hopeful are those who qualify for a Reformatory through several convictions at the Police Courts. But for all some hope is left, none are to be despaired of. They must, however, be protected from themselves by a period of seclusion where it is impossible to obtain drink. The work of reform

among this class has been very encouraging, and much more could be done if wise restraint were given us.

(*e*) The old, or those getting old. It is more than a pity, it is a grievous wrong, that some of these should be forced into workhouses; thus closing earlier than need be, and at more cost, useful and honourable lives, under, to them, the cloud of disgrace, the sense of which is a sore hurt to a respectable and virtuous man. We have had a few of these, whom it has been, and is a joy to have with one, who, under suitable conditions, can earn on the land a living and something more, for ten years, after the keen competition has driven them out of the ranks of ordinary employment. One of these who has been with us five or six years was offered more congenial conditions, such as, in company with a few others, the advantages of a sitting room, said:—'I would rather be among the lads (*i.e.* in the large room of 50 people); they need me.' The truth of this was immediately recognised; his presence was a modifying influence at all times.

(*f*) The able-bodied and industrious who get thrown out of employment (1) Through misunderstanding or disagreement with the employer. (2) Through sickness. (3) Through the shifting of the industrial centre of gravity. (4) Through the introduction of new labour-saving machinery. In one case known to me, a machine did the work with one attendant, that 13 people had done before.

These six are the concern of this paper, and the order of procedure is our next point.

II. THE METHOD TO BE FOLLOWED

For all nervous disorders there is a ministry of nature which nothing else can replace or supersede. In digging and stirring the land there is a manifold return; the movement of the muscles, the odour from the soil, the intellectual occupation, versus solitude and listlessness, all tend to reinvigorate and rebuild the weakened tissue, and restore lost power.

Here then the epileptic and the drunken should be, as also the feeble-minded.

(*a*) The *place* should be in the country, and both farm and industrial opportunities furnished. Cheap land capable of response secured.

(*b*) Simplicity should be the leading idea. (1) In men's quarters, such as lodging for the men and living-rooms, also needful buildings. Indeed, it would be well, if they, after seven or ten years, could be removed to a new centre, and the improved farm sold or let. No elaborate structure to gratify the pride of the originators. Palaces at the price of £200 per bed is an outrage on all ideas of the fitness of things. (2) There should be no costly stock or implements. These men cannot be trusted to deal with cattle, nor fine fruit orchards, but the lower grades, especially, should dig and hoe, and weed, where there is little or nothing to spoil, that either wilfulness or ignorance can destroy. (3) Simplicity and economy should rule as to workshops. In wet

weather these are needful, and should be capable of removal in certain cases. Rough cobbling, tailoring, wood-chopping, sack-making, basket-making and a little rough carpentering, only in the lower grades.

(*c*) The authorities to do this work should be the counties, and in some centres the co-operation of counties grouped for the purpose.

To be economically done, it must be on a large scale, and no one workhouse can do it, and it seems impossible to combine workhouses for the purpose, even were it desirable for workhouses to do it at all. For in that case it might be, ay, *would* be, an outdoor workhouse without a redeeming feature. The best results would be obtained through a voluntary body doing the work on a large scale under the conditions and with the help herein outlined. There should be graded colonies in different places in large enough numbers to be economically worked, in (1) Feeding, (2) Superintendence, (3) Industries, yet not too large to be unmanageable or to need a kind of police supervision.

At the bottom should be the simplest stage of all, and with powers of detention, into which some men could come voluntarily and put themselves under restraint, and to which the Magistrates could commit others, but with a passage upward; where, starting at the bottom, the man should be shown the path to independence and *liberty*. It is time dependence was deprived of franchise.

Those at the top should be ready for emigration or home service, preferably trained to permanent employment on the farm.

Into these colonies the first four classes should be gathered and graded; and the fifth associated with them, but in freer conditions; but the sixth, able-bodied and intelligent, must not be removed far from their habitual work. Hence industrial centres should be founded, or city colonies, where about a half to two-thirds' wage should be earned, with facilities furnished for seeking a situation. Here, too, labour bureaux should be established, and a clearing-house giving account of all such efforts.

The sad deterioration of physique and self-respect, often so rapid, from the wholesome fear of being out of work, to the preference for tramp life, from the simple respectability to disreputable appearance, which no employer would look at twice, is but a period of a few weeks; so we are always creating at one end—as in the case of the drink traffic—what we are seeking to cure at the other.

III. EXPERIENCE GAINED

1. The results from experience, considering that we were all new to the work (with but few precedents to guide us), there is much to encourage those thus engaged, and had the work been better understood by Guardians, there would have been still more. But not understanding, they have sent to us the very poorest specimens.

(*a*) The types of men sent were debilitated in physique, and abject, and

absent, as to mind, and this, with rare exceptions, during the seven years of our experiment. They have been, instead of the hopeful, the hopeless; instead of the able-bodied, with some modicum of sense, they have been chiefly the physically and intellectually defective. I need not say that it would be no wonder if we fail to turn out men from such undeveloped or wrecked creatures. Nevertheless I have seen many remarkable results from this class. The starved life, after six, nine, or even twelve months, has responded, the attenuated body has developed, the stature in some cases increased, with a corresponding improvement in brain and power of will. Indeed I have sometimes said that the first time I have hope of one of these is when he begins consciously to set his will against mine. For it is the miserably vacant and obsequious who are the despair of even the optimist.

Such as we have had, however, we have done our best with, and out of these some have been saved from helplessness and made useful.

(*b*) In cases of physical defect merely, several have amply paid for the care bestowed; those with defective sight, or short stature, or small of chest have, in the country air, with outdoor life and with wholesome and sufficient food, been amongst our best cases. For the rest it is a serious question whether the hopelessly debilitated, or weak-minded, should ever be allowed to leave the workhouse. There are real and grave perils attendant on such a course, which more than outweigh any likely advantage. Liberty is a precious thing, all too precious to be trifled with.

Handicapped as our colony has been in this way, we have still permanently benefited one-third of those sent to us, many of them to all appearance helped to an independence altogether impossible without us. Our latest report, still unpublished, gives the following:—

'We began the year January 1903 with 53 men in the colony. During the year 50 came in and 57 left, leaving us with 46 on December 31st. Of the 57 departures 5 absconded, 9 were dismissed, 12 were returned to Unions from which they came as untrainable, 1 left in a regular manner with a view to seeking employment, 1 was transferred to the Starnthwaite Colony, 4 (including a foreigner stranded in England) were returned to friends, 2 were sent to Canada, and 11 left for situations. Say 16 were to our knowledge benefited. (That, too, has been about the average as previously stated.) A large portion of the difficulty of the work at Lingfield has been occasioned by Boards of Guardians sending cases of which they were anxious to be rid, rather than men capable of being trained. The foregoing figures make this plain. During the year we are glad to say the type of man has considerably improved, and of the 46 colonists in residence at the end of the year it is possible to class 27 as hopeful cases, 10 as doubtful, and 9 as permanent. The last mentioned are men who are practically engaged on the staff of the colony, and whom there is no particular desire to remove. Of the 27 hopeful cases there should be at least 18 with a good future before them in Canada.' Of the 18 in that forecast 15

went to Canada in the succeeding April. In a parenthesis I would say the reasons for sending men to Canada are these:—(1) They are thus removed from old associates and environment. (2) They are generally with small farmers who can afford one helper only, and are thus continually under the employer's eye and influence. (3) Farm life is much simpler in Canada.

(*c*) *The Cost.*—In this utilitarian age—was there ever any other?—much interest is quickened by the consideration of cost until one is afraid lest £ s. d. prevent us from estimation of character.

Well, the average cost per man per week is, as nearly as I can state it, 9s., of which the incidence is as follows. The largest item is 6s. 3d. for food and lodging; next largest is superintendence; after that clothes; then waste, unhappily often wilful, more often lack of knowledge and skill; and last, the doctor. This item of doctor is more than it need be, but for the malingering which necessitates it. In larger numbers, with classification, and the S. A. method of the sale of food, this cost should be somewhat reduced. This sale of food is one of the best features of the S. A. method. It is done by means of metal tokens current in the colony only.

In the study of cost the question arises, how long is it before the man earns anything towards this? The answer is, so much depends on the man, but the average earnings of 50 would be a mere trifle during the first six months. The enervated, listless, unskilful, and unwilling, take so much to stimulate into enterprise and activity. But after six months, with a fairly well-knit system, the lower grades would be able to earn from one-third to half their cost, and the higher grades would be nearly self-supporting.

We lay much stress on the religious life of the colony. The day is begun with a brief reading from the Bible, and a simple prayer from house-father or brother. It is closed in like manner, with the addition of a hymn. The Sunday services are in our own Mission Hall; the morning service is voluntary, the evening a duty. It is a very pleasing feature that, while most of the larger churches are represented, in seven years there has never arisen a religious difficulty. Anglican, Presbyterian, Congregationalist, Baptist, and Methodist work and worship together; and we reckon much, and are not disappointed, on the inspiring Sunday service to carry us through the week. More than much is secured thereby, the intellectual life is stimulated and the spiritual quickened to such an extent, that I would not touch such work without it. The theory of life that treats men as merely material creatures has no heavenly breeze to disperse the lethargy and dulness which, like foul air, choke the little life there is. Our best results have been attributable to these influences.

So much has been done in spite of the very serious drawbacks we have to encounter. But so much shows the possibility, under proper conditions, of much more. If we had grouped and graded colonies, under the simplest of efficient conditions, much larger things would be recorded. Grouped, that is, under county areas, and managed by agencies like the Christian Social Service

Union, so that the numbers would be large enough to secure economy. And graded, so that the most inefficient did not set the pace for the whole company —the intelligent be reduced to the standard of the dull, nor the industrious spirit be held in check and conditioned by the idle. For these last I would have compulsion as well as restraint.

Compulsion.—I am a firm believer in this. I would insist on work for food. The man most in need of help as to food and shelter is generally most in need of discipline. He will accept the former, but not the latter, and sometimes in a fit of temper or idleness, or aberration of mind or even misunderstanding, he is off—throwing aside all the patient effort bestowed upon him—and that at a time when influence is beginning to tell. He is just feeling, it may be, the pinch of the collar of work, and jibs: and the poor superintendent is helpless. These things ought not to be endured. I know all about the precious liberty of the subject, yes, and I know it is as perilous as it is precious; and I, for one, would not allow its continuance where it was flagrantly abused. I would make liberty *de*pendent upon *in*dependence; and those who were, or became, dependent should have liberty restored on gaining or regaining independence. This certainly with the idle, the weak-minded, and the confirmed inebriate. It seems to me a pitiable farce to have a man dependent upon others for bread, choosing whether he will or will not work, and flippantly deciding the issues for himself. However that may be, I am sure you can do little for many of these while it is permitted. Constraint and piecework would go far to cure some of the ills, and co-operation and classification would prepare the way to accomplish the rest. I would then have a series of small farms, if possible in the near neighbourhood of one another. Some of them should be compulsory, with the understanding of graduation, one of these for drunkards, and the others for the weak and idle. On them all, food—quality especially—should depend on work done.

If only one large farm is possible, then let the classification be in divisions and houses, otherwise proper discipline is impossible. Good and sufficient food is a prime necessity if real value is to be attained. But if the worst fares equally with the best, you have the best declining to the worst continually. Says the best, 'My neighbour fares as well as I, why should I care?' You must bear well in mind that in these two grades few of them see beyond the *plate.* The small money *grant* made for encouragement is, in that stage, of small importance. But *food* is a prime factor. At Lingfield we rely mainly upon the character and influence of our helpers with the addition of (1) a little tobacco, (2) a small grant varying from one penny to sixpence a day, and (3) the liberty to go off the colony is dependent on conduct. But all these need strengthening when the capital punishment of *dismissal* is often desired and conduct framed to secure it.

We find it needful to have industrial workshops for rainy days and winter evenings, which, on the higher grade farms, on a larger scale, would be in

constant operation. These should be, on the lower grade colonies, for easily learned industries like mat-making, rough cobbling and carpentry, sack making and basket-making. The question of profit would be secondary, the true inwardness being a continuous industry, with no excuses for idleness. Through the series of grades there should run a principle of training and ascent, until, of the higher grades, some would be fitted for Canada, and some for work in this country.

All the young should understand that farm-work is to be their future. We have had youths, two at a time, for three years lodged out with the steward of of a local estate, whose employer is an M.P. This M.P. expressed to me some time ago his thanks, first for the value the boys were to them, and second for the *principle* we followed in thus training boys for work on the land where farm-labour is so scarce. I have used the word *training* for work on the land. People have such silly notions about farm-labour, as though any fool or half-wit could succeed therein; whereas the truth is, that an all-round farm hand is, in the real sense of the word, a skilled workman, and the man who has succeeded as a farmer has put as much brain into his work as the average solicitor.

Men.—If this work is to be done, we must have a special set of men to do it. If there be one thing writ larger than another in our experience, it is that, for such service, men must be specially selected and fittingly trained. Hence our endeavour to choose and equip our men. It is plain to us that the workhouse officials cannot do this work. Somehow there is a spirit and atmosphere about workhouse ways absolutely fatal to growth, prosperity, and enterprise. We have no doubt that the wise and sympathetic father, with the strong and loving brother, are needed for this business. Men with heart and faith, grit and gumption, are essential, if any success is to be achieved. Love versus mechanism, with its freer play and healthier action. Never mind a few mistakes; the men who never make mistakes never make anything. Such men as these of whom I am speaking will take as much calling and making as it takes to make *men* of some of the *colonists*. But they *must* be called and made. Everywhere these men are needed for all our institutions: asylums, prisons, hospitals, and farm colonies.

Educational, social, and religious influences are large factors in this work. At Lingfield we not only encourage play, but, by example, endeavour to create a taste for healthy games. It is one of the sad parts of the business that some of these lads do not know how to play, neither do they know how to work. So much so that it may be said that the playless youth is the hopeless one. Wellington is credited with the saying that the Battle of Waterloo was won on the playing fields of Eton. We may certainly say that the playing fields of Britain have much to do with the winning of industrial battles. At any rate we stimulate the spirit of play: outdoor, cricket and football; indoor, all sorts of innocent games—anything and everything to conquer the listlessness which

paralyses these men. Then we have lectures, with or without the magic-lantern, on all kinds of topics, including those of farm and garden interest. Debates also, however crude, are arranged for; and readings, recitations, and songs are parts of the social programme. A Good Templars' Lodge, too, is run, and into it those are gathered who so much need the support of a regular weekly appointment; and to me it was a joy beyond words when, a few days ago, I stood among 27 lodge members, 20 of whom were colonists, to say good-bye to four who were departing for Canada, two of whom had been drunkards.

In Conclusion.—These men are with us. We are not seeking new work, the materials are all here; the question is only how to use them. At present you have to feed, clothe, and control these men; and you rescue none, mend none, nor until the end of time will you, under present conditions. To say you redeem no men, you improve no character, is a very mild form of putting it. You are increasing the number of the unfit, and more completely destroying the fibre of manhood, though you are spending much more money per head than we. By this method I have outlined it is quite certain some can be saved. There is heart in it; there is hope in it; there is a future in it.

The great advantages of the farm colony are:—

1. Economy. Country land is cheap. Such institutions should be away from the costly conditions of city and town.

2. Outdoor exercise and contact with mother-earth, which minister so largely to depleted energy and debilitated physique.

3. Hopeful training and such provision as I have indicated are long strides in advance of the workhouse. By our method, handicapped as we have been, we have really served one in three, and by the sifting process at work have ascertained who can and who cannot be helped. Of those whom we have helped many would have remained for ever paupers who are now both happy and independent. These things being so, and our experiments so gratifying, the members of the Christian Social Service Union believe the time is at hand when similar efforts should be made in many places, and are therefore thankful for opportunities of conference like this, which in their judgment prepare the way for their original idea, viz.: a colony in every county.

(*See Summary of Discussion, page* 409.)

MODEL LODGING-HOUSES: PRO AND CON

By Sir SAMUEL CHISHOLM, Bart., LL.D.

I have no desire either to magnify or to minimise the influence of environment on the character and habits of a people. It is easy to err on one side, or on

the other; to exaggerate the effect of circumstances, as if the individual were nothing, or to exaggerate the power of the individual will, as if outward circumstances were of no account. The truth, as usual, lies in neither extreme. The personal equation must ever count for much—and the influence of external circumstances can never be wholly discounted—but to strike a true and accurate balance between the opposing forces, is a task too hard for our imperfect knowledge. But there are cases in which the forces on the one side are abnormally weak, and on the other are abnormally strong, and in such cases it is obvious the conflict between the individual and his surroundings are very unequal. When through constitutional defect, or imperfect training, or a life of self-indulgence, the will power of the individual is relaxed, and at the same time restraints are few and weak, and temptations many and strong, it is only to be expected that circumstances will, as it were, take the individual into their hand, and mould his unresisting nature according to their will. The subject I am called upon to deal with suggests this train of thought.

Model Lodging-Houses, whatever may be our view as to their actual or general result, are undoubtedly an effort, a praiseworthy and unselfish effort, to reduce the power of temptation to self-indulgence and vice, and to strengthen the aspiration and effort after a better and purer life. The evolution of the Lodging-House is simple and obvious. A young man, or an unmarried man no longer young, or even a married man whose work in the country has failed him—one or all of these come into the city in search of work. Their means are limited, their requirements simple, and they quickly find some one in circumstances perhaps as humble as their own, willing to give them the needed accommodation at a moderate price. I assume, meanwhile, nothing whatever as to character. In a great city the number of such persons becomes so great, that the providing of the requisite accommodation becomes a regular trade. It is not uncharitable to say that the lodging-house keeper, animated by the usual mercenary motives, seeks to make his trade as profitable as possible, and is tempted to keep the comforts and equipments of his house at as low a standard as he can without driving his trade away. On the other hand, meanwhile, the heterogeneous body of lodgers who are attracted to his house, quickly develop into two broad distinct classes, roughly called respectable and disreputable. The one class or the other quietly leaves, and gravitates to its own level, and so there are produced the different types of Lodging-houses with which we are familiar. Needless to say, the inevitable tendency is for the great law of deterioration to pursue its course unimpeded, the bad become worse, and those which by comparison may be called good require constantly maintained efforts to preserve them from becoming like the rest. How acute the condition of things had become in this respect in all our great cities in the middle of last century has become matter of history. The rapid and marvellous rush of population to our great industrial centres found our municipal authorities all but unprepared. Regulations and equipments, which might suit a town of moderate size within a

few minutes' walk of the green fields and the sweet fresh breeze, became wholly inadequate in the altered circumstances which began to emerge. In Glasgow, as in all great centres of population, the following process might be seen at work. On every side the fields are being absorbed by the extending town. Rural suburbs are swallowed up, and become in reality, if not in name, part of the growing city. And while this change is taking place in the outskirts, another, more fruitful of evil still, is going on in the heart of the city. The great majority of the houses which had any pretensions whatever had stood in the midst of garden ground. These open spaces had done much to diminish the density of the population, and to provide breathing ground for the citizens. But the land was quickly becoming too valuable to be retained for such a purpose. Buildings were created where the gardens stood, not under the guidance of any controlling authority, but simply as best suited the caprice or cupidity of the individual owner. And beyond all this, and more disastrous still, another process was being carried on. Large and roomy houses of six or eight apartments, where wealthy merchants or comfortable burghers had lived, were deserted by their former occupants for more fashionable quarters, and a system of reconstruction and sub-division introduced, which resulted in six or eight tenants occupying in one lobby, the rooms which had together formed the accommodation of a single family. The result was what might have been expected. The old city became densely congested and frightfully unhealthy. Within a comparatively narrow area 75,000 persons were huddled together, a large portion of them under conditions which made physical well-being difficult, and moral well-being all but impossible. Disastrous as all this was for the householder, who had more or less control over his own home, it was infinitely worse for the unhappy lodger. In the wynds and closes of the Trongate, as well as in the High Street and neighbourhood, there were scores of Lodging-houses where many hundreds of poor creatures were crowded together in a manner that defies belief. The common decencies of humanity, not to say of Christian civilisation, were hourly outraged. The most elementary precautions against the spread of disease were neglected. There was no inspection by police or health authority. The sexes huddled promiscuously. Infectious diseases of virulent type were seldom absent, but there was no Fever Hospital save the Fever Department of the Royal Infirmary. There was no compulsory removal of fever patients, and when one unfortunate was removed to the Infirmary or to the grave, another, surely more unfortunate still, occupied the same bed, and hugged round his person for bed-clothes the same meagre and infected rags. One result of all this was the prevalence of a death-rate simply appalling. In 1864 the death-rate of the whole city was 32·5. No statistics for the special district known as the Briggate and Wynd exist for the year, but even ten years later, when some amelioration had taken place, the death-rate in that district was 48·2. In the days of the Terror, when the swift sickle of the guillotine was reaping its harvest of death, Vergniaud said: 'The Revolution,

like Saturn, is devouring its own children.' Glasgow was by a process less merciful than that of the guillotine devouring its own children.

In the year 1847 a number of public-spirited citizens formed themselves into 'The Glasgow Association for providing Lodgings for the Working-classes.' The association contemplated accommodating both single lodgers and couples. Their charges were 3d. per night for a single, and 4½d. for a double bed. The menu was, for breakfast, eight ounces of oatmeal made into porridge with one pint of butter milk for 2d., coffee 1d., tea 1½d. per cup, exclusive of bread. Dinner consisted of one quart of broth and eight ounces of bread for 2½d. The Model Lodger of to-day would look askance at the meals of his predecessor, as a visit to any Model Lodging-house at the time when the hot plate steams with the odour of ham and eggs and roasted onions will abundantly demonstrate. The association, however, to which I have referred, was dissolved, and its undertakings were assumed by the Corporation, which had, in the year 1865, obtained its first City Improvement Act, giving them the requisite powers. Since then the Corporation has, at various times, erected or acquired six Model Lodging-houses for men and one for women, capable of accommodating altogether 2430 individuals. In addition to these, there are sixty somewhat similar, though mostly smaller houses in the city, with accommodation for 7173 persons, or, including those of the Corporation, a total of 9603. Reverting to the Corporation Homes, particulars of which are more easily accessible, the arrangements are as follows, and with trifling variations the same may be said of the other similar institutions in the city. Each man or woman, as the case may be, is provided with a separate cubicle. He has the use of a kitchen where utensils are supplied, in which he may cook his own food at a hot plate which is always in condition. A commodious dining-room is provided, and a large and airy recreation-room. Ample bath and lavatory convenience is at his disposal, and accommodation where he may wash and dry his own clothes. He has the run of the Home for twenty-four hours for a sum varying from 3½d. to 4½d., and in a few special cases 6d., according to a trifling difference in the sleeping arrangements.

What class of people find their way to these homes and take up their abode there? In the evidence given before the Municipal Housing Commission of Glasgow last year, one witness, the Superintendent of a Corporation Model Lodging-house, in answer to a question as to the class of people who frequent his house, said, he could give the class of every man who slept there the preceding night. Every bed was let, 468 in all. There were of skilled labourers 113, of unskilled 355. The unskilled comprised warehousemen, clerks, colliers, storemen, lamp-lighters, holders-on, gardeners, timekeepers, cattle-drivers, miners, travellers on commission, advertising agents, general labourers. There were also dealers, pedlars, coal-porters, carters, bill-deliverers, window-cleaners, chimney-sweeps, hammermen, stone-breakers, and street-musicians. The skilled class—builder, mason, plasterer, plumber, slater, glazier, wood-

carver, joiner, cabinetmaker, cooper, engineer, locksmith, letterpress-printer, tailor, shoemaker, watchmaker, hairdresser, glass-embosser, iron-smelter, iron-moulder, brass-moulder, blacksmith, tinsmith, iron-turner, riveter, boiler-maker, millwright. On other occasions he had had professional men, including clergymen. Asked for an explanation of so many men of varied experience finding their way to a Model Lodging-house, he said: 'From my experience of these Lodging-houses for seventeen years, it is my belief that they would not have been in existence but for drink,' and, he adds, 'of the 468 residents there are possibly twenty or thirty whom I have never seen the worse of drink.' The private proprietor and manager of several large Lodging-houses in the city says, that of the men whom he accommodates there are about 300 who ought to have homes of their own, but their drinking habits render that impossible. It is not to be expected that, with so large a number of these houses in the city, they should all conform to the highest ideal. Accordingly it has to be said that not a few smaller houses seem to be conducted on less careful and exemplary lines than those of the Corporation and of certain private owners, and the measure of strictness with which the better class of them are conducted, leaves only and necessarily the residuum for the others. Poor Law authorities complain of the great number of applications for relief that come to them from residents in these houses, and from wives who say their husbands have deserted them and are living in the Model! Naturally enough, therefore, though possibly erroneously, these authorities throw a large measure of responsibility for such applications on the quarter from which they come.

This raises the question: 'Has the existence of Model Lodging-houses been on the whole a benefit, or the reverse?' Nobody will argue that an ill-conducted Lodging-house, where restraints are absent, and abuses of shameful character creep in, can possibly be anything but a source of mischief. But the authorities have powers to prevent such a state of matters, and the failure of the Corporation to do its duty must be held responsible for the evils to which it gives rise. Take Model Lodging-houses as they are at their best, and as the majority of them are, is their general result mischievous or otherwise? It is obvious a good deal can be said on both sides. These houses have their advantages and they have their drawbacks. They provide a clean, comfortable, sanitary house for thousands of people who otherwise would be living, and who, prior to their institution, were living under conditions which were not only fraught with utter wretchedness to themselves, but which were also a serious menace to the health of the entire community. They have provided a platform of comfort, not very high, yet higher than their residents had formerly experienced, and they are fitted to suggest thoughts and hopes of still better things to the minds of those who are not yet wholly dead to such aspirations. But, it is said, they tempt men to desert their wives, and the very cheapness with which they provide the humblest necessaries of life only leaves a larger margin to be spent on drink and debauchery. Moreover, the gathering

together of so large numbers of men of a comparatively low moral type creates, it is said, an atmosphere, a public opinion, which makes any improvement on the part of individuals all but hopeless. Now, without denying the measure of truth in most or all of these assertions, I would like to say, first of all, that while in not a few Model Lodging-houses there are men who have deserted their wives, there are these three things always to be remembered. In the first place, the statements of alleged deserted wives, that their husbands have left them and gone to a Model, are not always to be believed. In the second place, even if the statements are true, it is not proved that it was the husband's blame, and in the third place, if a husband does desert his wife, it is not the existence of the Model Lodging-house that makes him do it. If he deserts his wife it is for other, different, and deeper reasons, and all that the Model Lodging-house does, is, it says, if, for reasons good, bad, or indifferent, a man does desert his wife, I am here to make sure that he is not permitted to house himself in insanitary and immoral conditions. Then, in regard to the cheapness of the accommodation encouraging drinking by leaving a larger margin of money in the lodgers' possession, here again, I am afraid, we are confounding things that differ. Those who know the power of the drink crave will testify, that in certain cases a man will sacrifice everything, positively everything, in order to gratify it. It is not the cheapness of the service which makes him drink, or even drink the more. He would cheerfully live, if need be, in the old state of filth and misery in order to gratify his morbid lust. And in regard to the evil effects of large crowds of men of low moral tone herding together, there is undoubtedly a danger to be feared. But the type of lodging-house of to-day is better provided with correctives and safeguards than its prototype of forty years ago, and that is the point of comparison. On the whole question I have to express my sincere belief that these Model Lodging-houses have been a great, if not an unmixed blessing to the poor, and I must add, in many cases the thriftless and forgetful class, who frequent them. Granted that they are guilty of all and more than all the sins and follies with which their severest censor can charge them, that can never be accepted as a reason why they should be housed in filth and subjected to all the demoralising influences of indecency and vice. And but for the Model Lodging-houses and the high standard which the Corporation established, that would have been the condition of things in Glasgow to-day.

A Paper on this subject, by Mr. J. R. Motion, will be found at end of Volume.

(*See Summary of Discussion, page* 407.)

WHAT TO DO WITH OUR INEBRIATES

By Dr DONALD, Invernith Lodge Retreat, Colinsburgh, Fife

What to do with our inebriates?—One of the most difficult questions to answer. A question which, however, in the high state of our present civilisation demands an answer, and demands it soon. No thoughtful citizen will fail to recognise, that for the welfare and prosperity of this country, something must be done to lessen and, as far as possible, drive out this disease, the existence of which is such a scourge and reproach.

In a short paper like this it is impossible for me to answer this question fully, but I can only hope to outline the method, which I consider the best, of caring for and curing the inebriate of his disease. It is not within the scope of this paper either to discuss the causes or prevention of inebriety, but to deal simply with the inebriate as such.

To fully understand the treatment of inebriety I would like first of all to make clear what inebriety is. An inebriate, by the law of this land, is defined in the Habitual Drunkards Act of 1879 as meaning a person who is by reason of habitual intemperate drinking of intoxicating liquor at times dangerous to himself or herself or to others, or incapable of managing himself or herself and his or her affairs. This definition may be sufficient for all intents and purposes as far as the law is concerned, but it fails to convey a true or full conception of what inebriety is, insomuch that it does not point out the fact that the inebriate is suffering from a disease which he cannot prevent or over which he has no control. Now the first point I wish to impress upon you is that inebriety is a disease. Some may deny this or overlook it, and a great deal of opposition and criticism may be offered against this view, and punishment instead of careful treatment inflicted on the victims. That it is a disease is no new established theory. Heroditus wrote five centuries before Christ, that 'drunkenness shewed that both body and soul were unsound.' Plutarch said that 'Drink and madness is an affection of the body which hath destroyed many kings and noble people.' St. John Chrysostom, in the first century of the Christian era, maintained that inebriety was a disease like dyspepsia. Ulpian, the great Roman lawyer, referred to the irresponsible character of inebriates, and the necessity of treating them as diseased men. In the Middle Ages many medical writers place drunkenness and insanity as synonymous. I could go on multiplying historical examples, but that is scarcely necessary. In the present day this opinion is held all over the world by the most celebrated physicians and neurologists. Associations are formed for the study of inebriety as a disease. Books are written upon it as a disease. Wards in hospitals, homes, and retreats are established for the the cure of those suffering from inebriety,

and the whole consensus of scientific teaching points to the fact that it is not merely a vice but an actual pathological state of the brain.

Let me now shortly discuss the nature of the disease. And to do this clearly I shall divide those whom it affects into two classes, namely, Inebriates and Dipsomaniacs; Inebriates may be again sub-divided into two: 1. Those whose desire for alcohol is entirely dependent upon their surroundings. It may be owing to domestic or business worry, to certain social temptations, or to climatic changes that they are led into excess. If they are taken away from this environment the desire for alcohol ceases, but the moment they come back, they at once resume their habit. 2. Those whose inebriety is owing to some bodily disease or weakness or temporary sickness—dyspepsia, insomnia, nervous depression, excitement, or hysteria are frequent causes.

Inebriates who come under either of these divisions are obviously easily cured by the simple removal of the cause. It is to the latter class, namely, Dipsomaniacs this paper specially refers, and it would have been much sounder if the paper had been entitled 'What to do with our Dipsomaniacs.'

Dipsomania may assume an acute form when the victim suddenly develops an inordinate craving for alcohol and its physiological effect without any apparent cause. He in fact suffers from a temporary mania which, when it passes off, leaves him perfectly rational and with no present inclination to resume drinking. During these attacks nothing save physical restraint will arrest the patient. He will consume the most ardent form of alcohol, no matter how bad the quality; he is utterly regardless of consequences, and these exacerbations last until the patient is either completely prostrate or is laid up with acute gastritis or delirium tremens. Dipsomania, however, may be in a chronic form, where the paroxysms are not so strongly marked, with no intervals of rest, but takes the form of quiet soaking.

I have purposely mentioned the nature of these different forms of inebriety in order to show that according to the form, the treatment must of necessity more or less vary. Before passing on to treatment, let me make a statement which, although startling, I believe to be absolutely true, namely, that once a person becomes a true inebriate (and by the term 'true inebriate' I mean a person suffering from dipsomania either in the acute or chronic form) he remains an inebriate for the rest of his life. I do not mean that he must continue in a state of inebriety, but the pathological tendency is always there. Certain cells in his brain have an abnormal reaction to alcohol. They always will remain in that state, and nothing can be done to modify this abnormal reaction. In short, inebriates have an incurable idiosyncrasy. They can never be moderate drinkers of alcoholic beverages without eventually going on to excess, and therefore our whole aim in curative treatment is to abolish the desire for taking the first drop of alcohol, to build up the will power in order to resist this desire should it arise, and eventually so train the patient's mind that he will shrink from alcohol in any form as he would shrink from an irritant poison.

There are two methods of treatment which are prominently brought before the public at present and it is to these two I would now ask your attention. The first I discuss on account of the harm it is, in my opinion, doing; and the second, that I believe it to be the only method of real value. The two I refer to are:—

I. The administration of certain drugs which cause an aversion to alcohol.

II. The confinement of the patient for a lengthened time in a well-regulated sanatorium, retreat, or reformatory.

The first, for the sake of the brevity, I call the 'Drug Treatment,' the second 'Institutional.'

I. Method of Curing by Drugs.—This method has not been looked upon by the physicians of this country with any degree of favour. The drugs used have been kept secret, and have been administered principally by those who do not hold the necessary qualifications to practise in this country. Notwithstanding that this method has been advertised in almost every paper in the country as curing inebriety in three weeks; that it has been advocated by ministers of religion and gentlemen of good social standing, the fact that these cures are obtained by secret methods prevents the physicians of this country from adopting them, and also prevents me discussing them as I would like to. I will, however, give you a few facts in regard to those whom I have had under treatment subsequent to their having undergone one or more of these cures.

During the last three and a half years I have had under my care 108 inebriates. Eighteen of these had undergone previously one of the so-called 'drug' cures (16 per cent). On analysing these cases I find they were not all incurable under what I call rational treatment as you will observe by the following table:—

Cured	4=22 per cent.
Relapsed	4
Not traced	2
Died	5=27.7 per cent.
Still under treatment . . .	3

By 'cured,' I mean that they have been at least a year since leaving me total abstainers. The notable features about this table are:—1. That 22 per cent. were cured by another method than the drug method, which had failed. 2. 27.7 per cent. had died.

Of the ninety cases who have not undergone the drug treatment 7.3 per cent. have died. This is a remarkable difference from which I ask you to make your own deductions. I myself have never had sufficient evidence to lead me to believe that there is any value in this method. Recently, however, certain physicians in this country have advocated certain drugs as a specific for this disease, namely:—atropine and strychnine given every three hours by subcutaneous injections, and a mixture containing gold and sodium chloride, chloride of ammonium, extract of viburnum, capsicum and infusion of cinchona given by the mouth every two or three hours. These may or may not

be the drugs used in the secret drug method. Of this, of course, I am unable to say. I grant that these drugs are beneficial in building up the physical strength of the patient. Some of these drugs are certainly most useful adjuvants, but that they cause *per se* an aversion to alcohol, I do not, from the very nature of the disease, believe for a moment. No doubt by informing the patient that the administration of these drugs will and is curing him, the patient may believe that such is the case, and thus a faith cure is established; but it is not the drugs that are curing, but the exercising of the patient's credulity which is gaining the desired effect. This cure, as a rule, I have found to be short-lived, and when the patient relapses he is always in a more hopeless state than before this treatment. The advocates of this system say the patient must be willing to be cured. Now, if atropine will cause an aversion to alcohol it is bound to have its physiological effect if you push it far enough whether the patient is willing or not. The seat of disease of inebriety is situated in the higher centres, and no drugs, in my opinion, can permanently act to alter this state. You must with as much reason believe that a drug will give you a distaste for your favourite author or recreation, or, on the other hand, a liking for some article of diet, or indulgence in some habit at present obnoxious to you.

II. Institutional Treatment.—Nature is a wonderful curative agent if we work in harmony with it. If the body is fatigued, rest that body and it will be restored by a natural law. If the muscles are weak, exercise will restore them. It is on this principle that a cure is obtained by the Institutional method. In the treatment of inebriety a cure can only be obtained by acting in two ways. The neurons which control desire are liable to be abnormally active, therefore their potential activity must be reduced. On the other hand the neurons which control will-power are weak; they, therefore, must be built up and strengthened. In order to do this, I consider that certain essentials are required:—1. Bodily health must be established. 2. Freedom from temptation must be secured. 3. New affections and habits must be cultivated, and a loathing for the old implanted. 4. The patient under treatment must be constantly desirous of a cure. His co-operation for the cure, to be effectual, must be absolutely necessary. Let me shortly discuss these essentials.

1. The establishment of bodily health. The institution, be it retreat or reformatory, must be situated in a healthy part of the country. It is desirable that a high, bracing place, well sheltered from the east winds in this country, or from whichever direction the cold wind blows in other countries be chosen. The water supply should be plentiful in quantity and of good quality. The rooms comfortably furnished, and especially the bed-rooms, airy and well ventilated. There must be no overcrowding. The diet must be nutritious and varied, with a liberal supply of fresh vegetables. Regularity in everything is most advisable. The grounds attached to the house ought to be extensive where different forms of work and recreation can be carried out. Outdoor

work should be encouraged, such as poultry-farming, gardening, and carpentry. Healthy outdoor sports are also advisable, such as golf, lawn-tennis, bowls, cricket, etc. Drugs in the shape of nerve tonics are useful adjuvants. Electricity and massage are of high value. If any concurrent disease exists, proper measures should be taken to cure this disease, or, at any rate, palliate it. It is necessary, in my opinion, for the successful carrying out of this first essential, that a fully qualified medical man should reside in the institution, and devote his whole time to this work.

2. Freedom from temptation. In order to obtain this the institution should be so situated that access to a place where alcohol can be obtained is by reason of distance rendered difficult. Publicans, hotel-keepers, and all retailers of liquor should be fully warned of the danger they incur by supplying the patients of the institution. In some cases it may be necessary to have physical barriers erected, such as high stone walls or barbed wire fences. In my opinion, however, distance, with careful watching, without espionage, is a much more effectual deterrent. Patients should be deprived of all money, and, if necessary, of their articles of jewellery. Preventive measures also should be taken for the supply of money or alcohol.

3. The third essential is, to my mind, the most important, namely, the formation of new affections and habits, and the hatred to the old. The first two essentials being merely stepping-stones, but this the very corner-stone of the whole building. When speaking of the building up of the physical strength you may remember that I thought it necessary that a fully qualified medical man should reside in the institution and devote his whole time to this work. If I thought it true in regard to that essential I believe it to be infinitely more so in regard to this. The power that a medical man who is skilled in his profession, broad in his sympathies, and tactful in his dealings, has over the minds of those who suffer from inebriety is incalculable, and the influence he can exert can be in most cases of great effect. Although his patients are one and all suffering from the same mental disease, yet each one has a different temperament, and therefore it is necessary, if he desires success, that he should study each individual case on its own merits. To be successful he must find out the best way to approach each patient so as to gain his friendship and esteem, and having done this he will find it much easier to minister to a mind diseased. The medical man must not only be a student of medicine but a student also of human nature. A great divine, the late Dr. Chalmers, spoke of the expulsive power of a new affection, and in no case is this more applicable than in the curative treatment of inebriety. It is the paramount duty of the medical superintendent and those associated with him to implant in the mind of every patient some new affection; it does not matter what that new affection may be, so long as it is pure—the highest form I believe to be religion; but it may be a feeling of gratitude, of self-respect, a love of being useful or doing useful work,

revived love for wife, children, and parents, a desire to make money, of gaining temporal position, or even excelling in athletic sports. Implant one of those, foster it, and as surely as it grows it will drive out the desire for strong drink. New faculties are being developed and thus will-power is built up. Let the habits of thrift and of self-denial be constantly exercised, and they are bound to a certain extent to dominate the mind. I once met a patient a year after he had left me, of whom I had not very bright hopes. On asking him if he ever felt inclined to take alcohol he replied: 'Rather not. I would not touch a drop for the best man living. A single glass of beer spoils my golf.' Here is an example of the new affection, which he had learned whilst under my treatment, driving out the old.

The formation of new affections and habits, however, is only a part of this essential, for a detestation of the old habit must be established. This latter is a much more difficult matter, but, I believe, quite practicable. Some time ago, whilst in conversation, Dr. Ferrier of London asked me how this could be accomplished. On explaining to him my method he immediately designated it as self-hypnotism, and this designation, I think, sums up the whole method. Do not confound this with hypnotism or hypnotic suggestion as practised by a living subject on a living object. It is vastly different as, I think, the explanation will prove. I am not talking from a mere theory but from personal experience. I myself, by using this method on myself, have now a perfect loathing to alcoholic beverages which formerly had a great attraction for me. I have tried it also by way of experiment on a certain article of diet which I was fond of with the same result, viz., a detestation of the said article. I have induced many inebriates to try it, resulting in perfect cures. This is no quackery, no chicanery, no royal road or short cut to cure, but the patient, prolonged exercising of one's will power in a certain direction. This is my method. I tell the patient he must hate and loathe with all his might alcohol in all its forms and with all its associations. He invariably tells me that this is impossible, for he either likes it, its effects, or its associations, and it is absurd for him to believe what he knows is not true. I ask him, however, to go on trying to hate it whether he believes it is a farce or not. He must force himself to speak against it either audibly or to himself whenever the subject is mentioned. He must continually repeat to himself that it is a detestable thing, that it is a poison to him, and that he will never touch it. Whenever he thinks of the subject he must shudder at it, although that shudder is artificial. In fact, he must for the time being live what to him is a false life, believing what he does not believe, and thinking true what he knows to be untrue.

Now, if a person persistently and thoroughly goes on in this state long enough, what to him formerly was absurd will become reality; that which he knew to be untrue will become a veritable truth. His hatred and loathing of strong drink which he at first thought a myth has become an established fact. This is no child's play but hard work, only capable to be

carried out by those who are desirous of a cure. It cannot be done in a few weeks, and as a rule takes a year and in some cases more. If you doubt my word try it yourself, not necessarily on a bad habit, for I presume I am not speaking to any who have such things, but select some luxury which you may be better without (the gentlemen who smoke may select tobacco and the ladies, tea) and, if you are conscientious and persevering, I have no doubt you will prove its truth.

4. My last essential is really a part of the preceding one, insomuch that the patient must desire and co-operate in his cure. He must be willing to put himself in the hands of those who are treating him, must willingly accede to all rules and regulations, must not look upon himself as a prisoner upon whom punishment is being inflicted, and as far as possible must help to follow those lines which I have indicated as set down in the third essential. I may add in concluding these remarks on Institutional treatment that all Institutions should be licensed by Government under the Acts, and it is advisable that all patients should place themselves or be placed under these Acts, but I will make fuller reference to this later on. By this method I think you will agree with me that a patient has the opportunity of having his bodily health restored in a place where he is free from temptation, and where he can form new affections and habits and help to bury his past. When the patient, however, leaves the place of his treatment I solemnly warn him that he must not think his treatment ends there. Never let him take liberties with himself. Let him avoid temptation. In the case of the inebriate, let him avoid the same social surroundings which led him astray; leave, as far as possible, his business and domestic worries; let working at high pressure or neglecting his health be a thing of the past. In the case of the dipsomaniac who, whilst under treatment, has been foiled in his attempts to obtain alcohol, and who, therefore, by the failure of his indulgence has rendered his attacks less frequent and powerful until resistance is easy, let him so environ himself that opportunities for recurrence be difficult in the extreme.

Now, I have no doubt whilst I have been speaking some of you may have said to yourselves, 'This treatment is all very well for the rich and well-to-do class who are desirous of being cured, as this treatment requires money to carry it out, but what about the poor man who may be desirous but has not the means? What about the loafer who has neither means nor desire, and what about the rich man who prefers remaining as he is? How can this treatment be carried out in respect to them?' This problem demands solution, and the only way to solve it is, as far as I can see, that laws must exist which will compel the inebriate to be put under treatment just as there are laws which compel us to look after those who are suffering from smallpox, typhoid fever, or insanity. The law of this country as it exists is almost powerless. In 1879 an act was passed (amended in 1888) which provided that an inebriate could voluntarily sign before a magistrate his willingness to be put into a retreat for

treatment; during the time for which he signed he could be legally detained by the licensee of that retreat or brought back if he attempted to escape, and certain punishments, such as fine or imprisonment, could be inflicted on those breaking the rules of the retreat in which they resided. Licenses were granted to suitable persons, in virtue of which the licensee could prosecute any person knowingly supplying any patient, who had signed under the Act, with intoxicating liquor or bringing it into the retreat. These retreats are under Government inspection, and this is the reason why I stated that all institutions should be licensed, for the Government inspector's duty is to see that these places are properly managed, and I also said that it was advisable for every patient living in these institutions to place himself under the Acts, for it gives him an opportunity of making any complaint to the Government inspector. The passing of these Acts was certainly a step in the right direction, but they can only truly affect the well-to-do who are willing. In 1899 an Act was passed which gave a magistrate the power to send to a certified inebriate reformatory, for a period not exceeding three years, any person who had been convicted of drunkenness in public places at least four times in one year—another step in the right direction, but how very few does it really affect. The great mass of our inebriates are left untouched, and it is absolutely necessary that a law should exist with a much stronger and broader scope to deal with inebriety successfully. Retreats and reformatories should be endowed by Government, and laws passed on the same lines as those which deal with insanity. I would suggest that a law should be passed which would entitle two persons to make a representation to a magistrate declaring that a certain person known to them both was an inebriate; let the magistiate have the power to have an inquiry made by two independent persons, one or both of whom should be medical men, and if in their opinion that person is found to be an inebriate, he can be sent to and detained in a licensed retreat or certified inebriate reformatory, according to whether he can afford to pay or not, and let his time of detention be never less than a year. By the passing of this law rich and poor are equally affected, the willing or unwilling detained. In the case of the unwilling it is wonderful how often, under the influence brought to bear upon them, a desire for cure arises.

I have not dealt in this paper with the inebriety of morphia, cocaine, and other narcotic drugs, as it would take too long to discuss this more complex form. What I have tried to impress on you is that inebriety is a disease; that it is a curable disease; that Institutional treatment is the principal curative agent, and that laws should exist which would compel every known inebriate to be thus treated. The cure of an inebriate in a family is surely the greatest home relief.

(*See Summary of Discussion, page* 408.)

SECTION IV.—SICK ADULTS

President.—MALCOLM MORRIS, Esq., F.R.C.S.E.

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PRESIDENT'S OPENING ADDRESS

Ladies and Gentlemen,—Before proceeding to address you on the subject which we are here assembled to discuss, I have to express my deep appreciation of the honour done me by the invitation to preside over this important section. Wholly undeserving as I feel myself to be of the greatness that has been thrust upon me, I can at least plead as some excuse for having accepted it that I take the keenest interest in the objects of the Congress. At the present day, Congresses are, perhaps, too much with us; as to some at least of these gatherings one might, I think, fairly say with the magistrate on whom the thief urged that a man must live, 'I do not see the necessity.' The International Home Relief Congress, however, needs no apology for its existence. It owes its origin to an earnest wish to relieve the sufferings and improve the condition of classes of our fellow creatures who are either incapable of helping themselves or who are so heavily handicapped in the race of life that, unless their burden can be lightened, they must fall by the way—to the shame and also, be it said, to the grievous injury of the community of which they form a part.

OUR DUTY TO THE SICK POOR

I need not dwell on the importance of the objects which it is the purpose of this Congress to further. I need only say that the more we realise the vital truth, that whatever tends to relieve an individual sufferer who is powerless to help himself tends directly to benefit the whole community, the more likely we are to attain some practical results. The true brotherhood of man is seen in the influence which each of us within his sphere exerts on the well-being of those about him, and through them on others in widening circles far beyond his immediate environment. In nothing is this influence more conspicuously displayed than in the propagation of disease, the germs of which 'horsed on the sightless couriers of the air' pass from hovel to hall linking prince and pauper in the fellowship of a common danger. This is

a touch of nature that makes the world kin in a very real sense. This fact of human brotherhood imposes upon each one of us individually and upon society in general, very definite duties in regard to the sick poor; but it is important that it should be clearly understood that these duties are not based entirely on philanthrophic sentiment or Christian charity, but are dictated by the law of self-preservation which is an elementary instinct of human nature and a primary condition of social life. Most of you doubtless remember the case related by Dr. Alison of which Carlyle in *Past and Present* made such effective use. As the passage is directly relevant to the question which we are met here to discuss, I may be allowed to quote it:—'One of Dr. Alison's Scotch facts struck us much.[1] A poor Irish widow, her husband having died in one of the lanes of Edinburgh went forth with her three children bare of all resource to solicit help from the charitable establishments of that city. At this charitable establishment and then at that she was refused; referred from one to the other, helped by none; till she had exhausted them all; till her strength and heart failed her; she sank down in typhus-fever, died, and infected her lane with fever, so that "seventeen other persons" died of fever there in consequence. The humane physician asks thereupon, as with a heart too full for speaking, would it not have been *economy* to help this poor widow? She took typhus-fever, and killed seventeen of you! Very curious. The forlorn Irish widow applies to her fellow-creatures, as if saying, 'Behold I am sinking, bare of help: ye must help me! I am your sister, bone of your bone; one God made us: ye must help me!' They answer, 'No, impossible; thou art no sister of ours.' But she proves her sisterhood; her typhus-fever kills *them*: they actually were her brothers, though denying it! Had human creature ever to go lower for a proof?'

Such is the penalty which Society has to pay for neglect of the duty which it owes to the sick poor.

THE QUESTION AN ECONOMIC ONE

If I lay stress on a truth so plain that it is almost a truism, it is because it is yet very imperfectly appreciated not only by people in general, but by legislators and municipal and other authorities who have in their hands the keeping of the public health. It is of little use to appeal to them for help for the sick poor on purely humanitarian grounds. They are frightened by the prospect of increased expenditure which may mean loss of votes. But if legislators can be got to understand the incalculable cost which preventable disease entails on the nation by the loss of productive power, and the extent to which it cripples the strength of the nation; if municipalities can be made to realise what the failure to provide for struggling breadwinners struck down

[1] *Observations on the Management of the Poor in Scotland*, by William Pulteney Alison, M D., Edinburgh, 1840.

by illness means in increased pauperism; if ratepayers can be taught how greatly such failure adds to the burden they have to bear, there is a hope that effective action will be taken for the definitive solution of this most pressing economic problem. For, invaluable as the work inspired by charity has been in the past, and greater still as in the evolution of humanitarian feeling we confidently believe it will be in the future, the question is essentially an economic one, and as such it must be dealt with if a satisfactory settlement is to be reached.

ORGANIC DISEASES

In considering the question of the home treatment of sick adults, I propose to confine myself to those suffering from infectious diseases. For the victims of organic maladies the hospitals, general and special, provide fairly adequate accommodation. Apart from this the home treatment of cases of heart or kidney disease, for instance, or of inoperable cancer, presents no special features from the medical point of view; from the economic standpoint they fall within the province of the Friendly Societies or the Poor Law.

INFECTIOUS DISEASES

The acute infectious diseases—smallpox, scarlet fever, diphtheria—cannot be treated in the homes of the poor without great danger to the community. The 'home treatment' of such cases consists in vigilance in the detection of early symptoms and quickness in the appreciation of their significance. The public must be taught the importance of not treating with indifference the first notes of warning given by such ailments—shivering, headache, vomiting, pain in the back, etc., and above all of not concealing suspicious cases. They must be educated to a comprehension of the necessity, in the interest of the patient not less than in that of those about him, of his immediate removal to an isolation hospital, and of co-operating with the health authorities in carrying out such measures of disinfection as may be required.

The home treatment of women suffering from puerperal fever is a special question which I will not presume to discuss; I will leave it to be dealt with by Professor Sinclair, Mrs. Scharlieb and others, whose competence is recognised by the whole medical profession.

The infectious diseases that have been named are, for the most part, easily recognised, and they generally run an acute course though convalescence may sometimes be protracted. Convalescents should, if possible, always be sent to a seaside home for a few weeks after discharge from the hospital; at present, however, this is a council of perfection which can be followed only in an inconsiderable proportion of cases. The ideal state of things is that every isolation hospital should have its corresponding convalescent home; but it is probable that we shall have to wait a long time for the realisation of this ideal.

The matter is one, however, to which the attention of millionaires on the outlook for some field for the exercise of an enlightened munificence, may profitably be directed.

TUBERCULOSIS

The disease in which the home treatment of the sick adult is in existing circumstances likely to be most useful, in my opinion, is tuberculosis. I need not dwell on the deadly nature of the disease or on its wide prevalence, notwithstanding the great diminution in the tribute of victims which it used to claim that has been effected by the sanitary reformation which has taken place during the past half century; and the improvement in the general conditions of life among our population. Statistics as to these matters are readily accessible, and will doubtless be cited in the discussion on the Organisation of the Home Treatment of Tuberculosis which is on our programme. The point on which I wish to lay stress is, that in spite of all that has been done in the last few years for the mitigation of the scourge, we are still only at the beginning of the campaign. We have so far only skirmished with the enemy whose main position is still untouched. Sanatoria are springing up all over the country, and municipalities are waking up to the duty incumbent on them of providing for the consumptive poor. This provision is, however, expressly limited to cases still in the early stage when the disease is curable. For the advanced cases, which form a large majority of the whole mass of sickness to be dealt with, there is little or no provision. These must necessarily be treated either in consumption hospitals or at home. The consumption hospitals can, however, do comparatively little in the face of the enormous numbers of tuberculous sick; applicants have perforce to wait for months, often till all hope even of amelioration is past. The problem of tuberculosis is therefore, at present, essentially a question of home treatment.

INCIPIENT CASES

In regard to home treatment the problem presents itself to us under two widely different aspects, according as we have to deal with cases in which the disease is in the early stage or with advanced cases. Theoretically the sanatorium is intended only for what are called incipient cases. As a matter of fact, however, incipient cases are very seldom to be found in these institutions, for the simple reason that they are rarely discovered outside. It is in the home that really incipient cases are to be found, and it is there accordingly that they must be looked for and dealt with, either by removal to sanatoria or by such applications of the modern treatment by air, sunlight and hygiene, as may be practicable in the circumstances. The most hopeful way to stamp out the disease is to attack it in its cradle. To do this, however, it must be looked

for in its cradle, that is to say, every effort must be made to recognise it, while it is still in the really incipient stage. One serious obstacle is that consumption in the very early period of its development is by no means easy to recognise. Making all necessary allowance, however, for this difficulty, it must be confessed that failure to detect the first beginnings of mischief is unfortunately too frequent. It is not by any means solely by those whose lot it is to minister to the poor that consumption is often overlooked even when it is well developed. There is at present no absolutely certain means of diagnosis before the period when bacilli can be found in the expectorated matters. But, as Bishop Butler says, in the ordinary affairs of life we have to act mostly on probability, and in the matter of consumption it is nearly always possible by scrupulously careful physical examination, and a critical estimate of the clinical evidence, to arrive at a conclusion sufficiently probable to supply a basis for action.

THE SEED AND THE SOIL

In considering the diagnosis in any given case it is well to bear in mind that as the researches of Naegeli and others have shown, there are few, if any, civilised adults from the age of forty upwards who do not bear within them the seeds of tuberculosis. How then, it may be asked, is it that we do not all fall victims to consumption? Fortunately for mankind, the baleful seed needs suitable soil for its growth. Dr. Osler has illustrated this fact by the parable of the sower. 'The seed that falls by the wayside are the bacilli that reach our great highways, the air passages and intestines, in which they are picked up by the phagocytes, representing the birds of the air, or they are trodden under foot by the swarms of contending organisms. The seed that falls on stony places is that which reaches the lymphnodes of the bronchi and mesentery, and though it springs up and flourishes for a while, there is no depth of earth, and, lacking moisture, it withers away into cretaceous healing. And that which falls among thorns represents the bacilli which effects a lodgment in the lungs, the kidneys or elsewhere, where they thrive and grow and produce extensive changes, but the thorns—the equivalent of the cares of this world and the deceitfulness of riches, in the parable—grow up also, and in the form of delimiting inflammatory processes and of contracting fibrosis, choke the seed, and recovery ultimately takes place. But falling on good ground, the seed springs up, increases and brings forth fruit some thirty, some sixty and some a hundredfold, which may be taken to represent the cases of chronic, subacute and acute tuberculosis.'

The human body in a state of vigorous health has within itself the means of effectually resisting the attacks of the bacillus. But among the denizens of our city slums, how many are there to be found who could be called healthy? Overcrowded, ill-housed, ill-clad, ill-fed, living in an environment

of noxious influences, their power of resistance, even when it is not further sapped by drink and vicious habits, is normally low, and a cause of depression that would be scarcely felt by a sound person is sufficient to leave them at the mercy of the bacillus which is always, as it were, on the alert, watching its opportunity. It is not too much to say that such persons are always more or less under suspicion of tuberculosis; this fact in itself should be a valuable help in making a diagnosis.

As soon as the disease is recognised, the patient should, if possible, be sent to a sanatorium, but at present it is only in an insignificant proportion of cases that this is feasible. We hope that the day will come when every large town will have a sanatorium of its own for the treatment of the consumptive poor, but that day is still a long way off. In the meantime what is to be done? Drugs are of little use except for the relief of troublesome symptoms. Many eager investigators in different parts of the world are seeking for a specific serum; and every other week or so it is announced that such a remedy has been found. Serums, like systems, 'have their day and cease to be.' I confess that I do not quite understand how tuberculosis is to be cured by a serum. The disease is not a simple infection in which a toxin can be successfully neutralised by an anti-toxin; the tubercle bacillus, when it has gained a firm foothold in the organism, brings to its aid in the work of destruction a number of others worse than itself. For a disease so complicated, no single serum, however potent, can be adequate.

The 'home treatment' of incipient cases, therefore, resolves itself into the thoroughgoing use of the remedies which nature has placed in our hands. The open-air treatment can be carried out with good results, as I have had occasion to see, even in a London slum. A necessary condition for the success of home treatment is the education of the people in the laws of hygiene. Nothing sufficiently far-reaching, however, can be done in this direction unless all cases of the disease are made known to the sanitary authorities.

NECESSITY OF COMPULSORY NOTIFICATION

Compulsory notification of tuberculosis is as necessary in our warfare against the disease as the work of the Intelligence Department is in a campaign. Dr. Newsholme, one of our Vice-Presidents, of Brighton, and Dr. Niven, the able Medical Officer of Health of Manchester, have shown how much can be accomplished in the way of reducing the ravages of tuberculosis even by voluntary notification. The most striking illustration of the value of notification is to be found in New York, where, owing to the enlightened action of the Board of Health under the direction of Dr. Hermann M. Biggs, the mortality from phthisis has since 1886 been reduced by more than 30 per cent. The example of New York in this matter has been followed by the State of Michigan, by Buffalo, San Francisco, Philadelphia, and several

other towns in the United States. The principle of compulsory notification was affirmed by the British Congress on Tuberculosis held in London in 1901, and has within the last week or two been reaffirmed by the Tuberculosis Conference held at Copenhagen.

I think the time has therefore arrived when the question may be considered to have come within the sphere of practical politics, and the Legislature should be asked to carry this desirable reform into effect.

THE BREEDING-GROUNDS OF TUBERCULOSIS

The notification of cases of tuberculosis brings them within the jurisdiction of the health authorities whose duty it will then become to investigate, and as far as possible, make wholesome the patient's environment. Overcrowding and insanitary dwellings huddled together in alleys where the sweet air of heaven can scarcely find entrance, and when it does, is quickly poisoned, and where the sunlight can scarcely penetrate, are the breeding-grounds of tuberculosis. Until authorities are empowered to deal in the most drastic manner with 'slum property,' and until medical officers of health who do their duty honestly are properly protected against the vengeance of guardians and councillors who are often the owners of such haunts of pestilence, home treatment must be carried out under the most serious disadvantages.

THE EDUCATION OF PATIENTS

We have, however, to deal with things as they are, and while waiting for the dawn of a brighter sanitary day, we must strive to teach the sufferers in the slums and their friends the elements of hygiene. Already this process of education is actively carried on by medical officers of health who circulate leaflets of instructions, by sanatoria and consumption hospitals, and by the National Association for the Prevention of Consumption and other forms of Tuberculosis. One of the most useful purposes served by the sanatorium is, in my opinion, the educative influence which it exerts on the patients treated within its gates, and through them on those outside. But the sphere of influence of the sanatorium and the hospital is after all comparatively restricted, and it requires to be supplemented by a system of home education.

A SPHERE OF WORK FOR WOMEN

Here lies an excellent field for the properly trained district nurse who can go into the dwellings of the poor and bring the teaching of the doctors home to their minds and see that it is put into practice. The help of properly qualified lady visitors would be invaluable for the same purpose, and I cannot help thinking that this is a much more useful sphere of work than 'Settlements' where fine ladies display their fashionable attire for the edification of factory-girls. As an example of the work that can be done in this way, I may cite Dr. Osler's account of the campaign against tuberculosis as it is carried on in

Baltimore. Four years ago two ladies interested in the disease gave him a sum of money to use in connection with the work of the Johns Hopkins Hospital. Not many cases of tuberculosis are taken into the wards, and these come chiefly for the purpose of diagnosis. Patients from outside the city are often admitted that they may go through a course of instruction for a week or ten days. Out-patients are visited at their homes by intelligent women who show them exactly how to carry out the directions of the doctor, and give them instructions as to the care of the sputum, the preparation of food, and, when necessary, report to the Charity Organisation as to the need of special diet, or to the Health Board when the surroundings were specially insanitary. Dr. Osler says the young women who have been engaged in this work in Baltimore have frequently reported to him the readiness with which their suggestions have been accepted, particularly in regard to the care of the sputum.

DISPENSARIES FOR TUBERCULOSIS

To my friend, Dr. Philip, of Edinburgh, we owe the idea of establishing dispensaries where poor consumptives could obtain skilled advice, and instruction how to carry out treatment in their own homes, together with the necessary medicines and disinfectants, and, in cases of special need, food, etc. The Victoria Dispensary was established in 1887, and has proved a great boon to the sufferers for whose benefit it was intended. The same idea seems to have occurred independently to Professor Calmette of Lille, in 1900. Through his initiative dispensaries have been established in that town and elsewhere in France where poor consumptives not only get skilled advice, and full instructions for home treatment, but on the recommendation of the physicians can obtain milk, eggs, and other articles of diet likely to be beneficial. The advice of the doctor is reinforced by voluntary helpers who visit the patients in their homes. It seems to me that a system of dispensaries of this kind, supported not by voluntary contributions but by the rates, and working under the direction of the health authorities, might do a vast deal of good. Each one would be not only an active therapeutic force but an educational centre for the district in which it is situated.

AFTER-TREATMENT OF ARRESTED CASES

It is certain that under the open air treatment, whether carried out in a sanatorium or at home, consumption is cured or indefinitely arrested in a considerable proportion of cases. It is equally certain that if the patient is again exposed to an unhealthy environment, it may recur. A question intimately connected with home treatment, therefore, is, What can be done to prevent this undesirable consummation? The sufferer's best hope lies in removal to the country, or at least in the choice of an occupation not involving prolonged confinement in an ill-ventilated workshop. The establishment of labour colonies for such persons offers a possible solution of the problem.

ADVANCED CASES

For advanced cases, home treatment, especially in unwholesome surroundings, is practically impossible. Their place is in consumptive hospitals or in special wings in general hospitals. The provision of a sufficient number of such places of isolation would soon repay the cost to the community. And if one great factor of the physical deterioration of the race can be eliminated in this way, the cost, whatever it be, is insignificant in comparison with the prosperity which the increased productiveness of a healthy people will bring to the nation.

NO NEED FOR PALATIAL BUILDINGS

It may not be superfluous to point out that in pleading for adequate hospital accommodation, I am not asking for the erection of palatial buildings with luxurious equipments. I do not hesitate to say that a vast amount of money has been squandered in this way to little purpose. Little villages of wooden huts, which can be replaced at a trifling cost, like those which form Dr. Trudeau's justly celebrated sanatorium at Saranac Lake in the Adirondack Mountains, would answer the purpose much better than huge masses of bricks and mortar. No better work has anywhere been done than by Dr. Philip, one of the pioneers of the modern treatment of consumption in this country; and it is well known that during the early years of the Victoria Hospital for Consumption that work was done with very slender means and accommodation of a distinctly Spartan character.

I have touched very lightly on a few salient points in the field of discussion that lies before the section. I have considered that my duty as President was not to anticipate your debates by treating exhaustively any one subject on your programme, but rather to play the part of Moses, and show you the land which you are about to occupy. It is for you to enter into the fulness thereof.

(*See Summary of Discussion, page* 412.)

BEST SCHEME OF HOME ATTENDANCE ON PUERPERAL WOMEN IN LARGE CENTRES

PROF. SINCLAIR, M.D., MANCHESTER

FROM such experiences as I have had as a teacher and examiner of students of medicine and midwives, as in some considerable degree the originator of a genuine maternity hospital, and a member of its staff for many years, and as a visitor and attentive observer of the administration of many such institutions at home and abroad, I have formed the opinion that our best hope of estab-

lishing a new order of things with regard to the attendance on parturient and puerperal women must rest upon developments from our public Lying-in Hospitals which are supported by voluntary contributions. The last expression implies administration and control by representatives of the public, the absence of dominating professional officialism and preconceptions, the suppression of faddists, and consequently, the opportunity given to sane reformers of appealing for beneficial changes to practical common sense.

Legislation may do a good deal to help the progress of reform, but initiative must find its first encouragement in the voluntary institution which may take action with the least possible friction and collision with prescriptive rights.

1. The new order of midwife must belong to *a higher class socially than the old.* She must be *better educated, more highly trained.* Every midwife of the new order should, to some sufficient extent, have had the training of a nurse. Even the recently-framed rules of the Central Midwives Board imply that the ordinary midwife is capable of making use of certain instruments of precision, such as the clinical thermometer. Why should the midwife not be trained to recognise the import in labour of the modifications of fœtal heart-sounds, and to apply the simplest tests to urine? She cannot be expected for ever to make herself ridiculous by summoning medical aid when, for example, she thinks she sees the first premonitory signs of threatening eclampsia, as long as an easily-learned test applied to a specimen of urine, in association with other simple evidence, would assure her that her fears were groundless. She should be able to calculate mentally, to prepare solutions of poisonous antiseptic chemicals with absolute accuracy to a required strength, and it would be well if she knew something of the physiological action of the commoner domestic medicines.

2. *The 'monthly' nurse should cease to exist:* she has outlived her time. There is no room for her in a well-ordered system. She is a danger to our patient and a discredit to our civilisation. Taking advantage of the public feeling already created in favour of skilled nursing, the monthly nurse, with the connivance of unprincipled 'middle-women,' is constantly defrauding the public; she gets employment by false pretences, and undertakes with a light heart medical and surgical work for which she has never received the slightest training. She has not acquired the surgical feeling of cleanliness; she has never been trained to the elementary virtues of reticence about her patient and loyalty to the doctor. The younger ones have only got accustomed to the sight of blood without fainting, and not always that.

She takes the bread out of the mouth of the nurse who has undergone the discipline of prolonged and efficient training by representing herself to be that which she never can become, and she has been a rival to even the best-trained of our midwives by undertaking responsibilities for which she is unfit, because she could do so hitherto with impunity.

I have known a Lying-in Hospital where it was not so long ago no unusual thing for a domestic servant to become a monthly nurse in six weeks; and such nurses could go forth furnished with certificates signed by the president or secretary of a Ladies' Committee, and prepared to accept any nursing service, from that of attendant to an imbecile gentleman to a case of compound fracture of the thigh, or a whole family down with typhoid fever.

From my experience in consulting obstetric practice I have no hesitation in saying that after filth, coarse or concealed, the carelessness and ignorance and disloyalty of the monthly nurse have been the most frequently occurring of the individual causes of puerperal fever in some of its forms. We shall never see the vanishing-point of childbed fever until the whole order has been suppressed, by legislation if necessary. I have known many high-principled and capable women who have done their duty admirably, but the 'just' are too few in proportion to save the class.

It may be objected that it is easy to indulge in destructive criticism. The question asked, What proposals do you make? the solution is not very difficult. Encourage thoroughly trained nurses to enter for further training in midwifery in our Lying-in Hospitals, and let the doctors, not the patients, select the monthly nurse. Then, besides, many of the thoroughly trained and experienced midwives of the new order will be available for monthly nursing: it is a mere question of what Americans call 'compensation,' and, as to duties, the greater includes the less. Among the poorer classes of lying-in women, the monthly nurse would still be the intelligent female relative who made no pretence to the possession of knowledge. She would only faithfully carry out the directions of the doctor or trained midwife.

3. *The influence of the new order* must soon be felt, when patients compare past with present experiences—the stories told about the sufferings and anxieties of their mothers and aunts with their own comfort and peace of mind.

It seems to me that in our great centres of population, at least, which are, as far as the spread of opinion is concerned, made up like a closely-packed conglomeration of gossiping villages, the old midwife will not have to go on performing her functions until she goes the way of all the earth. She will receive compensation with a time limit, and retire by squeezing out as the new order takes her place.

4. *How is the new order to be set to work?* It must be regretfully admitted that the leaven can be expected to work only gradually and slowly through the lower layers of society before it reaches the whole mass. It must begin, as has been already suggested, with the Maternity Hospital, that is to say, with the Medical Charity.

The Lying-in Hospitals of the United Kingdom should frame regulations, either individually or in conference, for the practice of their staffs both within the hospitals and in the districts organised by them for obstetric work. The

hospital authorities should insist upon exact and faithful conformity with those regulations, which from the first might be far in advance of the modest minimum of education and training required by the rules of the Central Midwives Board. There should invariably be responsible supervision to ensure efficient administration according to the rules of the hospital.

The size of the institution and other conditions will require modifications in practice, but the principles of organisation must be the same.

Each hospital must have (1) its in-patients, with an in-patients' staff, and pupils at various stages of their training, and (2) its home-patient staff, so organised as to give prompt and efficient service in ordinary labour, and so related to the in-patient officers as to be able to obtain immediate admission for complicated cases.

For the treatment of important cases or very poor patients within the hospital, and the clinical teaching of students of medicine, we may assume that perfect arrangements would and could be made.

For the training of midwives and for special instruction to trained nurses who wished to add a knowledge of monthly nursing to their accomplishments, there should be a resident head-midwife of the best class available.

For the attendance on home-patients there should be resident in the hospital a sufficient staff of experienced midwives to visit within a reasonable area. In widely-spread populations, as we find in great English towns, it might be necessary to establish sub-centres, each under a resident midwife, with assistants to attend to patients living too far away from the hospital.

In Manchester we have found the arrangement of having a staff of district obstetric officers to work satisfactorily in many ways. These gentlemen are established practitioners who undertake to assist the midwives of the staff in the less serious difficulties at the patients' homes, and they order the more serious cases of complication, when satisfactory nursing is not procurable, into the hospital. They receive a small fee for their services in each case to which they are called. The head-midwife and the chief assistants in English hospitals would require to be authorised by the Central Midwives Board to certify the attendance by pupils on the number of labours prescribed by the Board as necessary for training.

5. *Training and Practice combined.*—The minimum period of training for a pupil, who had never been taught nursing systematically, should be six months. This period should be divided into two terms of three months.

First three months. This term should be spent entirely within the hospital, and devoted to systematic instruction and clinical training and experience. Then residence confers benefits by association with the matron, resident midwives, and senior students, which can hardly be overrated.

An objection to this arrangement, which I have heard advanced, is that some Maternity Hospitals have no beds. My answer to such an objection

would be that such institutions should not be recognised as schools for the training of midwives any more than that attendance at a cottage hospital or a dispensary should be counted in the period of clinical instruction for a student. No encouragement should be given to the rustic pupil in particular to believe that the rural Ladies' Charity is sufficient for her purpose. She should be compelled by circumstances to put herself under the influences pervading great centres of population and of intellectual activity.

When the medical profession comes to look critically at the work of the Central Midwives Board, among the many things which will be condemned, a prominent place will always be conceded to the facile way in which the Board has recognised paltry institutions as schools for midwives, and men and women as teachers, whose qualifications none but themselves and the Board could see.

After some period of painful transition and development, it is to be hoped that the Ladies' Charity, with home-patients only, and the Workhouse, will disappear from the list of institutions recognised for the purposes of the Midwives Act. The training of midwives must be gradually centred in the large towns, and there in connection with the work of thoroughly-equipped Lying-in Hospitals.

The second term of three months should be devoted to actual practice under the supervision of the staff midwife from the hospital or sub-centre; the senior pupil should also be required to attend the course of systematic instruction by a qualified member of the staff for the second time. The first course makes wonderfully little impression on the minds of some women. It requires a sort of apprenticeship to understanding, and some never acquire skill in the art of continued attention. Of course the quality of the lecture on a professional subject, as of a sermon sometimes, is a factor in the case. I once had an interview with a candidate who had, according to her own account, attended eleven 'courses' at a certain Lying-in Hospital, yet I did not think it safe to recommend her for the post of district midwife.

The junior pupils resident in the hospital and the senior students who had been out to cases might not systematically sum the actions of the day before they went to rest, but they must all, or nearly all, meet at meals and at other hours, and making every allowance of time for gossip about things of more absorbing interest, there must be under such circumstances a certain amount of fruitful conversation and discussion on the professional incidents of the day. The educative influence of such social intercourse it would be difficult to exaggerate.

6. *Attendance on the Individual Case.*—We shall suppose that the patient has received in due course her ticket to entitle her to apply for the services of a hospital midwife, or for admission as an in-patient when the time arrives. No card for admission is given to a person obviously unsuitable for admission, such as those with open sores, offensively suppurating ears, syphilitic disease,

and such like ailments; and no card for home-patient attendance is given to dwarfs, to the obviously deformed from spinal curvature or the loss of a limb.

The midwife is summoned to the case, and owing to the hospital organisation she is ready to set out at once. She takes with her one of a set of appliances always ready to hand. In addition to the recognised ordinary articles she has a set of light unbreakable basins for hand-washing and antiseptic solutions, her own soap and towels, antiseptic tabloids, turpentine, lint, cotton-wool, diapers, and a waterproof sheet, all arranged in a suitable basket. She is accompanied by one or two of the senior pupils. Arrived at the patient's house, she proceeds to turn the gossips and children out of the room, and she then undertakes to disinfect the patient to the best of her ability. I am told that it often takes the nurses an hour or more to prepare a patient of the class under consideration for abdominal section. The essential thing in the midwifery case is the thorough cleansing of the lower abdomen and pubes and the external genitals and thighs. The personal filth is sometimes unspeakable. Turpentine is perhaps the most rapid and useful cleanser to apply before and after soap and water, to be followed by a weak antiseptic wash.

The midwife is instructed to follow a certain routine in disinfecting her own hands and the genitals of the patient before examinations which theoretically are to be as few as possible. But she has a pupil or two with her.

When the delivery is complete the appliances for the patient's continued cleanliness and comfort are brought out and arranged with all the care and detail that would be bestowed upon the well-to-do patient. Similar attention is bestowed upon the infant. After the regulation period of waiting, the patient may be left.

The senior pupil is made responsible for the nursing in the case, and the midwife visits once a day for ten days at least. Owing to the exactness of the observations made during the whole period, puerperal 'morbidity' can hardly escape detection. The certified midwife must take her instructions from the rules framed by the Central Midwives Board, and must act accordingly in case of any symptoms arising in either mother or child while she is responsible for the case.

From such care in the puerperium few women should be excluded who are desirous of having it. Pauper cases should be handed over to the private midwife or to the maternity hospital. The admission of women into Workhouse Hospitals in order to be confined should be severely discouraged in all except the recognised criminal class, if it were only for the sake of the children. It is a shame to put the indelible stamp of workhouse birth upon the offspring, whatever the social faults of the parents may be.

It may be asked: Would you, then, give the unmarried women the same care and attention as you advocate for the married poor? That suggests a difficult social problem which I shall not now attempt to discuss. The

acceptance for treatment of such patients must depend to some extent on a principle, and to some extent also on the facts of the individual case. I know that in Lancashire we accept as patients, according to our conventional rule as respectable married women, persons who have been married only a few weeks or months, while we perhaps reject the friend who was 'keeping company' at the same time, but who had the misfortune to be seduced by a man who ran away instead of marrying her.

7. *Puerperal Morbidity.*—Whatever care be taken by the midwife, we must expect for a long time to come to have to deal with some proportion of cases of puerperal illness amounting to childbed fever. Infectious disease as a factor is rapidly becoming eliminated under our sanitary regulations, including compulsory notification. The chief remaining factors are beyond the reach of the medical officer of health; they are personal filthiness and overcrowding, the latter in a subtle form, against which there are at present no effective means of prevention.

It is not the regulations which are at fault; it will require a long period of missionary labour before the people have learned to take advantage of their privileges; what better missionaries could you wish for than the new order of midwife and her pupils? But meanwhile cases of infection must occur; what can we do with them? It may suffice here to express strongly the opinion that there should be no home treatment of puerperal septicæmia among the poor. All cases should be removed to hospitals specially equipped for the purpose. Such places do not as yet exist in this country, and only in Manchester, as far as I know, have any steps been taken in the direction of making provision.

After recovery, under the care of the medical practitioner called in to advise on the less dangerous cases of puerperal morbidity, the patients should be advised, and as far as possible influenced, to obtain care and treatment under the gynæcological members of the hospital staff. In this way I am convinced there would result a considerable diminution in the number of working-class chronic uterine invalids with whom we are all too familiar.

8. *The Influence of the New Midwife—*

(a) *On the Individual Case.*—The personal example in cleanliness and simple washable attire from a woman not too proud to sit down and talk nicely about things and take an interest, or affect an interest, in the small domestic troubles which always exist, would be inestimably beneficial. The leisured pupil who could afford to give more prolonged attention might give lessons in small matters of domestic economy, and it might not be beneath her dignity to demonstrate to neglected little ones how to apply soap and water.

Among the agents that might be employed in this missionary work we might include boldly printed leaflets of 'Advice to a

Mother' stated in the simplest and most concise manner. If not altogether intelligible to the patient, the hygienic rules might be expounded and as far as suitable and practicable illustrated by the midwife or pupil.

Specially useful would be hints on the feeding of the new-born, and of infants and very young children, and on the little illnesses that usually receive no attention owing to the apathy and indifference of poverty, and on the therapeutic advantages of fresh air as compared with 'bottles' from the dispensary.

(b) *On the Patients as a Class.*—The prompt attention, the care and kindliness, the resulting comfort and the interest in obtaining treatment in even the slighter ailments, would all soon be the subject of conversation and comparison of experiences, and the result would certainly be a confidence in the hospital midwife. Then, again, if there is anything in our knowledge of injurious influences upon the lying-in woman, and their avoidance, it must soon become apparent to all that the patients attended to by the most efficient made the best recoveries, and that opinion would bring confidence and preference, and consequently still wider opportunities of influence.

(c) *On Medical Practice.*—I have stated recently elsewhere my notions about the effects of improved education and control of midwives upon medical education and practice. Our medical practitioners of the Anglo-Celtic race after a few years' experience to supplement the prevalent defects in their college training in obstetrics are, as a class, without question the most efficient accoucheurs in the world. Shrewd, patient, and sympathetic in practice, they are keenly alive to new remedies and appliances to aid them in the treatment of diseases and injuries; they criticise and cautiously try, then hold fast that which seems to them good, and I am sure the medical profession as a whole will be the first to welcome and support the new order of midwife. It will be a satisfaction to know that the work delegated is well done, and even the most anxious and careworn must soon come to acknowledge that an apparent loss was really an advantage in disguise. 'The doctor's practice in relation to the cases of midwives will, in my opinion, become more fitting work for educated men to undertake, more useful, less wearing, more dignified, and, upon the whole, better remunerated.'

(*See Summary of Discussion, page* 411.)

CARE OF PARTURIENT AND PUERPERAL WOMEN IN THEIR OWN HOMES

By MARY SCHARLIEB, M.D., M.S., Lond.

This subject is one of extreme importance to the community. In every case of childbirth two lives are at stake, and one of them is that of a woman in her prime, whose life and health are of supreme value to her husband and her family.

Parturition is a normal function, and should, theoretically, be safe and easy; but in practice we know that it is never free from risk, and that it is sometimes so difficult as to tax all the resources of obstetric art.

It would no doubt be best if every case of childbirth could be attended by a qualified doctor, but this is obviously impossible, and it is calculated that about 80 per cent. of all cases are attended by midwives and neighbours.

The problem that we have before us is to consider how we can best safeguard our parturient women delivered in their own homes, and for this purpose to inquire:—

I. What organisations we have?
II. What are the defects of these organisations?
III. How can these defects be remedied?

I. THE ORGANISATIONS AVAILABLE

Attendance on parturient and puerperal women in their own home (*a*) in town, and (*b*) in rural districts.

(*a*) In large towns where there are hospitals to which medical schools are attached, the women may be attended in the following ways:—

(1) By the medical students of the hospital schools, with appeal in difficult cases to the experienced obstetric officers of the hospital;
(2) By the pupils and medical officers of certain charitable institutions other than the great hospitals;
(3) By parish medical officers, club doctors;
(4) By midwives and by neighbours.

Setting aside the kindly neighbour (the employment of whom we hope to eliminate), the community has a right to require that those who profess to be able and willing to attend confinements shall possess adequate knowledge and some essential moral qualities. In the case of charitable institutions, we further require that they shall serve those only who cannot afford to provide themselves with medical attendance, and that they shall not, except in cases

of grave necessity, supply anything more than such attendance. Gifts of food, clothes, and money should be entirely exceptional.

Taking London as a type of the large towns possessing all varieties of organisations, we find that it has twelve hospitals to which medical schools are attached, and that upwards of sixteen thousand women are delivered annually by their medical officers and students. London is also served by special charities devoted to the care of parturient women in their own homes. Of these the best known are :—

The British Lying-in Hospital,	529
City of London Lying-in Hospital,	1,753
East End Home for Mothers,	286
York Road Lying-in Hospital,	1,787
Queen Charlotte's Lying-in Hospital,	971
The Royal Maternity Charity,	4,000
The Clapham Maternity Hospital,	728
The Plaistow Maternity,	2,520
Maternity Nursing Institute, King's Cross,	217
Fulham Midwives' Training School,	6,931
	19,720

That this list is not complete I know, nor does it include the numbers of deliveries in Infirmaries. In addition to the out-patient maternity practice of the medical schools and the out-patient work of the above-named public maternities, the poor of London are served gratuitously, or for nominal fees, by doctors and midwives employed by a large number (more than forty) of provident dispensaries and clubs.

These are the chief agencies that exist in London for attending poor parturient and puerperal women in their own homes.

II. THE DEFECTS OF THE EXISTING AGENCIES

One of the worst of their defects is the inadequacy of their numbers. Napoleon once remarked: '*L'infanterie Anglaise est la meillure du monde—heureusement il n'y en a pas beaucoup.*' Without wishing to say that our charitable institutions are the best in the world, we must confess that they are not sufficiently numerous and strong to supply the wants of the huge population of London. It has been calculated that about 50 per cent. of our women are attended by untrained midwives or neighbours.

A second defect is the failure of some of our charitable, or *quasi* charitable, institutions to publish their accounts and their statistics. They do not always tell the public how much money they receive in subscriptions, donations, and legacies ; some of them publish no account of expenditure whether current or capital. They do not tell us how many women were delivered, nor the rates of maternal and fœtal deaths.

This failure in business-like qualities alienates their best financial supporters—the hard-headed men of business, and also raises uneasy suspicions as to proper supervision and adequate equipment.

A third defect is that with our peculiar genius for every man playing his own game, our charitable institutions not seldom overlap each other's areas; and while two institutions are jealous of each other for poaching on each other's ground, huge areas may be found unprovided with attendance.

Fourthly, the multiplication of institutions means unnecessary expenditure —for each small charity needs its own paid officers, such as secretary, matron, nurses, and servants, whereas concentration would be economical and practicable in a town.

Fifthly, in the case of the smaller charities, there is a possibility of inefficient and antiquated methods, and a great need for outside criticism and supervision.

III. AS TO REMEDYING THESE DEFECTS

1. It seems probable that the deficiency in number and in working power of the existing institutions can be most readily and economically supplemented by a careful and liberal carrying out of the provisions of the Midwives Act.

It is most desirable that people should be encouraged to help themselves, and to provide for due attendance in sickness, and still more in one of the ordinary events of life. The provision of attendance on a wife in childbirth is as much an ordinary item of expenditure as is the provision of rent, clothes, and food. The birth of a child entails expense, but it is an expense which has been foreseen, which should enter into the calculations of all young couples, and which must not be regarded as a crippling misfortune like the fracture of a limb or an attack of illness.

Only the 'very poor' should need pecuniary assistance in the ordinary expenses of life; but although parturition is usually a normal process, and fairly to be regarded as an ordinary expenditure, a certain percentage of cases are abnormal and call for extraordinary expenditure.

The income which, with care and thrift, suffices in the one case will not suffice in the other; and the man of small income should be able to rely on the possibility of securing skilled attendance for his wife in so great an emergency.

The services of a well-trained, capable, and conscientious midwife would suffice in normal cases, and if she were really so trained she would readily recognise the necessity for a doctor's treatment when it arose.

2. The defect in keeping accounts and in publishing statistics should be easily remedied in those institutions which are maintained by public charity. Subscribers and friends would quickly appreciate an improvement in this respect. It might be suggested that all should adopt the 'uniform' system long advocated by Mr. Burdett, which is now in use in many of the hospitals and other charities of London.

The publication of statistics in a frank and fearless manner is greatly to be desired. Our large hospitals do this, with the result that it is comparatively easy to detect causes of failure, and to remedy defects in construction, methods, and treatment. Medical practitioners as a body are anxious not only to do their best for their patients but also to continually advance towards perfection. We are heartily ashamed that we have not yet banished sepsis from the cause of puerperal mortality, and we welcome all information, pleasing or distressing, which may assist the fight we are making against this unnecessary source of danger.

3. The overlapping of areas and undue multiplication of institutions are too evident defects, and the remedy too simple to need demonstration. As a connecting link between the consideration of midwifery in towns and midwifery in rural districts, we must briefly refer to an admirable body of women who are working in every part of the British Isles, and whose organisation and personnel leave little to be desired.

Among the charitable institutions which provide for the care of puerperal women in their own homes none is more efficient or more admirably managed than The Queen Victoria's Jubilee Institute for Nurses. It was founded by Queen Victoria in 1887 with money which was a part of the Women's Offering to Her Majesty on the occasion of her Jubilee, and since the lamented death of our good and great Queen a further large sum of money has been collected as a memorial of her and given to the Institution now familiarly known as 'The Queen's Nurses.' In the last Report we are told that over a thousand Queen's Nurses were working in England, Scotland, Ireland, and Wales.

The Queen's Nurses are a body of carefully selected women, each member has had at least two years' Hospital training and six months' training in District Nursing. In addition to this, special training in Midwifery is given to those nurses who are also to act as midwives.

The following are among the advantages secured by the work of these trained midwives in the homes of the poor.

1. The absolute guarantee that they work loyally with the doctors, and do not neglect nor delay to send for help in abnormal and difficult cases of midwifery.

Not only is the work of a trained midwife better in itself, but she is more quick to recognise her need of assistance than is an untrained woman.

In midwifery, more than in most departments of medical work, sudden emergencies occur, and there are cases in which skilled treatment must be given early to be of any use at all; one of the greatest services that a trained midwife can render to the community is the speedy recognition of these cases.

2. Not only is the labour properly managed, but also the mother and child are attended for about ten days, and a final visit is paid at the end of the month.

If proper attendance during labour is essential for the diminution of the

death-rate, care during the puerperium is essential for the diminution of illness immediate and remote.

Pelvic inflammations and many other illnesses are caused, or predisposed to by exposure to dirt and chill, by premature exertion, and by improper food and drink during the lying-in period. Careful midwives will greatly help to prevent or remove these dangers.

Careful and competent attendance on puerperal women in their own homes can be supplied at far less cost than hospital attendance. If we improve and multiply our midwives we shall relieve the strain on the resources not only of lying-in but also of general hospitals. It is probably correct to say that half the beds in the gynœcological wards of our hospitals are occupied by women whose illness is the direct consequence of a badly attended labour or neglected puerperium.

Childbirth, if normal, is not an illness, and the mother is generally well able to direct the management of her house, and to keep an eye on the welfare of her children.

No doubt this is a point which admits of discussion, and many will be found to urge that every puerperal woman should have a real holiday, without cares and anxieties.

This is quite true, but in many families the absence of the mother at hospital is a calamity, while her mere directing presence is of great value to her husband and children.

The poor are like children, and can often be best taught by object lessons.

Such a lesson, with the necessary demonstration, is given every time a competent midwife puts the room 'in nursing order,' and practically preaches the gospel of sanitary science—pure air, pure water, suitable food. All this comes in addition to the practical demonstration of how to make an invalid comfortable with the simple means available—a far more useful lesson than can be taught where everything is planned to meet the case, and every luxury supplied.

Lastly, we must not forget the religious and moral value of the really well-trained and devoted women who are offering themselves in hundreds for this work. True, many of them must do it for gain, but the labourer is worthy of his hire, and even the most altruistic and unselfish people must live! We do not want to limit the practice of midwifery or of nursing to women whose private means puts them above the need of a salary—even those who serve the altar live of the altar, and the soldier who deserves and wins the Victoria Cross needs and receives his pay and his rations.

We find that in most instances the patient and her family learn not only the elements of sanitation and of nursing, but are raised in moral and spiritual tone by those who minister to them in their hour of need.

Midwifery presents a more difficult problem in rural districts than in towns.

The patients' houses are scattered, and attendance on them is more costly in time and in strength than it is when the work is done where the patients live near each other.

1. It is very desirable that educated gentlewomen should be trained for work as rural midwives.

The fact that the midwife is of a superior social standing will in general make her services more valued as well as more valuable. She will more readily be able to command the situation, and is more likely to obtain willing consent to the proper nursing and sanitary arrangements. It will be natural to her to insist on open windows and pure water; she will be above the ordinary temptations to inebriety and to sloth.

2. Every woman who intends to practise as a midwife should have had a good general education, a training of at least two years in the ordinary principles and methods of nursing, and such training in midwifery as will satisfy the requirements of the Central Midwives' Board.

District and rural midwives should also have a competent knowledge of sick cookery, and be able, in all respects, to make their patients comfortable.

It has been well pointed out that, unless our district and rural midwives have had training in general nursing, they will be awkward and inefficient in such routine matters as washing a patient between blankets, and in the special methods necessary in many of the complications that occur, such as bronchitis, pneumonia, abscess of the breast, or lacerations of the perineum, etc.

At least two well-trained and morally suitable midwives should be attached to each district, hamlet, or village. If there is only one there will often be difficulty and disappointment in obtaining her services when required. Besides this, two midwives living together would be a great mutual support and comfort.

Undoubtedly we, in these Islands, are very backward in providing for the adequate service of our poor women in their hour of need; but it is to be hoped that the papers to be read, and the discussions to follow them, at this Congress will stir up the interest of the profession and of the public, so that many intelligent women shall desire the office of midwife, and that a careful and well-considered organisation shall turn their services to the best possible account.

(*See Summary of Discussion, page* 411.)

THE ATTENDANCE OF POOR LYING-IN WOMEN IN THEIR OWN HOMES

By ROBERT JARDINE, M.D., F.F.P.S.G., F.R.S.E.

Professor of Midwifery in St. Mungo's College. Senior Physician to the Glasgow Maternity Hospital, etc.

Before attempting to formulate my views on the subject of how best to render assistance to poor lying-in women in their own homes, I shall first give a short sketch of how we carry out this work in connection with the Glasgow Maternity Hospital, of which I am at present senior physician.

Our hospital contains thirty-five beds, and is far too small for the work we have to do in such a large population; however, in a short time we will have a new hospital of about ninety beds for patients, and accommodation for fifty nurses. At present we have about thirty-five nurses on our staff, most of them probationers undergoing training. Women who have already undergone training for three years in a general hospital take a three months' course, while untrained women are not allowed to try the examination until they have been four months in the hospital. In the event of failure to pass the examination the nurse is required to take another month in the hospital before she is allowed to try again. These terms of three or four months are too short, and should be made four and six months respectively.

For the first two months or so the nurses work entirely indoors, but as soon as they have gained sufficient experience they are sent out to attend women in their own homes. This work is done under the supervision of the two outdoor house-surgeons connected with the hospital. The nurses visit the patients daily, or oftener if required, and attend to the mother and child until the woman is well and able to be up. They note the condition of the patient at each visit, and if they have the slightest suspicion of anything being wrong during the labour or puerperium, they must at once notify one of the house-surgeons. If the case should happen to be one requiring a difficult operation the patient is at once brought into the hospital in the ambulance.

In addition to the main hospital we have two branches at some distance off, one in the Anderston district and the other in Govan. No patients are treated in these branches, but a well-qualified midwife and several probationers reside there, and attend to cases in the districts. These nurses work under the supervision of a medical superintendent, and at the Anderston branch we have, besides, a lady medical house-surgeon. In addition to the indoor house-surgeon, and the two outdoor house-surgeons at the hospital, the lady medical house-surgeon at the Anderston branch, and the superintendents of the

branches, we have five district accoucheurs in the different districts of the city ready to render assistance when called upon. It will thus be seen that we have a large staff doing work among the poor.

While the greater part of the home work is done by nurses, male medical students take their cases from the hospital, and female ones from the Anderston branch. These students are not allowed to begin work until they have passed an examination before one of the two chief physicians. They work under the supervision of the outdoor house-surgeons, who accompany them to their first three cases. They are required to make daily reports of the progress of their cases, and to send at once for assistance, if they suspect there is anything wrong. It will thus be seen that the work is very strictly supervised, so that there is very little risk of the patients not obtaining skilled assistance when it is required.

Last year we attended 2798 cases in their own homes, and of these we only lost six, but one of the deaths was due to a cause unconnected with the labour, viz., phthisis.

At present we are unable to attend to all the cases which apply for assistance, as our staff of nurses is too small to overtake the work, especially when we are very busy in the hospital, and have many operative cases requiring special nursing. In the indoor department last year we treated 703 cases, and of these ninety-eight had badly contracted pelves. The operation of Cæsarian section required to be done no less than seventeen times. On one day in November I had actually to perform it three times inside of fourteen hours. I mention these facts merely to show what a large amount of difficult midwifery work there is among the poor in Glasgow, and to emphasise the importance of having thoroughly trained attendants for the work.

It may be asked, Who attends the many other cases among the poor? The parochial authorities only attend cases which go into their hospitals, but their numbers are not very great, as few women care to go there unless they cannot help themselves. After all one cannot wonder at this, as it is a poor start in life for a child to begin it in the poorhouse. Many cases are attended by trained midwives who are doing private work among the poor. Some of these do their work extremely well, but none of them is under supervision. The great bulk of the cases is unfortunately in the hands of what are known as handy or skilley women. 'Howdie' is the old Scotch name for them. These 'howdies' are generally old women, whose only qualification is that they have borne a number of children, and having safely passed through the ordeal, therefore know all about the process. Few of them know enough even to cause them to wash their hands before doing anything to assist the patient, and as for asepsis, they are as ignorant of it as the unborn babe which they are assisting into the world. When the case is a perfectly normal one, and the patient is not touched, her recovery will in all probability be good, but if anything is wrong the chances for the woman are decidedly bad, as these women

are quite incapable of recognising any abnormality, and their trust in providence that everything will come right in time is usually unbounded. They seldom send for assistance until the woman is at death's door, and by assuring the sufferer and her friends that everything is going well they often prevent them calling in a doctor until it is too late. Every year we have quite a number of such cases sent into the hospital in a hopeless condition, who if sent to us in time could easily have been saved. Some of them we are able to save even at the eleventh hour, but generally with the sacrifice of the child. In Glasgow a large percentage of the women among the poor have suffered from rickets in infancy, with the result that they have contracted pelves. As I have already stated, we had last year to deal with nine such cases in the indoor department, nearly 14 per cent. If such a case falls into the hands of one of these 'howdies,' the chances are that the poor woman will be allowed to linger on in labour for days before assistance is sent for. The patient is quite strong at the commencement of labour, and has good pains, so the attendant assures her and the friends that everything is going on well. Time passes, and no child appears, and ultimately the friends become alarmed and bring the patient to hospital or call in a doctor, when in all probability it is too late. I might instance scores of such cases, but two will suffice, one with a contracted pelvis, and the other suffering from hæmorrhage before the birth of the child. The first case was that of an unmarried woman living with a man in a different part of the town from her parents, who knew nothing of what was occurring. An old woman attended, and for five days the poor creature was allowed to linger on in labour, until a neighbour insisted on calling in a doctor, although the 'howdie' said everything was going well. The doctor sent the patient into hospital at once. The poor creature was absolutely pulseless, and in a most frightfully septic condition from infection conveyed by the dirty hands of the attendant. The patient died a few minutes after admission. The second case occurred quite recently, and was that of a married woman. She had had slight bleeding, off and on, for about a month, but it had become very severe three days before admission. The husband wished to call in a doctor, but the attendant assured him there was no danger. When the woman was almost pulseless he called in two doctors who did what was necessary, and sent the patient to us. I delivered her at once of a dead child and managed to save her life, but if she had lost a very few more ounces of blood there would have been no hopes for her. She, too, had been infected by the midwife, and became very septic, but ultimately recovered.

This question of septic infection is an exceedingly important one. At the present time quite as many puerperal women die of sepsis as in the days prior to the use of antiseptics. The great majority of these cases are entirely due to ignorance and carelessness on the part of the attendants. It would be wrong to attribute all cases of sepsis to untrained attendants, but there can be no doubt that they are responsible for many of them.

In connection with this subject there is another very important point, viz., the proper care of the new-born child, especially of its eyes. Ophthalmia or blennorrhœa neonatorum, or inflammation of the eyes of the new-born, is unfortunately not an uncommon disease among the class we are speaking of. In Fuch's Text-Book of Ophthalmology it is stated that, 'In the asylums for the blind of Germany and Austria those who are rendered blind by blennorrhœa neonatorum form more than one-third part of the whole number. On the whole those who are rendered blind in this way certainly constitute more than the tenth part of all living blind persons. The number of blind in Europe is reckoned at more than 300,000. If blennorrhœa neonatorum were made to disappear from the causes of blindness, by universally carrying out a prophylactic treatment, there would be in Europe alone at least 30,000 fewer blind people.' In Great Britain the percentage is about the same.

The expression 'born blind' in most cases is incorrect. It is very rare for a child to be actually blind at birth, so rare that I have never seen a case. The eyes are all right, but they have become infected during the process of parturition, and a very virulent form of inflammation is set up, which, if not properly treated, will, in a few days, destroy the eyes, before the poor babe is able to appreciate the blessings of sight. By proper prophylactic treatment the disease can be prevented, and if a case should arise in spite of the prophylaxis it is quite curable provided great care is taken. At one time it was a terrible scourge in maternity hospitals, but it is now rarely seen within their walls, and when a case does occur blindness should not result.

It is appalling to think that every year many new-born babes are robbed of their eyesight simply through the ignorance and carelessness of those who attend them during the first few days of life. If by the supplying of proper attendants to poor lying-in women the eyesight of all these babes can be saved, surely the thing is well worth doing on this score alone. That such would be the case admits of no doubt.

Untrained women look upon these cases as trivial and merely due to cold and if they adopt treatment it is usually of a most perfunctory kind. The inflammation runs its course unchecked for a few days, and perhaps the child is then taken to an eye hospital, when in all probability the destructive process has gone too far to permit of the eyes being saved.

The solution of the problem of how best to give assistance to poor lying-in women in their own homes lies, I venture to suggest, in the employment of properly trained nurses working under supervision. These nurses should be trained sufficiently to enable them to properly manage all ordinary cases, and to recognise an abnormal or difficult case early, and call in medical assistance, or have the patient at once removed to hospital. In towns where there are maternity hospitals the working of the scheme should be intrusted to the hospitals. In other towns and in country districts the scheme could be quite well worked along with the Jubilee Nursing Scheme, which is doing such

admirable work all over the country. It would be necessary to have medical superintendents who would be willing to render assistance when needed, and to whom the nurses would require to submit reports of all their cases. I have said that the working out of the scheme should be left to the maternity hospitals in their own towns. My reasons for doing this are:—1st, To prevent the multiplying of charities for the same object; 2nd, Because they can do the work much cheaper and much better than any other organisation, as they have the means of treating the cases in hospital which cannot be treated at home. You might say that an organisation working among the poor at their own homes would be quite justified in sending their bad cases into the hospitals. The hospitals will not refuse them, because they cannot, but the members of the staffs will not thank any other staff for sending on cases where ineffectual attempts have been made to deliver. In Glasgow we suffer very much from this, and I for one should be very sorry to have any increase in the number of such cases. Let us have them first-hand and we will take all responsibility, but we object to our hospital being made a dumping ground for bad cases. 'Dumping' is not by any means confined to fiscal matters.

In Glasgow, if funds were forthcoming, the scheme could be worked out quite easily. All that would be necessary would be to establish more branches of the hospital similar to the two we already have. Two or three more would be quite enough to supply the districts which are too far off to be worked from the main hospital. The cost would not be very great. The poor people would soon learn by experience to call in the nurses, in preference to the untrained women, and I am confident much suffering would be alleviated, and many lives, both of mothers and children, would be saved, and the number of blind would be materially lessened.

It may be urged that if such a scheme were carried out certificated midwives, who work among the poor, would find their occupation gone. This would probably be true to a certain extent, and it would be necessary to guard against sending free nurses to people who were able to pay. Judging from our present work, I should say that the maternity charity is less abused than any other one, and on an extended basis I think the result would be the same. It would be very advisable to have these certificated midwives registered, and working under supervision. The English Act has not been in force long enough for one to form an opinion as to how it will work, but it should undoubtedly be a safeguard to the poor. I hope soon to see it applied to Scotland in an improved form.

But what about the 'howdies'? They will be robbed of a source of income, and rightly so. They have no *locus standi*, and we may disregard their claims. Their calling is an illegitimate one, therefore does not entitle them to compensation. The sooner they are put down the better for the people they prey upon.

I do not intend to deal with the problem of how to raise funds for such a

scheme, but I am quite confident that if the public were once brought to realise the risks to which thousands of poor lying-in women and innocent babes are subjected, from the ignorance of those who attend upon them, there would be a generous response to any appeal. To wealthy ladies desirous of alleviating the sufferings of their less fortunate sisters, I would specially recommend it consideration.

Death in any form is a terrible calamity to a household, but when it comes to a mother in childbed, and turns what ought to be a time of rejoicing into mourning, the sadness of it is inexpressible. Any scheme which will tend to lessen such calamities is surely worth spending a little money upon.

(See Summary of Discussion, page 411.)

THE ORGANISATION OF THE HOME TREATMENT OF PULMONARY TUBERCULOSIS

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Among the important subjects which will occupy the attention of the present International Congress, there is probably none of more immediate significance to our communities than the Organisation of the Home Treatment of Pulmonary Tuberculosis. The home treatment of tuberculosis occupies a different platform from the home treatment of most other diseases. In the case of acute illness, patients, if they have been reasonably provident, can generally face the situation, including enforced cessation from work, without serious inconvenience either to themselves or their household. Moreover, in the case of fevers, where the danger of communication to other members of the household is recognised, municipal and other authorities have made provision for the isolation, maintenance and treatment of the individual while the disease runs its course.

THE EXTENT OF THE ISSUE

In respect of persons affected with Pulmonary Tuberculosis—more especially when belonging to the poorer classes—the conditions are very different. In the first place the disease is much more disastrous in its effects, both physical and pecuniary. At the best, the illness must be a long one. It reduces the patient frequently from the state of an able-bodied, to a more or less disabled working-man. For months or years the individual may be unable to work, or may have to limit himself to part time, or may have to take to a less remunerative occupation. Further, his medical treatment, if it is to be effective, is relatively costly. Continued, as it must be for long, it forms a serious drain on the individual's resources. All the time, moreover, or at least during a large part of the illness, the patient is a source of danger, more or less pro-

nounced, according to the relative care or carelessness exercised, to those living under the same roof, or coming into close contact with him. The risk of infection, comparatively slight as it may be, in large, well-ventilated houses, becomes accentuated in the contracted dwellings of the poor. The danger of communication is enhanced by the short commons which advancing poverty brings to the household, and the physical strain put on delicate dependents in their effort to undertake work for which they may be unfit.

The picture is sufficiently wretched. And yet those who have been brought into intimate relationship with the disease, and its effects among the poor, will be the first to admit that it is far from overdrawn. The distress is in many cases infinitely greater than I have outlined. The miserable drama drags its weary course it may be for two, three, five years, or longer.

HAS THE ISSUE BEEN ADEQUATELY CONCEIVED AND FACED?

It may well be asked whether we have seriously faced the problem. Have we really attempted to deal with the issues as they deserve? Have not communities, more especially our larger centres, a distinct responsibility in the matter, (1) in respect of the individual sufferer, and (2) in respect of those who are dependent upon him, and who are so closely associated with him as to be necessarily exposed to risk?

There appears to exist at the present time a popular notion that the solution of the tuberculosis problem has been found in the establishment of sanatoria for consumption in different parts of the country. It is far from my wish to suggest for one moment that sanatoria do not play an important part. On the contrary, it has been my lot to have had something to do with the foundation of such an institution for the poor of this district. The establishment of sanatoria in different countries has been an immense step forward. An increase in their number, proportionate to the needs of communities, on sufficient and inexpensive lines, is certainly to be desired. None the less it must be frankly admitted that the establishment of sanatoria and hospitals meets only one aspect of the question. Pulmonary Tuberculosis is a disease of extremely varying complexion. Only a certain number of cases, and those preferably the early cases, are suitable for sanatorium treatment. In respect of such patients existing sanatoria can undertake the cure of a small number only.

I greatly doubt if the frequency of the disease is distantly realised by most of our citizens. Have you ever asked yourself how many cases of pulmonary tuberculosis exist in any large city with which you may be acquainted? Take, for example, Edinburgh. On an average some 500 persons die annually of the disease. This in no sense represents the number of persons affected by the disease during that period. Is it possible to make an estimate? Certain contributions towards an estimate are available. Taking a wide statistic, the average duration of a case of pulmonary consumption may be reckoned at say

five years. This is probably within the mark. That means, accordingly, that in such a city as this there are at least some 2500 persons presently affected who will finally die of the disease. It is to be kept in view also that a large proportion of persons die of pulmonary tuberculosis whose death is, from one cause or another, recorded in other terms, such as pleurisy, broncho-pneumonia, bronchitis, debility, child-birth, and the like. Were the necessary correction made, it would probably increase the figure at least 25 per cent., making the total some 3125 cases. Further, it is well known that vast numbers of persons who actually die of other diseases are, or have been, affected more or less seriously with pulmonary tuberculosis. At least one-third, and probably one-half, of all persons dying bear traces of the disease in one or other stage. The approximate total mortality per annum of the City of Edinburgh amounts approximately to 5600. Deducting 600 for the already reckoned tuberculosis mortality, and taking one-fourth of the remainder as representing the number affected by pulmonary tuberculosis not already included in the estimate, say 1250, and adding it to the 3125 already quoted, we have a total of 4375. This figure may be taken as much within the mark. I believe that it might be added to largely. Accepting the figure, however, for the purpose of the present argument, and keeping in view that the great majority of the persons thus included belong to the poorer classes of the community, what possibility exists for the adequate treatment and supervision of the disease either in sanatoria or in hospitals for the dying?

Even were it possible, is it from the condition of things desirable? Once more, keep in view that the disease is a slowly progressive one, that for months, perhaps for years, the patient may be able to do a fair day's work, or part day's work, or undertake some lighter occupation such as that of caretaker or the like. Admitting that he may safely, and in many cases must remain at home, the problem is, How best are we to afford him relief from suffering and distress? How best are we to minimise the risk of his becoming a source of danger to other persons?

The issues involved in the problem are most practical and far reaching. How are we to prevent or limit the effects of the prolonged physical and financial drain which, unless timeously checked, reduces from a state of comparative comfort to one of absolute poverty? From the other point of view the problem is, How to limit most effectively the communication of the disease from the already affected person to other members of his household, to the dwelling itself (which may be vacated to-morrow, and, without any effort at disinfection, be occupied by another family), and also to persons brought into contact with the affected person at work or elsewhere? When regard is had to the wide bearings of the subject, it will be admitted that a community can ill afford to trust to haphazard handling of the problem—a handling which, in most instances, amounts to little at all.

SUPERVISED HOME TREATMENT ESSENTIAL

It is eminently worthy of the best efforts of such an International Congress to discuss and plan out some scheme by which the present hopeless state of affairs may be corrected. I believe that in the solution of the tuberculosis problem, a plan of *supervised home relief must play a chief part.* Such relief must be based on an exact knowledge of the facts, a clear conception of the necessity and the possibilities, and must be well organised. What I have to submit in the way of a practical proposal is the outcome of considerable experience and thought in relation to the practical solution of the question in Edinburgh.

In the foreground I must ask the Congress to excuse me if I introduce a certain element of narrative, which I do in order thereby better to illustrate some of the points, and to explain that the conclusions submitted are not those of the mere doctrinaire.

EXPERIENCE IN EDINBURGH

Up to 1887, there was in Edinburgh no central or concerted action in relation to the treatment of pulmonary tuberculosis. Patients were received and excellently treated in the Royal Infirmary and other hospitals so long as it was possible to keep them. The general dispensaries of the city received and prescribed medically for those consumptive patients who presented themselves for treatment. Such treatment necessarily consisted largely in the prescription of some form of cough mixture. The duration of the patient's treatment depended on the continuance of the more aggressive symptoms, and his faith in the prescriber or prescription. Consumptive patients, when too ill to come to the dispensary, were commonly relegated to the list of chronic or troublesome patients, visited occasionally by a frequently changing series of medical students, whose conceptions of treatment, doubtless excellent so far as they went, did not extend very far. As an officer of the Royal Infirmary and a large public dispensary, one felt frequently heart-sick at the evident ineffectiveness of the assault made on so tremendous an evil. Such considerations led naturally to the practical question whether some more definite and organised effort might not be made. Accordingly, in the autumn of that year, having satisfied myself that a well-directed movement towards the end in view would have the approval of those who might take the trouble to think of the matter, I succeeded, with the help of a few kind friends, in establishing the Victoria Dispensary for Consumption in the heart of Edinburgh. Its object was to afford a central institution toward which all poor persons affected with consumption might be directed. The scope of the institution was a large one, and included:—

(*a*) The reception and examination of patients at the Dispensary, and the keeping of a record of every one thus received, with an account of his

illness, history, surroundings, and present condition, the record being added to on each subsequent visit.

(*b*) The instruction of patients how to treat themselves, and how to prevent or minimise the risk of infection to others.

(*c*) The dispensing of necessary medicines, disinfectants, and sputum-bottles, and, where the family conditions seemed to warrant it, of food stuffs and the like.

(*d*) The visitation of patients at their own homes, more especially of patients confined to the house or to bed, and this for the double purpose of treatment and of investigation into the state of the dwelling, the general conditions of life, and the risk of infection to others in the neighbourhood.

(*e*) The selection of more likely patients for hospital treatment, either of early cases for sanatoria, or of late cases for some incurable institution.

(*f*) The guidance generally of patients, and friends of patients, and other inquirers on questions related to consumption.

The programme, as rapidly sketched above, has been carried out during the past seventeen years by a staff of willing colleagues, nurses, and a Samaritan Committee of ladies, all of whom have taken part not merely in the general work of the Dispensary, but have especially undertaken the surveillance of consumptive patients at their own homes. Altogether, up to the present time, over 13,360 patients are on our books. As many as eighty-seven patients have attended on one day. The majority of these have paid many attendances to the Dispensary. Some have attended for many years. A very large number have been supervised at their own homes.

In addition to the routine work of the Dispensary, more detailed investigations have been carried out from time to time with a view to ascertaining the distribution of the disease in the city. These investigations include at the present time a systematic record as to the home conditions of the patient according to the accompanying schedule, the inquiry being carefully undertaken at the patient's home by a trained nurse, who visits with a view to assist the patient, under the superintendence of one of the medical officers.

SCHEDULE OF INQUIRY REGARDING DISPENSARY PATIENTS

No. in Ledger..... *Date of Report*.....

Name
Address — Age
Occupation — Married or Single?
Able to work full time? — Has patient changed occupation?
If unable, confined to bed? — Or part time?
How long ill?
Situation of House (area, ground floor, 1st, etc.)?
Number and Ages of Inmates?

Number and Description of Rooms?
General aspect of House (clean, damp, dusty, smelly)?
Number of Windows? Can they open?
Are they kept open (*a*) by day?
(*b*) by night?
Have they always been kept open?
Does Patient sleep alone (*a*) in Bed?
(*b*) in Room?
How is Washing of Clothes done?
How long in present House?
If has removed within two years, previous Addresses?
Have there been Illnesses or Deaths in House?
(*a*) In own time?
(*b*) In previous occupancy?
Exposed to infection (*a*) at home?
(*b*) at work?
(*c*) among friends?
Present health of other members of household?
What precaution taken to disinfect?
T. B. in sputum?
T. B. in dust of room?
General dietary? Teetotal?
General condition (well-to-do, badly off)?
Proximate income of household?
Assisted by Societies, Church, Friends, Rates?

Signed.....*Reporter*

.....*Medical Officer.*

We have now a considerable mass of such records, containing most valuable statistics and information regarding the disease. These are being steadily added to from day to day. I may say that we have found no difficulty whatever in obtaining the desired information.

The Dispensary, as at present arranged, contains two consulting-rooms (with a dark room for laryngoscopical examination), one large waiting-room, two dressing-rooms, a general office where names are entered, a laboratory for bacteriological examination, and a drug and food store. An officer lives on the premises, to afford information when the Dispensary is not formally open, and to receive requests from patients for medical attendance in the absence of the doctors. The same officer receives and enters the names of patients on the afternoons when the Dispensary is open. This officer is conversant with the home and work conditions of many of the patients. The staff further consists of two honorary visiting physicians, who attend when the dispensary is open and supervise the work, two qualified assistant medical officers, who devote a large part of their time to the work, receiving a small honorarium, a nurse, trained in modern open-air methods, who visits the homes and makes most of the inquiries, under the superintendence of one or other of the medical men, and a volunteer Samaritan Committee of ladies, who, in conference with the doctors, take in charge the more distressing cases, with a view to assist in any

way that seems proper in the circumstance. The operations of this committee are regulated in fortnightly meeting, and a minute of the business is kept.

TUBERCULOSIS DISPENSARY

So far as I am aware, this was the first attempt to deal in more systematised fashion with the great crowd of tuberculous city poor. During the seventeen years which have elapsed since its foundation, it has been my lot to be in constant touch with every department of the work. There can be no doubt that through the operations of the Dispensary a propaganda of considerable importance has been established, and not a little contributed towards the relief and prevention of consumption in the city. It is from the experience obtained by close participation in the work of the Dispensary that I venture to recommend the system, in its main features, as one worthy of development in every large centre.

It must be kept in view that the Tuberculosis Dispensary which I propose is something much more elaborate than at present exists in relation to the out-patient departments of many consumption hospitals or general dispensaries. These, doubtless, do excellent work so far as their arrangements permit. My contention is that their plan of operation has not been sufficiently developed and systematised, and that their efforts have been limited too much to the medical treatment of the individual applicant.

Within more recent years, the idea of a Tuberculosis Dispensary has, it would seem, occurred independently to workers in other countries. Dispensaries, resembling more or less that which I have described, have been founded by voluntary effort especially in France and Belgium. Here I would desire to pay a special tribute to the work effected in this direction by Professor Calmette, of the Pasteur Institute, Lille, to whom the establishment of the Emile Roux Anti-Tuberculous Dispensary (founded in 1900) is due. Regarding this and other forward movements in the same direction in France and Belgium, and the special characteristics of these, I hope the Congress will have the opportunity of hearing directly from Professor Calmette and others. In Germany, a movement, though of somewhat different conception, is on foot. The various aspects of the subject were considered at the Tuberculosis Congress held in Berlin in November 1903. It would appear from the discussion, however, that the recently established Polyclinik for Tuberculosis partakes rather of the character of the ordinary out-patient department of one of our consumption hospitals, largely restricting its operations to the medical treatment of the individual applicant. There was expressed a strong feeling in favour of the development of institutions of the Dispensary type—the name *Wohlfahrtstelle für Lungenkranke* being suggested as a fitting description.

RELATION TO LOCAL AUTHORITIES

If we are to make a serious forward movement against tuberculosis, it seems to me essential that the organisation should expand on all the lines I have indicated. We must go even further. We cannot afford to trust to individual effort, or even to wider benevolent enterprise. The evil to be faced is one of vast proportions, and affects the best interests of the community. There exists a clamant need that each community should face the question for itself, in the interests of the public health no less than in the interests of the affected individual.

On whom, then, should fall the responsibility of such an organisation? The answer seems to me emphatically on the Local Authorities—Municipalities, Parish Councils, Boards of Guardians, and the corresponding bodies in different countries. In our cities the institution should be municipal. The Tuberculosis Dispensary or Bureau, or whatever it is called, should be placed under the medical officer of health. It should, however, form a *separate* department of his activity.

PLAN OF OPERATIONS

The Department should include a Dispensary to which consumptive patients of the poorer classes, and patients with chronic colds or persistent ill health, should be invited to come. Consumptives presenting themselves at other dispensaries, infirmaries, and hospitals should be directed to the Tuberculosis Dispensary. At the Dispensary such patients should receive information regarding the prevention and treatment of the disease. Printed instructions of a clear and practical sort should be issued to every patient and distributed freely in all likely places (*vide* instructions appended, which have been distributed for fifteen years from the Victoria Dispensary). Spitting-flasks and disinfectants should be freely dispensed. By means of one or several visiting medical officers, charge should be taken of patients too ill to attend the Dispensary and too poor to pay for sufficient medical attendance at their own homes. By means of the Dispensary, the disinfection and cleansing of infected houses and patients should be carried out. At the laboratory of the Dispensary, the bacteriological diagnosis of the disease should be undertaken. By means of the addresses communicated by the patients to the authorities, a system of voluntary notification would be immediately established which, pending the institution of compulsory notification, would afford much valuable information regarding the distribution of the disease. This would be further enhanced by a systematic inquiry regarding the home conditions of the patients on the lines I have proposed. Not the slightest difficulty need be feared in relation to the carrying out of this, if the matter be gone about in a common-sense and sympathetic fashion. Up to the present, in the experience of the Victoria Dispensary no case of refusal has occurred. Contrariwise, the patients visited

have welcomed the nurses and doctors, and facilitated the inquiry in every possible way.

The Dispensary should be in relation, or at least in close touch, with the various hospitals prepared to receive cases of pulmonary tuberculosis, and would direct suitable patients, on the one hand, to sanatoria, and, on the other, to hospitals for incurable or dying cases.

If the proposal were more practically realised (which I made some half-dozen years ago in the *British Medical Journal*[1]) that Tuberculosis Colonies should be established where poor patients might be enabled for long periods, and under hygienic conditions, to maintain themselves honourably by contributing to the common good of the residents, it would be a further function of the Dispensary to select suitable patients for the Colony, explaining to them its advantages in the shape both of physical and pecuniary benefit. Our experience for many years at the Victoria Hospital—where the conception has taken practical shape—abundantly proves that the idea of Tuberculosis Colonies is a practicable one. At the present time the major portion of the non-medical staff of the hospital, including garden-workers, engineer, carpenter, bath attendants, maid-servants, and other workers, is constituted by tuberculous patients who have been restored to health at the hospital, but whose chances of permanent cure would have been prejudiced by an immediate return to their previous employment.

The Dispensary would also play an important part in the relief of the pecuniary distress which the disease so often entails. The families and dependents of affected persons must not only be safeguarded in respect of their health and thus kept fit for work, but where necessary, as when the chief wage-earning member is affected, the Dispensary should take cognisance of the household means, and, if desirable, put the household in touch with one or other public or charitable fund. Reference to the Inquiry Schedule Sheet at present used at the Victoria Dispensary will show that it includes inquiry on such lines. Nor has any inconvenience been found in obtaining the information.

Another valuable aspect of the Dispensary's operations would be the determination of suitable lines of employment of a light and open-air kind for consumptive patients not requiring hospital treatment. This has been found, in my experience, one of the most helpful, if sometimes a difficult, part of the Dispensary's operations. Many families have been saved from destitution by the timely suggestion of such work. Were Tuberculosis Colonies only more widely developed, a large part of the difficulty would be removed.

To the care of the Dispensary would naturally return patients who, after sanatorium treatment, remained still on doubtful ground in respect of permanence of cure. These would be similarly advised as to occupation, residence, continuance of treatment, and from time to time would report themselves for fresh examination.

[1] 'On the Universal Applicability of the Open-air Treatment of Pulmonary Tuberculosis.'—*British Medical Journal*, 23rd July 1898.

School children, already affected with the disease, would be removed from the prejudicial influences of school-life, and their education supervised on physical lines. This would constitute an important move in preventive medicine in the interest both of the infected child and of the other school children.

COST OF MAINTENANCE

As to cost, I feel satisfied, from experience, that in a town of the size, say, of Edinburgh, a sufficient organisation of the kind might be effected for an annual outlay of *circa* £1000. This sum would admit of the maintenance of the Dispensary and a sufficient staff of medical assistants, nurses, a clerk, and officer. The institution is necessarily capable of wide extension, with correspondingly greater outlay. I am confident that for the sum mentioned the essentials of the scheme could be carried out effectively. The outlay is trifling as compared with the cost of provision and maintenance of hospital accommodation for such patients, while in many instances the benefit to the individual would be as satisfactory. The advantage to the community would be incalculable, and should thoroughly justify the discharge of public money for the purpose.

COMPLETE ANTI-TUBERCULOSIS ORGANISATION

Elsewhere,[1] I have had occasion to indicate that a complete organisation against Pulmonary Tuberculosis must include, for our large cities:—

(1) A Home for dying patients, chiefly in the interests of other persons.

(2) A Sanatorium or Sanatoria for selected patients who, with a view to the cure of the disease, require a special *régime* not procurable in their own homes.

(3) Colonies for the after life and supervision of patients in whom the disease has been sufficiently arrested to make selected open-air employment feasible and desirable.

(4) A Tuberculosis Dispensary, with the functions and relations I have attempted to outline.

In the conflict with tuberculous disease, which every progressive community is called on to wage, each of these factors will play a part. They should be in close organic connection. They will all be found serviceable. Resting on experience gained in the gradual evolution of a plan of campaign during the past seventeen years, my belief is that an officially recognised Tuberculosis Dispensary is essential as the base for further operations. In this belief, I recommend to every considerable community the establishment of such an institution which will serve at once as the developmental centre and uniting point of all other agencies.

(*See Summary of Discussion, page* 412.)

[1] *British Medical Journal*, loc. cit.

APPENDIX

BEING RULES FOR CONSUMPTIVE PATIENTS AND THOSE LOOKING AFTER THEM

Arranged for the Victoria Dispensary for Consumption, Edinburgh, 1st January 1891, *and issued to all comers since that date.*

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting-flask (such as Dettweiler's, or the Victoria Hospital simpler model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong disinfectant.

Rooms which have been long occupied by a consumptive patient should, before occupation by some one else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the food of the lungs. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. The window should be freely open. When able, the patient should be out of doors during a large part of the day, resting in a shelter or walking gently, according to doctor's orders. He must avoid over-effort, and chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. The window should be kept freely open in all weathers.

DIETARY.—The meals must be strictly regular, nutritious, and ample. They should be taken slowly. The patient should rest for at least half an hour before and after meals.

L'ASSISTANCE FAMILIALE DES TUBERCULEUX

Par le Dr. A. Calmette, de Lille

Toutes les nations se préoccupent actuellement de chercher une solution pratique au problème si grave de l'assistance aux tuberculeux des classes ouvrières. On s'aperçoit de plus en plus, surtout dans les grandes villes industrielles, que les institutions de bienfaisance publique ou privée, si généreusement dotées qu'elles puissent être, ne parviendront jamais à '*prendre en charge*' les malades pauvres, autrement qu' à la dernière période de leur longue maladie, trop tard pour que l'assistance puisse être efficace parce que la misère s'est définitivement installée à leur foyer ; trop tard aussi pour que des mesures prophylactiques puissent être utilement prises, parce que l'œuvre de contagion est déjà accomplie.

Les solutions préconisées jusqu'à present dans les états civilisés de l'ancien et du nouveau monde visent surtout à *l'isolement* des tuberculeux, soit dans des *hôpitaux* spéciaux soit dans des *sanatoriums*. La formule allemande qui consiste à prendre un ouvrier malade dès que la caisse d'assurance des maladies à laquelle il appartient obligatoirement l'a reconnu tuberculeux et à l'envoyer à la campagne, dans un établissement de cure, pendant trois ou quatre mois, jusqu' à ce qu'une partie au moins de sa valeur économique lui ait été restituée, est ordinairement excellente, soit qu'on envisage les intérêts du malade, soit qu'on ait surtout en vue la protection de la société.

Elle présente malheureusement plusieurs défauts graves : elle disloque la famille ouvrière ; elle ne s'adresse qu'aux *prétuberculeux*, ou aux tuberculeux dont les lésions pulmonaires sont très peu avancées ; enfin et surtout, sa généralisation est tellement coûteuse que même les plus fervents adeptes n'espèrent plus l'étendre à tous les ouvriers que le devoir social nous oblige à secourir.

On ne peut songer à l'appliquer que dans les pays où le régime de l'assurance obligatoire contre la maladie et contre l'invalidité laisse disponibles des capitaux suffisants pour la création et l'entretien des sanatoriums.

Partout ailleurs, notamment en France, en Angleterre, en Russie, en Italie, en Espagne, et en Portugal, où cette idée si féconde de l'obligation de l'assurance ne s'est pas encore imposée aux législateurs, les hygiénistes et les sociologues seront longtemps encore réduits à lutter contre la diffussion de la tuberculose avec des armes moins dispendieuses, mais qu'il s'agit cependant de rendre efficaces.

Même dans les milieux scientifiques, les avis sont partagés sur la question de savoir s'il convient de diriger le plus d'efforts vers la prophylaxie sociale antituberculeux par l'accroissement de la résistance du terrain tuberculisable à

l'infection, ou s'il s'agit de supprimer autant que possible les sources d'infection par l'isolement des malades.

Les sociétés savantes et les congrès proclament avec insistance la nécessité pour les gouvernements d'adopter des mesures qui permettent d'assainir les villes et les logements ouvriers, de combattre l'alcoolisme, d'éviter le surmenage physique et d'améliorer les conditions matérielles d'existence des travailleurs. Si ces desiderata pouvaient être réalisés dès demain sans troubles économiques profonds, la prophylaxie sociale antituberculeuse en retirerait évidemment d'immenses profits. L'exemple de l'Angleterre, entrée la première dans cette voie féconde, en témoigne magnifiquement !

Malheureusement, il s'agit là de réformes que les peuples n'accomplissent qu'avec lenteur, par voie d'évolution. Et, en attendant qu'elles soient accomplies, il est plus pratique de s'attaquer au mal en essayant de circonscrire ses foyers les plus menaçants.

Les milieux ouvriers de nos grandes villes industrielles sont surtout décimés par la tuberculose autant, et plus peut-être, par ignorance que par misère. C'est donc à eux que les éducateurs antituberculeux doivent s'adresser tout d'abord.

Notre première préoccupation devrait être d'organiser dans tous les centres urbains des *dispensaires* spéciaux destinés à la *prophylaxie antituberculeuse* par l'éducation hygiénique du peuple et par *l'assistance à domicile* des nombreux malades qui ne peuvent être admis ni dans les hôpitaux ni dans les sanatoriums de cure.

La mission *essentielle* de ces dispensaires, très différentes de celle des policlinques des bureaux de bienfaisance, consiste, suivant moi, non point à donner des consultations ou à distribuer des médicaments presque toujours inutiles ou inefficaces en matière de tuberculose, mais à rechercher à attirer et à retenir par une propagande habilement faite dans les milieux populaires les ouvriers atteints ou suspects de tuberculose ; à leur donner, aussi souvent et aussi longtemps qu'ils en auront besoin, des conseils pour eux et pour leur famille ; à leur distribuer, lorsqu'ils sont obligés de suspendre leur travail, des secours alimentaires, des vêtements, de la literie, des crachons de poche, des antiseptiques ; à assainir leur logement par des nettoyages fréquents et des désinfections répétées à intervalles réguliers ; à leur procurer, si le besoin s'en impose, un logement plus salubre ; à blanchir gratuitement leur linge pour éviter la contagion dans la famille et hors de la famille ; à faire toutes les démarches utiles auprès de la bienfaisance privée, des patrons, etc., pour obtenir des secours qui permettront de rétablir le malade s'il n'est pas trop gravement atteint, et de le rendre à son travail.

Telle est la conception que j'ai voulu réaliser en créant à Lille le *dispensaire antituberculeux 'Émile Roux.'* Ce dispensaire compte déjà trois années de fonctionnement et bien qu'il ne dispose que de ressources trop restreintes, exclusivement dues à des contributions privées, il a pu assister utilement 780 familles dont un ou plusieurs membres étaient atteints de tuberculose.

Les institutions de ce genre ne sont ni compliquées ni coûteuses. À Lille nous avons construit un petit édifice très simple, comprenant une salle d'attente, deux salles de consultations, un cabinet obscur pour les examens du larynx, un bureau pour l'enquêteur du service, un économat et une buanderie à vapeur pour le blanchissage et le séchage du linge. L'aménagement et la construction ont coûté au total 36,000 fr.

Le service médical des consultations est fait par trois médecins qui se partagent les jours de chaque semaine et qui reçoivent en honoraires un jeton de présence de 4 *francs par heure*. Les médecins examinent les malades et indiquent sur une feuille d'observation tous les renseignements d'ordre médical qui peuvent être utiles à l'œuvre.

Chaque malade nouveau est l'objet d'une enquête faite à domicile par les soins d'un '*moniteur d'hygiène*,' ancien ouvrier, qui se présente dans les familles en camarade compatissant et dévoué, cause avec elles, s'informe des besoins du malade, de sa manière de vivre, de ses habitudes, de ses ressources et visite son logement. C'est à ce *moniteur d'hygiène*, bien plus qu'aux médecins, qu'incombe la mission d'instruire toute la famille des dangers de contagion et des moyens de l'éviter. Il est la cheville ouvrière de l'institution ; aussi doit-il être bien pénétré de l'importance du rôle social qu'il doit et peut remplir.

L'enquête terminée, le malade est revu par le directeur-médecin du dispensaire, qui détermine le mode d'assistance à adopter dans chaque cas. On s'arrange pour réserver le *maximum de secours aux moins gravement atteints et aux plus pauvres*. Les secours comportent, tantôt le paiement direct du loyer au propriétaire, une allocation de 100 kgr. de charbon par mois, 150 gr. de viande de bœuf, 2 œufs, et 1 litre de lait par jour ; tantôt seulement les œufs et le lait. Les aliments sont remis chaque jour au domicile même du malade par les soins de l'œuvre.

Chaque famille assistée reçoit un *sac en toile* dans lequel elle enferme son linge sale. Toutes les semaines, le sac est porté au dispensaire et le linge, blanchi, est rendu après 24 heures.

Les logements sont nettoyés, lavés au chlorure de chaux et blanchis à la chaux une fois par trimestre, également par les soins de l'œuvre.

L'assistance est limitée actuellement à 100 familles par jour, et chaque famille reçoit des secours pendant autant de semaines ou de mois que le médecin-directeur le juge utile, jusqu' à ce que le tuberculeux soit rendu à son travail ou jusqu'à ce qu'il soit pris en charge par une autre institution d'assistance, hôpital ou sanatorium.

Les dépenses moyennes mensuelles s'élèvent ainsi à *trois mille francs*, soit 36,000 *francs par an*, y compris tous les frais généraux.

Une expérience de trois années ne permet pas encore d'envisager les résultats d'une institution de ce genre au point de vue de la diminution de la mortalité par tuberculose dans une grande ville. Elle prouve seulement, de la manière la plus évidente, la possibilité de réaliser, d'une façon simple et

pratique, l'éducation antituberculeuse du peuple, en même temps qu'elle rend d'immenses services aux malades pauvres.

A ce titre, elle mérite de retenir l'attention de tous les hommes de bonne volonté que hante le souci d'épargner aux générations futures les hétacombes de victimes que la tuberculose fait parmi nos contemporains.

(*See Summary of Discussion, page* 412.)

THE EMPLOYMENT OF POOR PHTHISICAL PATIENTS DURING AND AFTER SANATORIUM TREATMENT

By JANE H. WALKER, M.D.

The public mind is slowly grasping the fact that, though phthisis is a curable disease, it is one requiring a prolonged course of treatment, and is a disease which necessitates extreme care on the patient's part after so-called cure or amelioration has been effected. Though we are still often asked, especially in medical reports, to state exactly the length of time for which treatment will be required, it is, I think, now fully recognised that, just as the disease is often insidious in origin and slow in progress, so does it also require long, not to say tedious treatment, if arrest is to be effected. The further fact, that phthisis sufferers, even if apparently cured, cannot return to ill-ventilated homes or arduous occupations without grave risk of again breaking down, is, I think, acknowledged by all. Those who have anything to do with the care of consumptives will, I think, bear me out when I say that a large amount of correspondence and a good deal of brain power is expended in answering questions as to, or in arranging for, the best means of employing patients when they are well enough to leave the Sanatorium.

The question of the most suitable occupation for such patients is one indeed of the most pressing urgency at the present day, when the curability of phthisis and the good results obtained in Sanatoria are leading to yearly increasing numbers of patients applying for treatment.

Doctor Weatherly has lately ascertained that 145 Boards of Guardians are undertaking the open-air treatment of their patients, either in wards of their Infirmaries, or in buildings specially designed for such treatment. We have, besides, in various parts of the country, Sanatoria, either self-supporting or supported by voluntary subscriptions, and therefore the number of patients of the working-classes turned out fit for work, yet often not fit for such work as they have been accustomed to, nor fit for work in their previous conditions of life, is increasing annually. The question of what work is best for such patients when they come to leave Sanatoria is thus becoming yearly more difficult to solve.

In the case of women the question generally answers itself. If married they must return to their homes, wherever these may be, and by trying to live as rationally as possible, and by feeding up as much as is practicable, avoid breaking down again. I have had many patients of even the poorest classes, and coming from the most unpromising quarters of London, who when they fully realise the *rationale* of the treatment and the importance of food and fresh air, and the unimportance of draughts, have managed and are now managing to keep going quite well. If not on such a high plane of physique as when they left the Sanatorium, they are at least doing their house-work with no return of lung trouble.

If unmarried, a patient can always obtain that unfailing source of occupation, a light place in the country. Servants are apparently such *rara aves* that there is generally no difficulty in obtaining suitable situations in the country for old patients, and I have many now who are doing well in domestic service. Domestic service may not be ideal employment, but it possesses the advantages that, if a mistress be reasonably thoughtful, the servant has good food, can sleep with her windows open, and get a fair amount of sunlight and fresh air.

For men the case is different. A man has generally at an early age taken up some definite work, has perhaps spent considerable sums in apprenticing himself to a particular trade, which, though remunerative, may not be healthy, and at the age of twenty-five or thirty-five, it is no easy matter for him to turn his hand to some quite different work. If he does try to do so he probably has to begin at the beginning, and this if it does not mean hard manual labour, at least means poor wages, and the semi-starvation which leads to a renewal of the old complaint. Male general servants are not in demand, a man cannot suddenly become a butler or a coachman without previous training. If he think of gardening, the only thing he will be fit for is rough digging work, and digging, as a rule is not suitable for recently cured consumptives. Farming, light gardening-work, chicken-rearing, fruit-growing, in fact almost all outdoor occupations, except such things as field labourer's work, require previous training. No one who is trying his best to make farming pay, requires 'crocks' to do even light work. Though here and there there may be found charitable and wealthy persons who will take on a man who is not fit for really hard work, such persons are not to be found every day, nor such an employer for every cured patient.

Then, again, if a man have a wife and family, supposing him to have spent six months or a year in a Sanatorium, it will be of urgent importance that he should get back to remunerative work as soon as possible, and of course the only work for which he is likely to get good wages is that which he has been doing all his previous life. If he go back to his work he must work full time, or he will suffer financially, which will lead to insufficient food, and the chances are that he will fall a victim again to his former malady.

When we see the miserable, thin, narrow-chested specimens of humanity,

wracked with coughs and wasted with illness, who come to us from the Out-patient Departments of Hospitals and the Dispensaries of our large towns, we are apt to say or think '*Cui bono?*' When we see the same men after six months, fat, bucolic-looking, with good appetites, and with no physical signs of disease, we are apt to think we have worked miracles, and so think the laity also. Then when we say glibly, that such men are fit to leave the Sanatorium, and fit for light work, the question comes what light work? What can a printer's labourer aged thirty, a stoker aged thirty-five, an under-paid over-worked clerk aged forty, what can such men do that is light, open-air, and paid sufficiently well to keep them and their families? Again we are tempted to say '*Cui bono?*' Of course in some, I may say in many individual cases, private philanthropy steps in, men are taken and taught work, and if unmarried can be trained as grooms, garden hands, etc. In some cases, in a large establishment, the director of a Sanatorium may be able to give permanent employment himself to one or two patients. One patient I had, who came to me in a really advanced stage of the disease and made a wonderful recovery, has now for more than two years been employed profitably to himself and usefully to the public, in keeping some municipal grounds tidy and free from scraps of paper and rubbish. But such cases as can be assisted by private efforts, or given work in a Sanatorium are few and far between, and still fewer, in my experience, are those cases, such as I have just cited, where the Municipal Authorities will step in and give help to patients.

Now, when we see Sanatoria for the poor springing up on every side, when our Parish Infirmaries and Councils are beginning to arrange for the treatment, and therefore, let us hope, for the cure also of their cases, it seems that what we want is something on a large scale, some concerted effort to deal with the arrested cases. The difficulties in the way of such a scheme are great, but I believe not insuperable.

My own idea would be to have a large colony or colonies, where all kinds of open-air work might be carried on, such as dairy-farming, chicken-rearing, fruit-growing, stock-breeding, horse-breeding, sheep-keeping, in fact, all such work as would allow of healthy open-air occupation of the employees, and at the same time might, with good management, be made to pay. I believe that, undertaken on a large scale, such colonies might be not only self-supporting but financial successes. If the fruit were bad one year, the chickens, cows, or horses might make up deficiencies; if the chickens were decimated by gapes or any other fowl diseases, the sheep or jam or some other industry would be lucrative. It may be said that Elysian fields would be needed to suit all requirements, but there is no need to have only one colony, good grazing land might be combined with sheep-keeping and horse-breeding, poultry-farming with fruit-growing and jam-making, and another colony might be for market-gardening, and so on.

There are many other industries, such as basket-making, netting, lace-

making, etc., which can be carried on in the open air by either men or women, and which when learned might be made to pay, if taken in connection with a large farm colony.

I noticed a gloomy forecast in the journal *Tuberculosis* for last April, to the effect that we could not hope ever to get cases of working men in the early stages, or to discharge them cured. Public opinion can, of course, be educated but slowly; it may be a generation hence, before we see the idea of the importance of taking phthisis at an early stage really grasped by the minds of the poor. Yet I do not despair but that, as time goes on, we shall catch our cases earlier. If only such colonies as I have suggested can be established about the country, and the working man know, that if his case improved he would have a chance of getting lucrative employment, I believe that we should find him less reluctant to come forward and be medically examined before he is so ill as to be absolutely incapacitated. There are in towns two factors which militate against patients coming early to Sanatoria. One is the habit the poor have of attending a drug-store, or dispensing chemist for weeks or months before they come to a doctor. The result being that the case, having been treated with various patent and worse than useless remedies, is usually far advanced before coming under proper treatment.

The other (which does not apply to Edinburgh, where the Out Patient Departments of the Infirmary, and the many excellent Dispensaries of the town are well within the capacities of the doctors attending), is that there is far too much hasty examination of patients, followed by the prescription of a cough mixture or cod-liver oil, and a brief injunction to feed up and live with open windows. It is inevitable that this should be the case. Were the physician or assistant of the out-patients in any of our large Hospitals or Dispensaries to try to din into the head of every phthisical patient what is really meant by the 'Open Air Treatment,' there would be time for nothing else during the afternoon.

What is needed is some central bureau or authority to which all phthisical cases could be referred, and which would have the responsibility of looking out for suitable Sanatoria or suitable work for each patient. Such a bureau in every town might well be in connection with the farm colonies. What we want, I must again insist, is some organisation on a large scale, because the disease we are dealing with is on a large scale. The colonies, too, must be on a large scale, because if farming is to be made to pay, it can only be done by having farms on a large scale.

It may be objected that any large organisation is apt to become tied up with red tape, and that private philanthropy should be encouraged, as being less likely to be autocratic, and so to frighten away working-class patients. But private charity is very often spasmodic. Cases are paid for and looked after willingly, if the man or woman be a nice oily, respectful cadger, regardless of the fact that he or she will not do a hand's turn, and is possessed only by

that gratitude which consists in a keen sense of favours to come. Indeed, there are many self-respecting working men and women who might avail themselves of an impersonal form of eleemosynary help, but who will not accept private charity. Then again, private individuals cannot be expected not to wish to help cases in which they are specially interested, without any regard for the fitness of the case. Often we cannot get a halfpenny for a man or woman because he or she does not attend a church or chapel, or has a gruff, repellent manner which does not appeal to the lady bountifuls of either sex, though the patient might be returned to society a useful wage-earning member, while a useless ne'er-do-weel, who has an ingratiating gift of speech, is paid for cheerfully for months.

The initial cost of these colonies would, of course, be large. The cost of the land, the dwellings of the patients, the requisite agricultural implements, etc., would all be expensive. Then skilled instructors would be required to teach the patients, and the whole working at first, at any rate, would be costly. But surely the cost to the country now of consumptives is so large, that if the twenty thousand or so annual working-class sufferers could be employed at any kind of reproductive labour, though the initial expense might be great, in the end the cost to the country would be negligible.

So far as the workers were concerned, I should imagine that they might be paid at first a small wage, gradually increasing as their labour became more productive. If the scheme were finally to become co-operative, we might look forward to a series of co-operative settlements throughout the country employing our cured consumptives, and at the same time counteracting the drain of rural labour to the large towns.

I turn now to the second part of my subject, the employment of patients during their stay in Sanatoria.

I am hoping, in the absence of any ideal colonies, to organise a small farm colony for patients. I have now accommodation for twelve poor male patients, and I hope by August to have a Sanatorium for fifteen poor women patients, all at Nayland, on the estate of the East Anglian Sanatorium.

Over the farm I have, as superintendent, a semi-cured patient who is experienced in the care of poultry, and as time goes on, I intend to start poultry-farming on a large scale, and to teach basket-making, light gardening, and other open-air work, and to make all patients do their due share of the work.

The difficulties connected with private philanthropy here again come in, though I ought not perhaps to speak of difficulties of private charity, seeing that it is only owing to the most generous help of friends, that I am able to make provision for my poor patients. Still the difficulty I have to contend with is this, that almost all the patients are being paid for by their employers or patrons, and consequently such patients consider themselves aggrieved if they are asked to do any work. Like persons paying compounded rates, if

the wages they could earn go to mitigate the fees paid, they do not feel the benefit of contributing part of what they do not actually pay themselves. The women patients are often glad to do a little light housework, such as laying the table, washing dishes, peeling potatoes, or dusting; it gives them a little occupation, and is such occupation as they are accustomed to in their own homes. But even the women are often difficult to manage, and think, because some one is paying for them, that they should live in complete idleness, like 'reel laidies.'

With the men, the difficulty is still greater. They should not be allowed, when well enough to work, simply to loaf all day. They do not as a rule care much for reading, draughts, chess, or other games, and the mischief Satan generally finds for them is grumbling; and many of them, I regret to say, develope into the most confirmed grumblers, nuisances to themselves and every one concerned with them. Men easily get accustomed to doing nothing, and also become so very careful of their own health, that even when well enough to leave they are often quite unfitted for their former work, and indeed seem prepared in some cases to go on happily living on charity for the remainder of their days.

I hope, however, as the summer goes on, and there is increasing work provided for these men, that they will really be able to learn sufficient out-door work to enable them to take up such employment, if they wish to do so, when they leave the Sanatorium.

I have touched only on the fringe of the question of employment for phthisical patients. I hope to learn much from the meetings of this Congress, if it be only from contradictions and criticisms of these remarks.

(*See Summary of Discussion, page* 412.)

THE RELATION BETWEEN HOSPITAL AND HOME RELIEF OF SICK POOR

By Professor GLAISTER, M.D., University of Glasgow

With regard to medical home relief of the poor, we are face to face with the question whether modern methods of philanthropy are being as wisely guided and controlled as they might be, and whether the benefactions of the charitable are distributed always in the best ways and in proper channels. In other words, is modern philanthropy, in the direction of medical home relief of the poorer classes, not calculated to produce in some measure the pauperisation of the respectable wage-earning working-classes? Under the title of my subject, the discussion of which I have the honour to lead owing to the regrettable absence of Sir Henry Burdett, the field of discussion is somewhat circumscribed. The relation between hospital and home relief of the sick poor may

be said not to exist, indeed, in any country, if one excepts the practice of the out-door department of maternity hospitals, and the home treatment of patients from certain dispensaries associated usually with medical schools. Taking the title in a broader way to mean the relationship of the sick poor to the hospital, more especially of that section of the sick poor which is able to repair from the home to the out-door departments of hospitals, and, returning thither, to pursue the treatment prescribed, we find several aspects of the subject worthy of deliberation.

STATISTICAL RELATIONS

It must be admitted that increasingly large numbers of persons are availing themselves of hospital and dispensary assistance, and that the annual increase is in excess of the proportion which naturally arises from the annual increment of the deserving poor. Sir Henry Burdett, speaking of 1895, says: 'We have four and a half millions of people in London, so that in practice, taking everybody, babies, children, old and young people of both sexes, we find that in a single period of twelve months the total number obtaining free medical treatment makes up a grand total representing nearly one out of every two of the population of London.' It is calculated that throughout England, from all sources, one person in three receives gratuitous medical relief. Nor is this condition confined to England; it also exists in Scotland, and in Ireland. I have worked out statistics respecting Glasgow and Edinburgh. In the three principal infirmaries of Glasgow, during the five years 1899-1902 inclusive, 855,000 visits of out-patients were made to the out-patient departments. In one year, viz., 1900, in all the institutions of Glasgow—poor-law, isolation hospitals, general, and special hospitals, 94,830 out-patients received free medical assistance. In Edinburgh, in that year, excluding poor-law and isolation hospitals, 56,906 out-patients received like relief.

From these figures we find (1) that the number of applicants for free medical relief is annually increasing; (2) that the increase is greater than is warranted by the natural increase of the poorer population. On closer examination of Glasgow figures, for example, between 1899 and 1903, the total cases treated in the Royal Infirmary has nearly doubled, and in the other two large institutions the increase has been about one half.

Cost.—Without entering into figures on this subject, one may say that this amount of free medical aid and treatment cannot be given without the expenditure of enormous sums of money, and, further, that constant calls are being made by boards of management for increasing liberality from the philanthropic public.

It appears to me that if the needs of the free-medical-attendance public are to be satisfied, in ratio to the increase of these calls, a time will soon come when some step must be made either to limit the extent to which such

aid is dispensed, or to test the need of applicants for such eleemosynary assistance.

Abuse of Medical Charities.—It is the constant cry of the medical profession—and I believe it is well-founded—that medical charities are abused by persons who are, frequently, well able to afford fees to the medical profession. These classes of the public, it is alleged, are apt to abuse the free aid which such hospitals and dispensaries are supposed to provide only for the poor.

Having some years ago been on the medical staff of a charitable dispensary, I took upon myself to question certain of the applicants regarding their fitness for the benefits of the institution, and in many cases they, on their own showing, were quite able to attend privately upon a medical practitioner and to pay for treatment.

Such abuse probably exists in all large hospital centres. It has been the subject of conferences and of much writing to the medical and lay press. In the year 1886-87 a meeting of the medical profession was convened in Glasgow to consider this subject. The meeting was attended by members of the profession practising among all classes, from the consultant, the hospital physician, to the practitioner in the humblest part of the city. The general opinion was that abuse of medical charities in Glasgow prevailed to a large extent. The question was, what remedy presented itself whereby free treatment might be secured to those for whom such was intended, to the exclusion of those who had no right to it. In a letter which I then contributed to the press, I showed that 'in connection with the operations of a certain very valuable institution (in Glasgow), by reason of the greatly increasing demands for its benefits, an inquiry was instituted as to the fitness of the applicants. Will it be believed that several were in receipt of family earnings to the sum of £2 and £3 per week? So many cases were found unfit recipients that the work of the institution quickly fell, was concentrated into proper channels, to such an extent that the medical officer in connection with it informed me that his work had fallen off fifty per cent.'

Character of the Abuse.—That the abuse is not confined to the poorer classes is shown by this incident, told me by the consultant interested. He received a telegram from a practitioner to hold himself ready, on receipt of a second message, to go to the country to perform an operation, and to name his fee. He accordingly named his fee, but heard no more of the case until he, later, wrote to the practitioner, who replied that the patient did not desire to be operated upon then. Shortly after, in his wards at the infirmary, he received a patient for operation, who, he thought from his appearance, ought not to be seeking the aid of the infirmary gratuitously. On inquiry he found that this was the very man about whom he had been telegraphed. The patient was told that it was his duty to contribute handsomely to the infirmary fund, which, I understand, was done, but not handsomely.

The need for inquiry into the fitness of applicants is so obvious that a movement in this direction has taken place in various large hospital centres.

What about other countries? In Germany every one, male and female, working for wages or salary in trade or business—a number amounting to over eight million people (1896)—is compelled to ensure himself against sickness, death, accidents, and old age. This number does not include domestic servants and agricultural labourers. Of the fund contributed for these purposes, the worker pays two-thirds, the employer one-third, of the premium. For this the worker receives, when ill, free medical attendance, medicine, and appliances (*e.g.*, spectacles, trusses, etc.) necessary to complete or assist recovery. If unable to work, he gets at least one-half of the working day's wage during the time he is incapacitated—for thirteen weeks. Should he die, his relatives are paid a sum of money to defray the cost of burial. The insurance against sickness is effected through sick clubs formed in connection with each trade or occupation. Insurance against accident is even more widespread. All persons engaged in industry and in agriculture, subordinate officials, and small contractors, are included in this scheme. It defrays the cost of recovery, and provides the injured person with a sum of money determined as not exceeding two-thirds of the average earnings of the previous year. This payment does not begin until after the fourteenth week from the time of injury, as up till then he is supported by the insurance against sickness. The cost of accident insurance is borne by the employers, who have combined for that purpose. Insurance against old age (seventy years) is also compulsory. The scheme applies to labourers in every trade, does not include apprentices and servants, but extends to officials whose annual income does not exceed £100. The amount payable to a person who attains the age of seventy is based upon the rate of wages and the number of years he has subscribed. It averages about £7, 10s. per annum. The funds are provided partly by the State, which adds £2, 10s. annually to the sum subscribed in equal parts by employer and employee. Here is an insurance system upon a colossal scale, which ensures paid medical attendance upon every one included in the scheme.

Is Reform Essential?—This question is as urgent to-day, nay, it is more clamant now than ever it has been. In 1887 I proposed in the press that a committee representative of the charitable institutions of Glasgow be formed, composed of representatives of the medical profession, of the physicians connected with such institutions, of the boards of these institutions, of the poor-law boards, of the subscribers, and of the general public, whose first duty was to be the institution of a test, known only to the committee, to discover whether the applicants for the gratuitous help of charitable institutions were fit applicants or not, and also to discover whether overlapping took place. Upon such definitely established data the committee could decide whether abuse existed, and to what extent, and what test should be permanently

instituted to prevent such abuse, and to enable the valuable aid which such institutions provide to reach the needy and deserving poor. This suggestion, however, fell upon barren ground.

Between the two classes popularly denominated rich and poor, some further sub-division is needed. There is the enormous class of working persons, for whom medical attention is provided by the general practitioner under ordinary circumstances. But to the working-classes, as to other classes, there occur some extraordinary circumstances; as, for example, a serious injury menacing life or limb. The resources of the injured workman, or of the general practitioner, could not be expected to cope with these. It would be a legitimate use of a hospital for the injured person to be treated therein. There is an excellent custom in Scotland, whereby workmen contribute from their wages some small portion for hospitals, and which, collectively, is not a small part of the revenue of some hospitals. Based upon these contributions is a system in Glasgow, whereby, for every guinea subscribed, the works may recommend a workman per bed up to the limit of its subscription. This, however, seems now to be looked upon by the workmen as a right to use the resources of the hospital by themselves and their families when and how they choose. This was not intended when the system was started. For lesser ailments there is reason to believe that the families of many workmen, on the plea that they subscribe to the hospital, utilise its out-door department for the treatment thereof. Below this class is the deserving poor, to whom assistance in this direction usually comes from a church or other philanthropic agency. Still lower are the poorest classes, for whom the State provides in the poor-laws. That this class attends the out-door departments of hospitals and dispensaries there is no doubt. Often have I prescribed in dispensary practice for such persons, to whom good feeding or suitable clothing would have been more appropriate treatment. We must, therefore, more clearly differentiate between the classes of persons to be treated at our hospitals and dispensaries, if we hope to solve the problem before us. It is illogical to be rated to maintain the poor-law system, and also to be expected to give towards the maintenance of hospitals, when the same classes of persons indiscriminately attend both.

REPORT OF THE COMMITTEE OF THE HOUSE OF LORDS ON THE MEDICAL INSTITUTIONS OF LONDON

After hearing evidence upon the subject, this Committee, in June 1892, issued their Report, which may be summarised as follows: (1) the medical administration of the London hospitals was justified: the Committee considered that careless and hurried treatment of out-patients did not exist. (2) The Committee could not speak so favourably of the business administration of hospitals. The system of subscribers' letters was criticised. Although it was demonstrated that the system, as in Scotland, supplied no inconsiderable amount of hospital

revenue, evidence showed that these letters were not always given to persons for whom they were intended. (3) The Committee severely commented upon a certain class of special hospitals: they declared that the establishment of small special hospitals by medical men for their own advancement 'leads to the establishment of hospitals where they are not wanted, to waste of money incident to the creation of badly-managed and small institutions, and to the deception of the public by inducing them to subscribe to undertakings alleged to be of public benefit, but which are in reality mere schemes for private emolument, and also are useless for teaching purposes.' 'The Committee did not consider this class of hospitals of any real benefit to the sick or to science.' (4) The Committee deplored the want of co-operation between institutions professing to have the same object in view, viz., the benefit of the sick poor. 'They believed that much more might be done by hearty co-operation between special hospitals and general hospitals, between dispensaries of all kinds and general hospitals, and between general practitioners and general hospitals.' (5) The Committee, from the evidence led, agreed that, in order to secure the best results to the public, with the best possible expenditure of the least public money, a Central Hospitals' Board should be instituted in London. The Committee laid down clearly the function of such a Board, which need not be detailed. It is important to note, however, that the proposed Board did not include representatives of poor-law institutions, or of general practitioners.

Nationalisation of Health.—Within recent years a limited agitation has occurred in this country, one of the principal exponents of which is Havelock Ellis, which has for its object the institution, under State or municipal control, of public health and public medicine. The broad plea upon which the policy is advocated is that the outbreak of disease lessens *pari passu* the economic efficiency of a State, and that it would, in the long run, be cheaper for the State, as a wage-earning machine, to itself manage and control the life-saving and health-maintaining machinery presently provided or to be instituted, than to leave it without any control, as at present, and at the philanthropic caprice of the public. Upon the general question, how far a State is legitimately entitled to protect the lives of its citizens, I do not now propose to enter at length, but it appears to me well established that it is the duty of a State to protect its people against certain diseases which may arise from communal transgressions against the laws of sanitation, as in the outbreak of infectious diseases, as it is its duty to protect the weak and immature from overwork, as in the Factories Acts, and to compel the institution of preventive measures by employers to protect employees against injury to health from employment in unhealthy environments or dangerous materials. In the poor-laws, the State has made provision for those unable to provide for themselves. But it would be an innovation, if not, indeed, subversive and *ultra vires* of the duty of a State, to institute provisions for those who are quite able to provide for themselves. And I trust the day is far distant when a State will relieve a man of his duty,

when able, to provide for the maintenance of his own health and of those dependent upon him.

Sir Henry Burdett's Remedy for Hospital Abuse.—Believing 'that the public will not allow hospitals to continue as pauper manufactories, as they are to-day, mainly through their out-patient departments,' and that 'this gift of free medical attendance to every applicant is a great mistake and a great danger,' Sir Henry suggests a remedy. He believes that the position of voluntary hospitals is secure financially. Although the ordinary expenditure is in excess usually of the ordinary income, it is more than met by the extraordinary revenue from legacies and bequests. Still, there is no doubt that, owing to modern developments in surgery and medicine, and increased cost of hospital upkeep, there is a steady increase in hospital expenditure. Especially is this so in surgical appliances and operating theatres. When the time will come that shall see a limit to this expenditure is difficult to say, but he would be a bold man who would decline to supply the best and most approved facilities for the surgical and medical treatment of disease in the light of the advances made in recent years.

The remedy which Sir Henry suggests to solve the present problem is two-fold. One side of it applies to the reform of out-patient departments of hospitals, the other, to the in-patient department. With respect to the former, he suggests that the hospital should be devoted to the treatment of urgent cases only; that the out-door department, as presently worked, should be abolished; that co-operation between hospitals and general practitioners should be organised to ensure that suitable cases only should be sent to the hospitals; and that when patients have been seen by the medical staff of the hospital, they should be handed on, when suitable, to a reformed out-patient department, viz., to the provident dispensary which would in each hospital replace the present out-patient department.

He believes that this course would operate beneficially in different directions: (1) it would get to the bottom of existing abuses; (2) it would help the people and would please medical practitioners; (3) it would encourage donors to hospital funds, in that they would perceive better returns for their donations in helping those for whom help was intended; and (4) it would tend to delimit hospital expenditure. He demonstrates the value of this remedy by its beneficial effects in the case of the Bolingbroke Hospital in Battersea. This hospital has adopted the provident dispensary system, and working-classes and doctors have co-operated with the hospital authorities to carry through the scheme. With respect to reform of the in-patient department of hospitals, Sir Henry, while believing that the need for reform is less clamant than in the out-patient side, urges that reform is nevertheless needed. He believes that owing to the increased operative efficiency of hospitals in directions which are prohibitive in working-class dwellings, or even in the dwellings of classes above the working-class, there is an increasing demand for the services which only a well-

equipped hospital can offer. Persons now seek admittance for surgical and medical aid who would object to be designated poor, but who, nevertheless, cannot afford the entire expense of an operating-surgeon and of highly-trained nursing which such operations demand. Such persons should be willing, as they are able, to pay something towards their maintenance while in hospital. For such persons, he wishes to see pay-wings attached to such hospitals as have ground upon which to erect them. Persons admitted to such wings would pay some proportion of their maintenance. The payments would be pooled, and the revenue so obtained would assist in the upkeep of the hospital. Such pay-wings might be utilised to train nurses for work in private families. He is anxious to have the experiment tried. Some hospital authorities have already expressed their willingness to grant a site, and all that is required is the necessary funds. He believes that donors to hospitals would under this reformed scheme have greater satisfaction in giving, because they would know that their money was being well-spent for the deserving, and upon those who were willing, as far as they were able, to help themselves.

But there is another direction in which hospitals might be relieved of many patients who are removable to their homes shortly after first hospital treatment, and that is, the attendance upon such patients by senior medical students under supervision of the hospital junior staff. This is carried out in connection with dispensary patients in this city. It was, in my day as a student, carried out limitedly in connection with the Western Infirmary of Glasgow. This would train the student in independent observation, it would familiarise him with the social state of his patients, and it would relieve the hospital funds. It is a necessary part of the practice of maternity hospitals, and has been of great value to patients and students alike, without cost to the hospital. Indeed, the facilities afforded by the hospital attract students whose fees enrich the funds of the hospital.

The key to hospital reform seems to me to be that method which will secure that the functions of a hospital are being directed and kept in proper channels, viz., for the benefit of the poor for whom they were intended, and without the aid of which they would be imperfectly looked after in sickness and disease.

(*See Summary of Discussion, page* 415.)

THE RELATION BETWEEN HOSPITAL AND HOME RELIEF OF SICK POOR

WILLIAM BRUCE, M.D., LL.D., DINGWALL

'THE poor are always with us,' and how best to meet the demands for their relief involves a never-ending set of problems which this Congress, like many other such conferences, is trying its best to solve.

In no branch of this inquiry is there more need for light than in the subject now set down for our consideration, that of 'The Relation between Hospital and Home Relief of the Sick Poor.'

I am sure we all regret the severe accident which has befallen Sir Henry Burdett. I am only sorry that a better deputy has not been found than I am likely to be. I can only plead a lifelong interest in this question as a reason for my appearing here and introducing the subject. I feel it my duty to try to set such limits to its discussion that the result may be to focus the best opinion on the most pressing needs for public attention and judgment.

With this view I ask you to leave out all reference at present to medical attendance on those entitled to such *legally* under the various Poor Law Acts. Not but there is the greatest need for reform of our present rate-supported systems. Indeed all such systems ought to be periodically criticised and examined, and are perhaps more likely to require such criticisms than voluntary methods which alone, at this time, I propose we shall consider.

Time will not allow us to discuss everything connected with hospital and home relief of the sick poor, and so I proceed to consider other limitations.

The vast subject connected with the isolation of infectious diseases, amongst which I am the strongest advocate for including certain forms of Tubercular ailments, a matter which was discussed in this section yesterday, must I think be also passed by at this time. I venture to make this recommendation, because this question touches, in very strong fashion, the wellbeing of the sick poor. It must not be forgotten that such deadly complaints amongst them as whooping-cough and measles are practically left to do their work of spreading disease and death without particular hindrance—further than what results from general sanitary improvements.

So much for the negative views of our position, what are the positive?

I humbly think we shall most profitably spend the time allotted to us, if we consider the relations of hospitals and dispensaries merely to the labouring class, because when sick they, so to speak, *ipso facto* become the sick 'poor'

I wish I had the figures at my command which Sir Henry Burdett could so well have set before you, but I venture to state generally that never in the history of the world was so much done for the relief of the sick poor—as I have tried to define that class—as now. The aggregate expenditure must amount to several millions annually in this country alone.

In Edinburgh itself stands one of the finest hospitals in the world, a type of the never-ending benevolence of the race.

We would be led too far afield were we to discuss the nature and source of this constant stream of altruistic energy. Some of it is the result, doubtless, of such forces as the need for the means of medical education. What we want now to consider is whether all this eleemosynary effort is well directed, and

above all whether its different constituents are properly co-ordinated, with the result that they work smoothly and efficiently together.

As a nation, we are hearty givers. But it must I think be allowed, probably as the price of our individual independence, we are not at all systematic in our giving. Not that I am a believer in systems unless they be periodically, so to speak, taken to pieces, cleaned, oiled, and set agoing again.

But surely it is high time that such bodies as the London and other Saturday and Sunday Hospital Funds' Committees should meet in conference and discuss, at least once a year, such highly debatable points as to how to raise the money wanted, without undue clashing between general and special hospitals such as those for lying-in, eye and ear cases, and above all determine how best to prevent overlapping in the working of these institutions.

Hospitals have been considered in all ages indispensable for the care and treatment of the sick-poor, and still remain an absolute necessity.

I shall not enter upon the details of assistance and advice to *out-door* hospital patients, a very large and important subject by itself, further than to say I consider there are great abuses under the present system, and that I hold strongly that such advice and assistance should be *limited to those only who are certified by a legally qualified medical practitioner as requiring special help in that way.* No doubt such a regulation would diminish the number of applicants, but the less the number the more the attention likely to be given to individual patients. Again, as I hope to show later, the primary object with hospitals should be to interest rather than alienate the local doctors, who, it can honestly be averred, are as a rule ready and willing to give medical help for little, and often without any remuneration at all to the sick poor in their own homes.

Sir Henry Burdett in his pamphlet on medical attendance on Londoners states that one in every two of the inhabitants of the Metropolis applied for out-door medical advice and assistance, and I presume he received medicine also.

While granting there may be some fallacy in these astounding figures, yet they are enough to show that in London, and I fear in a growing measure in Scotland, there are many getting medical advice who ought to be paying for it, and by taking up the time of the surgeons and physicians they are undoubtedly robbing the really sick poor of their fair share of attention and assistance.

How to best provide for the ideal kind of public dispensaries, provident or otherwise, must also I fear be kept for future settlement. To provide properly for the maintenance of infirmaries for indoor patients belonging to the poorer classes, let that be the question as the most immediately pressing one at this time.

Public charity has done and doubtless will continue to do much. But the evils connected with such sole means of support are great and increasing.

There is no real organisation or, as I have said, combination in this work. The existing system, such as it is, lends itself very plainly towards begetting the terrible evils of parasitism, although, on the other hand, it tends to develop the spirit of giving in one of its best and least harmful forms.

What are the remedies for this state of things? Would rate-aided institutions meet the case?

It must I think be granted that municipalities are already overwhelmed with work and responsibilities, and are as yet on their trial in many respects. The experiment is at work in regard to infectious diseases hospitals, and we shall await the results in that field, I trust, without going further. Herbert Spencer has well dilated on the evils likely to flow from the too ready means of having everything managed for us by the State. One of the most potent in this case would be the stoppage of the flow we have mentioned of private benevolence. The real objection, however, to every seriously thinking mind is *Quis custodiet ipsos custodes?*

As yet it cannot be seriously argued that the public which must finally be the controllers and managers of rate-aided hospitals, are really sufficiently educated to take so responsible a position.

Is there another better way than that of indiscriminate charity or rigid redtapeism? We believe it to lie, as Sir Henry Burdett has suggested in his pamphlet on *The Medical Attendance on Londoners*, in some form of paying hospitals.

If hospital management were completely successful in raising and distributing the funds needed for the work, however much might be said for starting on new lines, such suggestions as Sir Henry Burdett's would be unnecessary. But the present system does not altogether fulfil the purpose. The habitual and constant appeals to the benevolent are a pitiable confession of failure.

Persistent begging brings persistent thriftlessness and extravagance, and leads directly to the worst form of mind—that of the immortal Micawber. The hospitals are continually expecting legacies to turn up, and on the faith of unlimited hopes are indulging in unlimited extravagance.

The question really turns like that of education on interesting, in a thorough and lasting fashion, those immediately concerned. We want every one, more especially those who come in contact with cases actually requiring hospital treatment, or still better, every possible hospital patient himself to work together on behalf of the funds, and to take part, if possible, in the management of hospitals.

Why should not the working-class combine, as Sir Henry Burdett suggests, to insure that when sick they will secure free accommodation, with medical and surgical attendance in a hospital, and be entitled to a full share in its management and control. By this means a large addition might be made to the hospital funds in the shape of weekly payments for such patients,

while the sturdy spirit of individual independence would be nourished and strengthened at the same time.

There are still two other methods of raising money, which, from forty years' experience of financing as well as superintending hospitals, I may be allowed to suggest.

All cases of sudden and severe accident are and ought to be admitted into every hospital without any letters of recommendation.

Such cases almost always primarily come to be cared for by the police. Why should the expenses of maintaining and treating such cases not fall on municipalities? and if it be objected to throwing the charge on the rates, why should not every policeman be trained to ambulance work, wear a red cross badge, and become a *de facto* hospital collector?

Secondly, I hope my professional brethren will pardon me when I advocate the employment of every medical practitioner as a collector for his hospital, and that, correspondingly, every such doctor should have a voice in his hospital's management. A doctor should not be ashamed of pleading for help for his hospital. A doctor is generally interested in the hospital where he has been trained, and where no new tie is made connected with the local hospital where he is practising, this interest will naturally continue as long as he lives.

Make this tie closer by interesting him directly in its welfare and management.

Speaking from my own experience I have found patients who possessed the necessary means always ready to listen to my appeals on behalf of our local hospitals, and I can say without boasting that, by such appeals, I have been able to raise considerable sums for the benefit of these institutions. And here let me say that, while in a very absorbing profession, we are too often careless of the business aspects of our calling, yet there are to be found quite as many clear-headed administrators as in other lines of life. If business qualities be leavened with scientific enthusiasm for medical progress and genuine benevolence, there will here be found a factor in the highest degree useful in securing the best hospital means of assistance to the sick poor.

In conclusion, I am quite ready to be told that I have been discussing the management of hospitals, while the leading idea of this Congress is the family life of the poor. But I plead that the poorer the dwelling, unfortunately the more the need for hospital accommodation when severe sickness and death threaten the inmates. My desire has been to try to get the different agencies within this larger area to work together harmoniously and not in opposition.

Speaking as a doctor, the hospital surgeon and the poorest practitioner are mutually responsible for the welfare of their patients, and along with responsibility should come mutual interest and mutual influence in the work of hospitals for the sick-poor.

(*See Summary of Discussion, page* 415.)

SYSTEM OF HOME RELIEF FOR SUFFERERS FROM INCURABLE DISEASE IN EDINBURGH

By J. B. SUTHERLAND, S.S.C., Edinburgh

For a period of about one hundred years there has been in existence in Edinburgh an Institution for the relief of a certain class of suffering humanity at their own homes, and I propose to give a brief account of its progress, its aims, and its methods. In doing so I desire at the outset to acknowledge the valuable assistance I have received from Mr. C. S. Shiells, the secretary, in the preparation of this paper, giving a short history of the growth and operations of the Society, now incorporated by Royal Charter, for Home Relief of Incurables.

The Society owes its origin to Mrs. Elizabeth Keir, widow of Dr. William Keir, physician to St. Thomas' Hospital, London, who in 1805 published a plan for establishing an institution for the relief of those incapable of earning their livelihood through suffering from incurable disease.

Mrs. Keir undertook the entire management of the fund until the year 1834, when failing health necessitated the appointment of a body of Trustees. In that year Mrs. Keir executed a Deed of Trust, and a Constitution and Rules and Regulations for the Institution for Relief of Incurables at their own Homes were drawn up, and remained in force until 1903, when, upon a petition presented to His Gracious Majesty the King, a grant of a Royal Charter of Incorporation was made to the Society under the name of the Royal Society for Home Relief to Incurables, Edinburgh.

When the management of the Society was relinquished by Mrs. Keir in 1834 its income permitted of the quarterly payment of 6s. to each of sixty-three annuitants. Since that date, depending for its support on the liberality and generosity of the public, the Society has gone steadily forward, increasing its benefits from time to time, until at the present time there are 500 names on the annuity list, each of whom receives £8 a year.

The two outstanding features of the Society since its commencement to the present day have been—(1) That the annuitant must be suffering from an incurable disease, but for which he or she would be able to work for a livelihood; and (2) the relief has been dispensed in quarterly cash payments at the home of the annuitant. Removal to a home or hospital implies the removal of the name from the annuity list.

It is worthy of note that cases of deformity, blindness, deafness, and disease which is curable even temporarily, by operation, are not held to come within the definition of incurable disease—blindness and deafness, because there are several charities in existence whose sole object is the care of these classes.

It is the experience of the Society that, speaking broadly, the applicants for relief may be divided into three classes:—

I. Young men from 25 to 35 years of age, with large families dependent upon the weekly wage they were earning before being laid aside by sickness.

II. Young women, early left widows, often with large families, the disease which lays them aside often being the result of insufficient nourishment, and of overwork in their efforts to provide for their children.

III. Men and women of maturer years who have not made provision for a rainy day—often through no fault of their own.

The large proportion of the applicants whose cases are investigated by the Society fall under classes I. and II., and the Directors, in filling up the vacancies at their quarterly meetings, have been in late years inclined to give a preference to applicants in Classes I. and II. over those in No. III.

The large number of the applicants under classes I. and II. who suffer from phthisis has often been remarked upon at the quarterly meetings, and one other point which has often caused remark, with reference to class I., is that the smaller the earning power of the breadwinner, the larger is the number of children depending upon him.

The applicants under class III. suffer principally from heart disease, or from severe forms of rheumatism, which wholly incapacitate them. The difficulty the Society has in dealing with these cases arises from the circumstance, that in the large proportion of them there are grown up families who have left home, and are doing nothing towards helping their parents. Naturally those applicants who have some member of the family still residing with and caring for them, receive first consideration, and the lady visitors of the Society make a point of insisting, in other cases, upon those who have left home making some provision, however small, towards the maintenance of their parents.

Parochial Relief.—This is a thorny subject, and has given rise to many interesting discussions at the meetings of the Society. The view has sometimes been pressed that an applicant in receipt of parochial relief was not a proper subject for the Society's grants, while at other times the opposite view, that all applicants ought to apply for parochial relief before seeking the assistance of the Society, has been as strongly upheld. Neither of these extreme views has found general acceptance, and while not looking upon the acceptance of parochial relief as a bar to a grant from its funds, the Society has felt it to be a public duty to use some portion of its means in assisting the respectable poor from falling to what is generally considered as the lowest depths of poverty, and many cases have been known where the Society's grant has been felt to be a great boon, in that it has enabled the annuitant to avoid an application to the parochial authorities. In cases where the individual sufferers have no relatives or friends to look after them, the parties are recommended to the parochial authorities, and where suitable arrangements are made the Society grants its aid in addition to the help derived from the Parochial Board.

In regard to the methods adopted by the Society, I may state that when

the schedule of application giving the particulars of the case is received, and found to be properly filled up and medically certified, it is passed on to the Medical Officer specially appointed by the Society, to advise in regard to the medical aspect of the claim.

The applicant is visited by the Medical Officer, who verifies the particulars given and obtains fuller particulars where necessary, satisfying himself during the visit, that the applicant does suffer from incurable disease, and the circumstances generally of the applicant.

The Medical Officer's Report is then submitted to the quarterly meetings of the Directors, who select the cases appearing to them most clamant and suitable, according to the number of vacancies on the annuity list.

The cases so selected are then passed on to the lady visitor, who interviews the annuitants before making payment of the first quarterly annuity, and if there is any point in connection with the applicant or the household which strikes the visitor it is reported to the Society for consideration.

As regards those in the city, all the annuitants are visited in their homes by the lady visitor or her assistants at least once in each year, and the Society is thus kept in close touch with those who are being benefited by it, and enabled to see from time to time that its benefactions are being wisely and usefully employed. It is very rarely indeed that cases of imposition are met with, but when they are, and the facts have been verified, the parties are at once struck off the Annuity List.

As regards country cases, the quarterly payments are made through some one in the neighbourhood who knows the annuitant—generally the minister, or doctor who certifies the application, and each quarter a certificate is required before payment, that the annuitant is still suffering, and is a proper subject for assistance. The greatest care is thus employed to prevent any abuse of the Society's charitable aid.

(*See Summary of Discussion, page* 415.)

L'INSTRUCTION PROFESSIONELLE DES INFIRMIÈRES À DOMICILE

PAR M. LE DR. VAN DEVENTER

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L'INSTRUCTION de l'infirmière appellée à rendre des services en dehors des véritables institutions hospitalières, c'est-à-dire dans une famille où elle ne dispose pas toujours des conseils éclairés du médecin, impose des conditions toutes spéciales. Le rôle de cette infirmière est plus élevé que celui de l'infirmière hospitalière. Elle doit pouvoir contribuer de sa propre personne, savoir agir par elle-même. Nous n'avons qu' invoquer cet exemple de l'intervention

immédiate en cas d'accidents, les soins médicaux ne pouvant pas toujours être obtenus immédiatement à la campagne. Les connaissances dans l'art de diriger le ménage doivent être également aussi étendues que possible.

Souvent on fait un appel à sa personne, non seulement comme infirmière dans le véritable sens du mot, mais aussi pour gérer tout le ménage. Elle doit être à la hauteur de l'art pour soigner l'enfant, de l'art culinaire pour les personnes bien portantes et pour les malades, en un mot elle doit pouvoir à l'occasion, remplacer la femme du ménage.

En Hollande, le dévelopment de l'art de soigner les malades s'est produit pour ainsi dire naturellement. Devant l'heureuse apparition de la découverte de Lister, les hôpitaux et surtout les grands hôpitaux avaient une très mauvaise réputation en raison de la grande mortalité qu'ils présentaient, mortalité résultant de la mauvaise marche des plaies et de l'absence des prescriptions hygiéniques.

Comme preuve à l'appui, je déclarerai qu'une institution, à laquelle je fus attaché autrefois comme médecin en chef, avait été qualifiée de 'Carthago delenda' en raison des résultats défavorables surtout dans les affections chirurgicales et qu'une autre institution de date plus récente et située dans la même ville reçut le nom de 'palais des Sirènes' en raison de l'énorme proportion de décès chez les femmes en couches.

On comprendra qu'en ces temps les opérations se pratiquaient autant que possible à domicile. Les femmes enceintes ne se rendaient aux hospices de maternité pour y attendre leur délivrance que lorsque le véritable besoin les y poussait.

En ces temps là l'art de soigner les malades était très rudimentaire, mais il appartenait à tous. Dans la classe un peu aisée il n'y avait aucune famille qui manquait son pot à onguent, une quantité suffisante de charpie. La douce main de la femme, et généralement de la femme du ménage, savait intervenir en cas d'accidents. Les soins à donner aux malades ne constituaient pas un art dans le véritable sens du mot, un art pouvant être enseigné, mais une qualité innée. Il est vrai que certaines corporations livraient des infirmières à des particuliers en cas de maladies, mais celles-ci n'avaient pas reçu l'instruction professionelle dans le véritable sens du mot; aussi leur art était considéré comme un don de la nature.

L'introduction des pansements anti-septiques et les brillants résultats obtenus rendirent aux hôpitaux la réputation qu'ils avaient perdue et le besoin se fit sentir de créer des forces fidèles et compétentes pour soigner convenablement les blessés.

Le personnel attaché autrefois aux hôspitaux était composé en majeure partie de gens qui considéraient les hôpitaux comme leur dernier refuge.

On le recrutait dans les colonies de mendicité, parmi les anciens condamnés, les adonnés à la boisson, toutes gens qui ne possédaient pas la moindre notion dans l'art de soigner les malades et à qui on faisait une petite instruction.

L'organisation dans les soins à donner aux malades ne date réellement que depuis les vingt-cinq dernières années. Dès qu'on appréciait davantage l'art de soigner les malades, et que ces soins furent confiés à un personnel instruit et bien élevé, les hôpitaux gagnèrent progressivement en estime tandis que les dangers résultant du traitement à domicile sautèrent aux yeux. Il en est résulté que la plupart des opérations se firent dans des établissements pour malades et qu'on donnait même à ces institutions la préférence pour le traitement des maladies internes.

Et progressivement s'accrût le besoin d'y attacher un bon personnel.

Mais peu à peu une réaction surgit. La conviction se fit que beaucoup de cas maladifs peuvent être traités à domicile à la condition de pouvoir satisfaire à toutes les conditions que réclame un bon traitement. Le médecin-practicien sentait qu'il avait besoin d'une infirmière en qui il pouvait avoir toute confiance, les bons résultats dépendant totalement de l'observation stricte de ses prescriptions, espoir que l'on ne pouvait escompter jadis. Ainsi naquit et se développa insensiblement l'art de soigner à domicile, et avec lui l'infirmière libre, l'infirmière des sections, l'infirmière des communes. Ce développement fut accompagné d'un inconvénient. Certaines personnes qui se recommandèrent cette fin furent trouvées inaptes et le besoin se fit sentir pour empêcher le recrutement de cette catégorie de candidats.

Pour ce qui concerne l'art de soigner les aliénés, les mêmes constatations se firent jour. La réorganisation des asiles dans le sens susindiqué, il fallait confier les soins à un personnel bien élevé possédant l'instruction professionelle.

Commencée à peine il y a onze ans, cette réorganisation existe aujourd'hui dans tous les établissements d'aliénés. Cette réorganisation fit naître une plus grande confiance dans les asiles, le nombre des admissions s'accrût de jour en jour, il ne fut pas encore question d'un traitement familial, quoique certains aliénés furent déjà confiés à des particuliers.

L'organisation de l'assistance familiale des aliénés en Hollande n'a commencé que dans ces dernières années ; elle a suivi la voie naturelle. L'assistance familiale est un complément de l'assistance dans les asiles *où l'on doit se borner exclusivement aux intérêts des malades et abandonner toute spéculation de nature économique.* La famille et l'habitation doivent répondre à des conditions sérieuses. Une surveillance continue doit être exercée de la part de l'asile.

Ce procédé semble recevoir l'approbation unanime de tous les psychiatres néerlandais.

Dans l'entourage des différentes institutions les demandes à l'obtention de placements se multiplient au fur et à mesure que le besoin se fait sentir. Plusieurs personnes se sont déjà établies dans cette intention.

Il en résulte nécessairement que l'infirmière familiale est venue s'établir à côté de l'infirmière de l'asile d'aliénés, que cette infirmière familiale remplit les mêmes fonctions que l'infirmière susindiquée.

Cette nouvelle infirmière soigne les aliénés à domicile, elle offre sa propre habitation à la disposition de malades ou bien elle est chargée de visiter les aliénés de l'assistance familiale sous la direction des médecins des asiles.

Les mêmes dispositions devront évidemement être appliquées aux infirmières.

L'assistance des aliénés sous la direction de personnes compétentes dans leur propre demeure, et notamment pour les aliénés indigents, n'est pas encore complètement résolue. Elle se trouve dans la première période de développement.

Dans les grandes communes il sera recommendable de placer l'infirmière communale sous la direction d'un médecin.

L'instruction de l'infirmière à domicile doit être, au début, identique à celle que reçoit une infirmière d'hôpital. Ce degré de connaissances étant acquis, elle doit se préparer à une autre instruction, toute spéciale au but poursuivi.

Les conditions qu'on devrait imposer à cet égard en Hollande, tout en prenant en considération les idées qui sont au cours, me semblent pouvoir être groupées dans les quatre divisions suivantes :—

1°. Instruction préparatoire ;

2°. Instruction générale sur l'art de soigner les malades ;

3°. Instruction sur les enseignements spéciaux ;

4°. Instruction comme infirmière à domicile qui comprendrait à la fois la répétition de la matière pour les infirmières, non attachées à des établissements pour malades.

Pour ce qui concerne la première partie, il importe de déclarer qu'une instruction préparatoire doit être considérée comme indispensable, c'est à dire que personne ne serait admise comme élève infirmière dans un établissement pour malades avant qu'elle n'ait fourni les preuves nécessaires qu'elle paraît apte à entrer dans la profession. Cette instruction préparatoire a pour but de donner à l'infirmière les connaissances qui n'appartienent pas à l'art de soigner les malades proprement dits, mais dont cependant elle a besoin.

La répétition de l'instruction primère et complémentaire (matières ordinaires de l'école) serait accompagnée de l'enseignement du ménage, l'art culinaire y compris, la préparation des mets pour les malades, l'enseignement des travaux manuels utiles, quelques notions administratives, notions sur les marchandises, en même temps que la manière d'occuper les malades et de leur être utiles, apprendre à faire des lectures, etc.

Cette instruction préparatoire pourrait se faire de trois manières différentes :

1°. Attacher des internats et des externats aux écoles ménagères et culinaires qui se multiplient progressivement dans les grandes villes hollandaises.

2°. L'érection ad hoc d'écoles préparatoires analogues à celles du 'Wilhelmina-Vereeniging.' Cette société qui poursuit l'amélioration et le relèvement de l'assistance des aliénés a érigé une pareille institution à Amsterdam.

3°. L'adjonction de ces écoles préparatoires aux établissements pour malades, comme cela a eu lieu à Meerenberg depuis 1893.

Les tendances pour donner aux établissements pour malades ces classes préparatoires se multiplient chaque jour.

La durée de cette préparation serait au minimum d'une année.

Pour les infirmières il n'y a pas une nécessité absolue d'avoir cet enseignement préparatoire. Mais il importe que l'on pose à ces infirmiers la connaissance d'une profession, s'ils sont attachés à un établissement pour alienés ou pour les maladies nerveuses.

Relativement à la deuxième division, il est recommandable que nulle ne soit admise comme élève-infirmière dans un établissement pour malades avant qu'elle n'ait donné les preuves qu'elle possède suffisamment les matières de l'instruction préparatoire. Il va de soi, dans cette circonstance, que le candidat ne laisse rien à désirer aux points de vue physique et psychique et qu'elle possède les qualités requises pour la profession d'infirmière ; sa conduite doit être irréprochable. Un âge minimum et maximum devrait être établi.

Il n'est guère possible en raison de certains motifs de le déterminer d'une manière absolue ; ces conditions varient dans les différents établissements.

Il est en tout cas indispensable que l'élève-infirmière passe par une période d'essai.

Il importe aussi d'admettre comme règle que l'instruction ait lieu dans le même établissement et sans interruption. Tout au plus admettra-t-on une seule exception, l'infirmière pouvant, dans le cours de l'instruction, changer une seule fois d'établissement. L'interruption des cours ne pourrait être tolérée que dans les cas de force majeure.

Une question capitale se présente dans le circonstance : Doit-on donner la préférence à de grands ou à de petits établissements pour malades ? Il paraît établi que de grands établissements pour malades méritent la préférence sous plusieurs rapports, les matériaux y étant plus abondants. Par contre, il est certain que dans les petits établissements la personnalité de l'infirmière sera plus puissante. Sous ce rapport les opinions sont partagées en Hollande.

On impose cependant un minimum de lits. Mais il importe de considérer ici en même temps, en dehors du nombre de lits, le chiffre des mutations de malades.

Dans une seule ville, notamment à Utrecht, l'infirmière peut être détachée d'un établissement à un autre.

Abstraction faite de ce qui précède, l'école avec son programme propre offre la plus grande importance. En dehors de l'instruction théorique et pratique, il faut considérer, comme tout à fait supérieur à l'éducation, l'habitude d'ordre, de discipline, la culture du sentiment de la responsabilité, etc.

A cette fin il est indispensable que le chef médical de l'institution, le directeur, soit aidé dans sa tâche par une femme, et que tous les grands établissements pour malades aient un bâtiment spéciale à l'usage des infirmières.

L'instruction de l'art de soigner les malades vise aussi bien le développement moral que le développement intellectuel, c'est-à-dire l'enseignement des différentes matières.

La première année devrait être consacrée à l'étude des branches préparatoires, telles que l'anatomie, la physiologie, l'hygiène—la deuxième année aux généralités dans l'art de soigner les malades, savoir le traitement des malades internes et externes—la troisième année à l'étude des matières spéciales, par exemple l'art de soigner les maladies nerveuses, les maladies mentales, l'assistance des femmes en couches et les enfants nouveaux-nés, des enfants, des malades atteints de maladies contagieuses.

L'instruction doit être théorique et pratique à la condition que ces deux soient connexes et se complètent réciproquement. On étudiera encore soigneusement tout ce qui est relatif aux soins à donner en cas d'accidents, à la désinfection, à l'étude des principaux instruments, de l'assistance à prêter dans la salle d'opération, la préparation des solutions médicamenteuses, etc.

L'enseignement devrait être confié à des maîtres ayant une très grande expérience, le côté pratique devant absolument répondre au but.

L'instruction théorique devrait se faire oralement et par écrit, ce dernier mode d'instruction a essentiellement pour but de constater si l'élève a pu suivre convenablement le cours oral et si elle a bien étudié sa matière.

La répétition des cours enseignés devraient être confiée à des chefs-infirmières.

Le diplôme d'infirmière-générale ne serait accordé qu'après un séjour minimum de trois années, en qualité d'élève-infirmière, dans un établissement pour malades et après que l'élève aurait eu l'occasion d'avoir passé par les différentes sections.

A le fin de l'année scolaire les candidats seraient soumis à un examen et nulle ne serait admise à un cours supérieur sans avoir donné les preuves qu'elle a suivi le cours précédent avec fruit.

Pour avoir toute garantie que hors de l'examen la personnalité du candidat puisse faire valoir ses droits et que l'unité reste intacte, notamment que le niveau de l'examen ne décline pas, celui-ci se ferait par les propres professeurs des candidats par devant les membres délégués d'une commission instituée dans ce but.

Nous laissons de côté la question de savoir si cette commission doit être une commission de l'Etat. En cas que l'on exigerait du candidat, avant l'obtention de son diplôme, la promesse du secret de sa profession, celle-ci devrait être confiée de préférence à une commission officielle. Cette declaration par devant une commission spéciale n'aurait toutefois aucune valeur légale.

Les infirmiers devraient connaître la même matière que les infirmières.

Quant à la troisième division, l'enseignement des cours spéciaux, il y aurait lieu d'admettre les mêmes conditions que ci-dessus. Cet enseignement spécial

a son programme propre ; on saurait le temps y consacré. Les assistances des aliénés, des femmes en couches, des enfants, etc., ont leurs conditions spéciales. Il faudrait tenir compte, hors de l'enseignement, avec la personnalité de l'infirmière ; tout le monde n'a pas les dispositions voulues pour être infirmière des aliénés. Et pour la quatrième division, qui comprend la véritable formation de l'infirmière à domicile, il faut faire ressortir avant tout que l'on doit se servir exclusivement des meilleurs éléments. La possession du diplôme d'infirmière générale doit être considérée comme la condition minime.

Il est très désirable et même indispensable de posséder un enseignement dans les matières spéciales ou au moins dans quelques-unes si le candidat n'a pas été engagé dans un grand établissement pour malades ou si le candidat n'a pas acquis l'expérience nécessaire par une autre voie.

Le règlement de la « Société de Harlem pour les soins à donner aux épileptiques » indique comment cet enseignement peut être donné, surtout pour ce qui concerne les infirmiers. De l'établissement même, qui possède une infirmerie pour les épileptiques, on détache les frères vers différents autres établissements hospitaliers ou charitables, à des policliniques et on leur procure l'occasion pour se préparer à l'obtention du diplôme d'infirmier général tout en restant sous la juridiction de leur directeur propre. D'après l'expérience acquise, on obtient ainsi un excellent corps d'infirmiers.

La Société néerlandaise de psychiatrie et de neurologie trace une deuxième voie.

De la part des infirmiers et infirmières munis d'un diplôme pour les soins généraux à donner aux aliénés, cette société offre l'occasion d'obtenir le diplôme d'infirmier ou d'infirmière à domicile.

Nul ne sera admis àl 'examen qu'après une année d'étude et lorsque le candidat sera en possession d'un diplôme d'infirmière d'asile et que pendant tout ce temps elle aura été en service dans le même asile à la satisfaction complète du chef médical, comme chef de section pendant un terme de six mois.

Cet examen a également une partie théorique et une partie pratique, orale et écrite. Il comprend des notions suffisantes de la grossesse et de l'accouchement, l'assistance des aliénés et des maladies nerveuses et ses rapports avec le massage, l'hydro- et l'électrothérapie, la préparation des aliments et des boissons pour les malades et les notions légales en rapport avec leur profession. Les deux systèmes ont leurs avantages.

Il saute aux yeux que la pratique constitue la meilleure voie pour s' identifier avec les soins particuliers à donner aux aliénés ; c'est-à-dire l'assistance à domicile avec direction. Des villes, Amsterdam par example, dont les autorités communales désignent des infirmières pour l'assistance à domicile, sont naturellement désignées à cet effet, attendu que les policliniques et les autres établissements hospitaliers fournissent abondamment l'occasion pour s'y développer sous une certaine direction.

Il va de soi que, dans des circonstances favorables, les connaissances requises peuvent être acquises d'une autre manière. Un petit établissement pour malades, qui peut dépêcher comme infirmières familiales des infirmières possédant les connaissances nécessaires, soit pour un ou pour plusieurs malades dans une circonscription, peut constituer une excellente école si l'état-major médical continue à se charger de la direction.

Le moyen le plus rationnel pour former un bon personnel familial est celui que nous avons indiqué, la combinaison de l'assistance à l'hôpital et à domicile. L'assistance à domicile doit être organisée et la profession d'infirmière à domicile ne doit pas être absolument libre. Ce n'est que de cette façon qu'on pourra éviter des erreurs, comme par exemple l'esprit de lucre, insuffisances des notions requises, et que l'infirmière reste à la hauteur de sa mission. On veillera encore à ce qu'elle reçoive l'instruction nécessaire pour se perfectionner. Les établissements pour malades, y compris les policliniques, sont les sources indiquées à cet effet.

Pendant les vacances des infirmières hospitalières, les infirmières à domicile pourraient servir de suppléantes et constituer ainsi une réserve.

Des cours de répétition pourraient être donnés périodiquement dans les grands établissements qui projettent spécialement la création d'infirmière à domicile.

Dans les établissements pour malades, qui disposeraient d'infirmières à domicile, ces dernières, à tour de rôle, pourraient être utilisées dans les hôpitaux ou chez des particuliers. Une pareille disposition rendrait d'enormes services à la question du développment ultérieur des soins à donner aux malades.

Il me semble que ce qui précède, quoique adapté spécialement pour les besoins en Hollande, pourrait trouver son application dans d'autres pays.

Résumant les points principaux, je me crois autorisé à conclure :—

1°. L'infirmière à domicile, avant d'être utilisée comme telle, doit avoir reçu une instruction spéciale à cet effet.

2°. On doit poser comme première condition que son éducation comme infirmière hospitalière soit complète et qu'elle ait fourni les preuves d'une capacité complète.

3°. Ultérieurement, et sous une direction médicale, elles sont préparées à leur nouvelle profession d'infirmière à domicile, soit chez un malade seul, soit dans une circonscription. On leur fournira l'occasion de s'identifier avec la partie pratique en mettant les policliniques à leur disposition.

4°. Pour avoir une garantie absolue que l'assistance à domicile est et se conserve au niveau désiré, il est indispensable qu'elle soit organisée et que la profession ne soit pas absolument libre.

5°. La combinaison de l'assistance hospitalière et de l'assistance à domicile semble constituer la meilleure voie.

6°. Les infirmières à domicile associées à une corporation qui s'occupe de l'envoie au dehors d'infirmières pour les familles ou pour les circonscriptions recevront, à certains intervalles, un enseignement complémentaire et des répétitions afin de rester à la hauteur de leur tâche.

(*See Summary of Discussion, page* 415.)

THE RELATION BETWEEN HOSPITAL AND HOME RELIEF OF THE SICK POOR

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

By Miss GUTHRIE WRIGHT, *Hon. Secretary, Queen Victoria's Jubilee Institute for Nurses, Scottish Branch*

The following facts of a well-tested national system of district nursing (home relief in sickness) will supply some materials towards this morning's discussion. Queen Victoria's Jubilee Institute for Nurses was founded by Queen Victoria in 1888.

Objects.—The work of the Institute is to train, provide, and inspect Queen's nurses for the sick poor in their own homes throughout Great Britain where local associations are prepared to employ them, and (if and when funds permit) to assist by grants districts unable entirely to start and support them.

Training of Nurses.—The standard of training adopted by the Institute is (*a*) not less than two years' training in an approved general hospital or infirmary; (*b*) approved training in district nursing for not less than six months, including the nursing of mothers and their children after childbirth; (*c*) for nurses to be employed in midwifery, the training required by the Central Midwives' Board.

Conditions of Work.—The chief conditions of work are:—In large towns the nurses shall live together, and be under the supervision of a trained superintendent approved by the Council; the nursing of patients shall be carried out under the directions of medical practitioners; the sick poor are visited irrespective of creed, and the nurses must not proselytise. Affiliated associations must submit constitution and rules for approval.

How Supported.—Queen's nurses are supported sometimes by individuals or by special endowment, but more often by public subscriptions and grants from parish councils and other bodies, in some instances by clubs and by the voluntary self-assessment of colliers, fishermen, etc. While the general and preferred system is that the services of Queen's nurses should be entirely free to the really poor, artisans and others unable to provide a private nurse making a voluntary contribution for services received, it has been permitted, where adequate funds cannot be raised, to make a scale of charges.

Nature of Cases.—There is no competition or rivalry between hospital and district nursing. The division of cases seems to come about naturally, many being sent by their doctor's advice to hospitals, either because of the need of special treatment or because of home circumstances; and, on the other hand, a number of cases are dismissed from hospitals earlier because of skilled nursing being obtainable at home. Last year in Edinburgh 233 cases were transferred to hospitals, and 285 cases were recommended to us from hospitals. During the last reported year, of the 9801 cases admitted to the Edinburgh Royal Infirmary, 5592 were inhabitants of Edinburgh and Leith. During a corresponding period 5341 persons were nursed in their own homes in Edinburgh and Leith by the Institute's district nurses. Besides general medical and surgical cases, Queen's nurses attend typhoid and diphtheria when required, and chronic cases. There are a large number of persons, chiefly women, who are willing to receive skilled nursing at home, but who will not or cannot go to hospitals. Analysis of three months' cases in Edinburgh shows that 96 men were attended by our nurses, 784 women (including obstetric cases), and 200 children. In Edinburgh and Leith last year, of a total of 5341 cases nursed, 1404 were medical, 1534 surgical, 438 gynæcological, and 1470 obstetric.

Advantages.—The advantages of district nursing under the Institute may be thus summarised.

1. It is efficient. Efficiency was required by the royal founder, and is secured by the careful selection of nurses, by their thorough training, and by their subsequent systematic inspection—this last of much importance. Queen's nurses must have a high standard of training, of character, and of work. There have been but few failures.

2. It is suited and acceptable to those for whom it is intended; it does not break up the home; it is not pauperising; and it supplies skilled nursing with no expense or trouble to the household.

3. It is suited for both town and country. The advantage of trained district nursing is even greater, if that were possible, in the country than in towns, as the farther from the doctor the more need has there been found to be of that full training by which the nurse learns not only what to do but what to leave undone. In remote districts in Scotland and Ireland, when roads were impassable for doctors, Queen's nurses have nursed through epidemics of typhoid and of influenza with only telegraphic communication with their doctors. The nurses appointed to country work must be good walkers. They have generally a cycle, sometimes the use of train or steamer, and often get a 'lift' in a cart or carriage.

4. It is adaptable. No scheme can provide for every possible contingency, but district nursing under the Institute is to the utmost possible elastic and adaptive. For example (*a*) while the rule of the Queen's nurse is eight hours a day of work, she may, and frequently does, remain one or more nights with

critical cases; (*b*) the Queen's nurse does not take infectious cases, but to check an epidemic she may, if able to leave her other cases, isolate herself with one or more infectious cases until the arrival of the special nurse; (*c*) the Queen's nurse does not habitually undertake house work, but in any emergency shares or does the work of putting the patient's room into nursing order; she frequently cooks for the patient, and, when other nursing work admits of it, assists the family in other ways.

5. It is cheap. It is a matter on which opinions differ, whether or not the cost per Queen's nurse (£80 to £100 including working expenses) is in itself cheap or dear; the Institute does not profess to provide cheap, but good nurses. Relatively to the number of patients nursed, district nursing is by far the cheapest system. A nurse in town overtakes from 130 to 250 cases per annum, in scattered country districts 50 to 120. A proportion of the patients pay for medical attendance. In the nearest large Infirmary, whose figures I can quote, each case costs the subscribers an average of £4, 10s. 9½d., medical attendance free. I have never heard of any resident nurses especially provided for the poor and working classes being of the standard of training of Queen's nurses. These 'Cottage Helps' (part general servant, part attendant on the patient) are cheaper than Queen's nurses to the committees who provide and partly support them, but they are dearer to the individual patients who have to house, feed, and partly pay for them, and, further, they overtake a comparatively small number of patients, and are in this respect also dearer per patient than Queen's nurses.

6. It is national, and is worked on lines which are a happy mixture of union and independence. While only certain conditions are universally enforced, rules and other arrangements are suggested from the head office, and information supplied. Nurses can there be engaged for new districts, and also to supply vacancies when the ranks are thinned by marriage or other causes.

The influence of high class district nurses extends much beyond the actual benefit of the nursing given, great as that is. Mr. Charles Booth, in *Life and Labour of the People of London*, writes, 'Of all forms that charity takes there is hardly one that is so directly successful as district nursing. It is almost true that wherever a nurse enters the standard of life is raised.' Queen's nurses are trained to practise and to teach the laws of health—how to preserve as well as how to regain it—they are practically health missionaries. They become the friends, confidants, and advisers, not only of their patients, but of their families. It is difficult to imagine an agency more calculated to promote healthy home influences, moral as well as sanitary.

On January 1st, 1144 Queen's nurses were working throughout Great Britain and Ireland under 643 affiliated branches, of which 46 are under eleven county associations. These steadily increase, and the only obstacle to the still more rapid establishment of Queen's nurses, wherever they are needed, is the

want of substantial funds at the two head offices to enable the councils to train more nurses, and to give grants to poor districts towards their support.

Further information may be had from the Secretary or Superintendent at the Central Office of Q.V.J.I.N., 120 Victoria Street, London, S.W., from the office of the Scottish Branch, 29 Castle Terrace, Edinburgh (visitors welcomed from 2 to 4.30 p.m.), and on the working of a specimen county association from R. Graham Campbell, Esq., of Shirvan, Lochgilphead, hon. secretary for Argyllshire County Association.

(*See Summary of Discussion, page* 415.)

THE RELATIONS BETWEEN HOSPITAL AND HOME RELIEF OF THE SICK POOR

By Miss MUDD, *Lady Almoner, St. George's Hospital, London*

Before entering on the subject of this discussion, I should like to say a few words on the abuse of hospital charities in general, and of out-patient departments in particular, for, in dwelling on the present relations between hospitals and the home relief of the sick poor in London, the lack of all organisation respecting these becomes immediately apparent.

The popular idea of hospital abuse seems to be this:—That well-to-do people go to these institutions to obtain the advice of a surgeon or physician and get operations performed, or skilled treatment given them, at no cost to themselves. Only a short time ago I heard of a very flagrant example of this.

A woman, counting her income by thousands, was advised by a country practitioner to consult a well-known surgeon, which she did, and he performed a serious operation. The general practitioner, when next in town, called on this surgeon and happened to congratulate him upon the success of his operation, but to his surprise he professed no knowledge of the case. Further explanations resulted in the discovery that this wealthy woman had sought and gained admission to the ward of a hospital to which this surgeon was attached, apparently her only precaution being to assume her shabbiest clothes! It would be difficult indeed to understand her motives, for money could have been no object; but you doubtless all know of similar cases.

It seems to me, however, of minor importance that patients who are even less well-to-do should occasionally perjure themselves to obtain something for nothing; they cannot speak openly of it to others, and if they are not ashamed to continue to abuse hospital charities, and defraud doctors of their dues, they may at last come to assume new virtue, as the following may show—this tale being related by a general practitioner. Mrs. C. had been his regular patient for a year, living in a house at a rental of considerably over £100 per annum.

She told him that 'before going to him she used always to take her children

to hospital, putting on old clothes to do so; but this was all very well while they were young; now they were older she did not think it advisable to continue doing so!'

The abuse I would speak of here is far more subtle and wide-reaching in its effect, cutting at the very foundations of the thrift and independence of our working-classes, for the good of whom hospitals and out-patient departments were especially established, and it has reached such enormous proportions that at the present time nearly one-third of the population of London are yearly treated as out-patients of its hospitals.

It is when one works day after day in this department that one sees so clearly the reason such enormous numbers present themselves as needy recipients of this form of charity is not that they are unable to pay for medical advice, but rather that they have gradually come to consider it as their *right*, and that they also consider they are neglecting themselves unless they come to the 'fountain-head at once!' This is their stock phrase, and the going to hospitals for trivial ailments has become so much a custom that they think it quite justifiable to 'drop in' in passing for a bottle of medicine, or to have, perhaps, a cut finger plastered up. And so, having found their small needs and ailments easily attended to, which, by the bye, should be nature's warning to prepare for a non-earning old age, they see no necessity for joining clubs or for making any future provision, or, in fact, taking any thought for the morrow; and thus they show an appalling example of pauperisation and dependence to the rising generation.

If, on the contrary, when minor illnesses occur, they have to pay for their treatment, at least they would realise that it would be a wise thing to join a benefit society or sick club, and so to provide for the time when they will be, not only temporarily, but permanently incapable of wage-earning. A hospital governor said to me a short time ago that 'the idea of the out-patient department was to prevent the poor from coming on to the rates'; but my experience goes conclusively to prove that careless administration of hospital charities encourages the gradual asking for help at *all* times, and *dis*courages thrift and independence; and I have no hesitation in saying that a better administration of out-patient departments would lead eventually to, at least, some decrease in the number of aged poor in our workhouses.

To further illustrate the bad influence the close proximity of a hospital is known to have on a would-be thrifty population, I would state that a large hospital is now contemplating removing its site to a suburb of the metropolis where the provident sick clubs have heretofore done well. These and the local practitioners are presenting a protest to ask for strict administration of its charities, and one of the provident clubs maintains 'there will be no longer any need for them to have a branch in this locality.' This statement speaks for itself.

It would take too long to enumerate the many side issues which make for

encouraging the working-classes to depend so much on hospitals; but it is quite evident that the numbers do, and will increase, making better organisation seem impossible. These numbers are a burden to the physicians and surgeons, and the hasty treatment the individual case receives is in no way advantageous to the patient himself.

Why, therefore, is this condition of things allowed to exist? The chief reasons are still, I think:—

I. That hospital authorities believe that the public give subscriptions according to the number of patients advertised as being treated, and in proportion as these are large, so much more does it appeal to the subscriber's sense of generosity.

II. They also say 'a large out-patient department costs nothing, in proportion to the gain of the extra subscription. Possibly the cost per head is 1s. yearly.' Allowing this to be the cost of drugs expended on an average on each patient, this must show very plainly the large amount of cases it would have been better not to treat at all.

III. All hospitals will tell you there is little abuse in their particular hospital, for they have next to no real knowledge of the conditions of the homes of their patients, nor of the circumstances of their families as a whole. A secretary of one of our largest children's hospitals told me once, 'But of course you will understand there could be no real abuse in a children's hospital, for what, for instance, does a general practitioner know of children's diseases!' I hazarded that he might be able to diagnose a case of measles, but I did not go into the further needs of the children, as I suddenly felt quite unable to begin an argument from such an impossible standpoint.

IV. Then, at present, the staff of a hospital, generally, are against limitation of numbers, and prefer to see as many as forty fresh cases a day—which I heard a physician of one of our largest hospitals say he often did—to find the perhaps one interesting case. It would seem extraordinary that men at the head of their profession, whose advice must be paid for outside the hospital with gold, should consent to such utter waste of their time in treating the trivial case, which could be quite as adequately treated by the general practitioner, who, on his side, is daily robbed, at the very least, of 20 per cent. of the patients who should go to him. I have very little sympathy with the bitter remarks I have heard from outside doctors, while they make no effort to ask for reform from the very schools who trained them, and who later become their chief stumbling-block. And I do not see one single argument against reform that will not break down before the proof that better organisation can exist. To minimise these abuses some London hospitals have, and are, appointing almoners to thoroughly inquire into the circumstances of the patients, and, where necessary, to verify their statements by application to their employers, and by visiting the homes, etc. It is obviously impossible at present to deal thoroughly with the numbers attending as outpatients, and in

view of the improvident condition of most of these patients, it would be unjust at present to deal stringently with them.

Inquiry, when made, is made thoroughly, but the almoner aims at the gradual elimination of the applicant for treatment of minor illnesses, by urging first the duty of joining clubs and dispensaries for the future. The poor are no less self-respecting than the other classes, and it is only necessary for them to really grasp the fact that to receive hospital treatment is to receive charity, for, at least, a large proportion of them to manage to pay their own doctors privately, or by means of clubs; and to use the hospital when in need of special advice or treatment.

But this is but the preliminary part of an almoner's work, and it is the misuse, rather than the abuse, of which I expect you would prefer me to speak. Here, particularly, there is so much work to be done even in a general hospital that it seems impossible that the authorities of chest hospitals or children's hospitals should have been content to work so long with no direct intermediary between themselves and the many outside charities with whom they have scarcely any real co-operation.

How can the cleverest physician do much for a man attending as out-patient for early phthisis when his better condition and possible permanent cure depends entirely upon whether or no he can get sufficient good nourishing food, rest and improved sanitation in the home? This patient has probably come to hospital believing implicitly in the infallibility of the hospital treatment and drugs. But what will these do for him if he is living in a basement flat, with no possible through ventilation? He will gradually become worse and worse, and in proportion as his power of wage earning becomes less, the means to procure the necessary nourishment also diminishes, whereas, had he, on his first attendance at the hospital, been taken in hand, he could have again been made a wage earner, and the risk of his whole family suffering, in one way or other, from his increasingly debilitated condition would have been avoided. For the want of a little organisation in hospitals the waste and misuse in the treatment of tuberculosis must be enormous. Patients go out with the disease arrested, half arrested or otherwise, and no care is taken to find out whether or no they are returning to unsuitable trades and unhealthy dwellings. Their treatment is less than half done, if the after care and advice be lacking, for you must see that your patient is in surroundings favourable to his gradual improvement, if the skilled treatment he has received is to be of any permanent good.

Again, in cases of children's ailments the need for visiting and supervision is always apparent, and the causes of anæmia, debility, rickets, tuberculosis, etc., are sought for and combated in the home. Hospital treatment may need to be supplemented by long convalescent treatment, or, in many cases, long and careful watching do even more towards bringing things to a successful issue. And, as there are innumerable needs to be attended to, so there are innumerable charitable societies in most towns with their willing workers, and their

mechanism has only to be put in train in order to obtain what is necessary for the most difficult case. Co-operation must be the keynote of every almoner's work. She could do nothing thorough or adequate without this. Six or twelve months convalescent treatment would be impossible for her to procure for a patient by her own exertions; with co-operation this becomes a simple task, and every available source is in turn tapped to obtain the necessary results. It may be the help of the Church Army is enlisted to reinstate a derelict, or the medical officer of health is appealed to, to arouse the dormant conscience of a landlord; or again the officer of the Society for Prevention of Cruelty to Children is called upon where the parent's consciences likewise seem slumbering. As a general rule, however, patients gratefully avail themselves of any help or advice the almoner can give, and such severe measures are not needed. More especially in the cases of children the homes are visited; and so much has often to be done for them, that were it not for the many societies which deal with the needs of these little ones, I think an almoner would give up her work in despair.

In the present time mothers who have been laundry and factory hands, etc., and whose education is very limited, with their knowledge of housewifery all but *nil*, are lamentably ignorant of the very elements of hygiene and the feeding of children. It is an every-day occurrence to hear that a child, not long weaned, has a 'little of everything that is going,' or 'just what we have ourselves,' and those mothers will tell you 'the child does not like' or 'cannot take milk.' You may find, in making the mother definite in her statements, that a small tin of an inferior brand of condensed milk is considered sufficient for a family of mother, father, and three or four children for the week; and she will hasten to say her child's ricketty condition or stomach trouble is not due to improper feeding. The greater part of the patients I deal with have very little knowledge of the value of food stuffs, and consider milk uninteresting as a drink in comparison with stewed tea, poor feeding with them usually meaning not much meat.

Home supervision, therefore, of the out-patient children is a very definite part of an almoner's work. A child, like a tiny plant, flourishes or fades in exact proportion to the goodness or suitability of the soil it grows in; and as the home and food represent their soil, you will here deal with issues that affect their whole lives—a stunted childhood making for the physical degeneration we hear and know so much about in the present day.

I might go on to tell you of a hundred and one examples where, from want of direct touch from the hospital, all the skilled treatment they received there is utterly wasted, but to such an audience as this it seems unnecessary. To all of us it must seem obvious that poor patients attending for skilled advice very naturally require to be shown a way in which this treatment may be carried out. And the aim underlying the whole should be to develop self-help and independence, which qualities are becoming so conspicuously absent from the poor in towns.

No monetary or convalescent aid should be given where the family, if able, do not share the expense of this to the best of their ability.

In conclusion I should be the last person to suggest introducing sweeping reforms in regard to hospital out-patient departments, but I do say appoint thoroughly trained almoners, who really understand the social aspect of the work. At the present:

1. The time of the staff of hospitals is partly taken up and public money is expended on the treatment of patients who can quite adequately pay for this, and look after themselves.

2. The general practitioner is being undersold by his own schools of medicine.

3. The really needy patient probably requires some assistance in the house to really benefit by the skilled hospital treatment he receives, but this extra help and advice is lacking.

And yet, with a little careful organisation, the numbers of trivial cases might be very considerably diminished to the advantage of every one concerned.

1. The staff would have fewer but better cases.

2. The general practitioner might again be able to live in the neighbourhood of a large hospital.

3. The poor, most of all, would gain in learning lessons of independence, and by the more adequate treatment they would get when obliged to attend hospital.

I feel I owe you sincere apologies for straying from my text, but I feel also I should have only whitewashed my sepulchres had I spoken of the work done by three or four London hospitals while the remainder do not act on similar lines.

I am so convinced of the need of reform, and am so sure that this reform can be effected with nothing but a clear gain to all concerned, that I would prefer to leave you with this idea. And I hope at no distant future we shall really be able to speak of new and solid links being forged to connect more closely all hospitals with the homes of their patients.

(*See Summary of Discussion, page* 415.)

(1) *Resolutions adopted by this Section will be found at page* 355.

(2) *French Papers in this Section not included above will be found at pages* 73, 199, *and* 204 *of French Papers, separately paged.*

(3) *Résumés by Foreign Members* v. *French Papers, pages* 222-228.

SECTION V.—INSANE AND EPILEPTICS

President.—THE MASTER OF POLWARTH.

Secretaries.—A. R. TURNBULL, Esq., M.B., C.M., Springfield, Cupar-Fife; and W. A. PARKER, Esq., M.B., C.M., Gartloch Glasgow.

PRESIDENT'S OPENING ADDRESS

THE PRESIDENT said:—Ladies and gentlemen, I ought in the first place to say how cordially we who belong to this country welcome to this Section of the Congress our friends who have come from other countries. We are very glad to see so many of them, and we feel certain that their presence with us will be a great help in our discussions, and will give us many new and useful ideas, while at the same time we hope that they in their turn may benefit by what they may see and hear in our country. Well, ladies and gentlemen, it is not my purpose to give you a detailed statement of our Scottish system. That will be done in the papers which will follow and which will form the basis of our discussion to-day. My remarks will be of a more general character. The boarding out of such of our insane population as are suitable for it has for a long time been part of our Scottish system of administration—not so long as in other places—not so long as it has been carried out at Gheel, and I am glad to see that Dr. Peeters is here to-day and will be able to tell us about it himself. But still we go back a very considerable number of years. The first gentleman to apply for a licence for a house in which to board the insane under his care, was Mr. George Greig, who was inspector of poor for the parish of Edinburgh, and who applied for a licence in the year 1862—curiously enough for a house situated in a part of the city that we would not favour at the present time—in the Potterrow. Any strangers who wander in that direction will not think it a very desirable part of the city. He was followed in 1863 by Mr. Adamson, inspector of poor for Glasgow, who applied for a licence in Balfron and other places, shortly afterwards, and taking a foremost part was Dr. Alexander Robertson, who, I am glad to say, is still with us, and who will contribute a paper to our discussion on the history of the system of boarding out in Scotland. I do not need to say more in reference to the early pioneers of the movement. Their initiative has been followed by many other inspectors of poor. Amongst those who have recently done a great work in the matter, I ought specially to mention Mr. Ferrier, inspector of poor for

Edinburgh, who I am afraid will not be able to be with us, the late Mr. Wallace of Govan, and Mr. Motion, the very able inspector of poor for the enormous parish of Glasgow, who I hope will take some part in our discussions, Mr. Kyd, the inspector of poor for Dundee, and Mr. Fraser, inspector of poor for the parish of Inverness, all of whom have done a great deal in this direction. We have at the present time in Scotland 2642 of our insane population who are officially known to the Board of Lunacy, living in private dwellings. At the date of the making up of our last statistics, 1655 were boarded with those who were not their relations, but there is a very considerable number who, while they receive assistance from the public funds, are living under the care of their relations. Of late years the proportion of those who were boarded out with guardians in no way related to them has very considerably increased, and now we have a total of 1655. In regard to the cost, we find from our statistical tables in the General Board of Lunacy, that the average cost is 11d. a day for their maintenance, as against 1s. 6d. for their maintenance in asylums. Although we must remember that all the acute cases are in the asylums, that is a very considerable saving, and there is a further saving of a very considerable sum in providing the buildings in which to house them. The percentage of boarding-out varies very greatly in different districts and counties. In Inverness-shire there are as many as 44 per cent. boarded out, but of these a very large proportion are with relations. It varies down to 6·7 per cent. in Kincardineshire. In my own county only 8·9 per cent. are boarded out. That at once brings us to consider what is the cause. Taking those who are boarded out with strangers, we find that the large proportion come from the big towns. I have here prepared by Mr. Spence, our able Secretary of the General Board of Lunacy, who has taken a very great interest in this Congress, a table showing the number in Edinburgh, Glasgow, Govan, Dundee, and Inverness, and you will find that Edinburgh has 24·1 per cent. boarded with strangers; Glasgow 17·9; Govan 11·8; Dundee 18·6, and Inverness 21·4. That is a very large proportion and at first sight a stranger would at once say, how does it come that you are able to board out a larger proportion of the city lunatics than of the country ones? At first sight you might suppose that in a rural country it ought to be possible to board out a larger number than in a city parish, and it brings us to consider also how far it is possible to increase the number of those who are so boarded out. Probably in those large cities to which I have referred they have very nearly reached the total number of those who can wisely and safely be put out to other houses, but certainly the same cannot be said in regard to many other districts of the country. What is the reason? To my mind the reason is not far to seek. To explain it for the sake of our friends who are not conversant with our Scottish system you might allow me to say a few words pointing out what is our unit. In Scotland the unit of poor relief is the parish. It is different in England where you have combinations. In each case the Parish Council

is the body which has charge of them. The Parish Council is an elected body varying from 5 to 31, according as a parish is large or small, and the population of a parish may vary from a very small number—perhaps 150 or 200—in my own parish there are only 600 or 700 of a population—to the enormous total of 600,000, which is the population of the parish of Glasgow, over which my friend, Mr. Motion, is the inspector of poor. Any one who thinks of those circumstances will at once see that you have there a radical difference, and that the Parish Council of 200 is a very different one from that of a parish such as Edinburgh or Glasgow, and it is in that fact I think that we find the cause for the great difference in the matter of boarding out as it is at present adopted. What do we find? Taking the parish of Glasgow or Edinburgh, or any of those large parishes, you have the inspector of poor the official of the Parish Council. He is a man well up in his subject, giving his whole time to it, with, in many cases, a very large staff of assistants giving their whole time to this special work, and looking after those who are under their care, and in giving relief—here I speak only of the insane—they work out an elaborate system. There are assistant inspectors who go and visit them, and who work the whole thing. You turn to a small parish like my own where our Parish Council consists of seven gentlemen, many of whom have not much knowledge of things that go on beyond their own parish. The inspector of poor is a most worthy and excellent old gentleman, but he is the parish schoolmaster, and the greater part of his time is taken up with his school and other duties. His duties as inspector of poor are only a very small part of his work, and he has no assistance and no help. You see that we have a radical difference. Then again in such a small unit as that you will not find that the Parish Council takes any enlightened views as to the care of the insane. They know little about the subject, whereas in a large parish you get a number of people who are anxious to do their best for them. That I think is the cause of all the difference. In the one case you work out the whole system. The Parish Council has its officials who take trouble to find homes in which to board the lunatics, and they are anxious to board out all whom they can. In the other case there is no particular advantage. The Parish Council do not feel the difference in the cost of one or two lunatics chargeable to them; they have no means of finding out suitable homes, and the inspector of poor is very glad to be relieved of the legal obligation of paying visits to his boarded out paupers, and consequently there is no great inducement to board out. Is there any remedy possible? Well, here my remarks are entirely my own. I am inclined to think there is. I am inclined to think that we have an analogy in the Education Bill now before Parliament. That Bill has been brought in, because it has been found that in country districts the parish is too small, and that it does not manage the education satisfactorily. In the large towns the Bill makes practically no difference. The people who

form the School Board in Scotland are mostly the people who form the Parish Council. I am afraid we will not get an extension of the boarding out of the insane in our rural districts till we centralise more. I think we are too much decentralised at present. It might be done by a voluntary combination of Parish Councils in order to have one man working for a large area, who should take charge of all the arrangements necessary for boarding out, and finding guardians, and looking after them, and charging the parish with a proportion of the cost of administration; or it might be done in another way, by giving power to District Lunacy Boards to give facilities for boarding out. I do not mean district asylums. The asylum officials have probably quite enough to do in managing them, but I do not see any insuperable obstacle in the way of District Lunacy Boards employing special officials and making arrangements for the boarding out of lunatics belonging to their districts. That is the case in regard to many of those large parishes which I have just mentioned. Although under a different name the Parish Council and the District Lunacy Board are the same body, and the inspector of poor is also the clerk to the District Lunacy Board. You have the same body responsible for the care of both classes, those in asylums and those boarded out. I cannot see why we should not have more boarded out than we have now, by allowing District Boards to employ officials, as in a large city parish, to make all the arrangements for the boarding out of such of their patients as may be discharged, and charging the cost of these patients in the same way as of those who are boarded in the asylum.

(*See Summary of Discussion, page* 417.)

THE SCOTTISH SYSTEM OF BOARDING OUT THE INSANE POOR IN PRIVATE DWELLINGS

By ALEX. ROBERTSON, M.D., F.F.P.S.G.

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The existing method of caring for the insane poor in private dwellings is the natural outcome of the Lunacy Act of 1857. Shortly before the passing of that Act a Royal Commission had reported on the condition of the insane in the asylums, public and private, of the country. Some reference was also made to those residing under the care of relatives in their own homes. In the latter mode of disposal, with which only we are here concerned, defects were noticed which called for speedy remedy. The late Sir James Coxe was a member of the Commission, and afterwards became one of the two medical commissioners of the Lunacy Board which was then instituted. To this gentleman is due

much of the credit of laying the foundation of the comprehensive measures for the thorough and efficient supervision of the insane which have now been long in successful operation. An important provision of the Act was the duty imposed on all inspectors of the poor to notify to the Board of Lunacy cases of insanity in their respective parishes immediately on their occurrence. Another and highly valuable one was the power to appoint two deputy Commissioners, who were required to visit, at least once a year, all the parochial cases not in asylums, and to submit a report on each of them to the Board. For the purpose of this inspection the country was divided into two sections, one being allotted to each deputy-commissioner. After some years' visitation, they exchanged their respective districts, and thus became intimately acquainted with the state of the insane poor, out of asylums, in all parts of the kingdom. One of the gentlemen appointed was Dr., now Sir, Arthur Mitchell, to whose unremitting zeal in his official work, and breadth of view respecting the social questions related to pauper lunacy, Scotland owes more immediately the Lunacy Act of 1862, and the inauguration of the boarding-out system properly so called. An important point to which Dr. Mitchell directed special attention, was the unnecessary detention in asylums of pauper lunatics after they were no longer dangerous to themselves or others, and were not offensive to the general public. Fitting tribute was paid to him for his pioneer work in these and other respects by the General Board of Lunacy on his retiral from office in 1895.

The special and outstanding feature of the Scottish system is the boarding in the houses of strangers of not more than four harmless insane, these houses having previously been licensed by the Lunacy Board on being satisfied that both houses and guardians are suitable. In 1862, when this new measure came into operation, the pressure on the accommodation for the insane poor in the asylums was very great, and it was therefore welcomed by the more enlightened of the parochial boards as a relief to the existing strain. The two boards that first took action were those of the city parishes in Edinburgh and Glasgow. As at that time the writer was in charge of the Glasgow Parochial Asylum from which the patients in that district were selected, he will in the first instance briefly narrate his own experience of this the initiatory stage of the special licensed house.

In the autumn of 1862 two members of the Parochial Board, along with the writer, visited houses in the villages of Killearn and Balfron in Stirlingshire, which had previously been recommended by the doctor of the district. In each of those approved by the committee questions regarding the house and guardian in a printed schedule were duly filled up and forwarded to the Lunacy Board. Their sanction having been obtained, the next step was the selection of the patients. None were chosen unless they had been years under observation. They were also known to be harmless, of cleanly habits, and easily controlled. Two patients were placed in each house, and it was

required that they should have separate beds. For the most part the females were able to do a little domestic work, and the men simple labouring work. At all events, when those who were of no use to their guardians were sent, it was arranged that a more or less useful one should be associated with one unfit for work. The age of the women was about forty or upwards. Later, this rule respecting age was relaxed a little in suitable houses. Great care was taken not to send any one with erotic tendencies.

The guardians in most cases belonged to a class of the community much the same as the patients themselves. If they were sensible people of a kindly disposition, the fact that their social grade was somewhat higher was not regarded as a serious barrier, though unquestionably in most cases such inequality interferes with the merging of the patients in the family life, which materially conduces to their happiness and comfort.

The difficulty in obtaining suitable houses in the first few years was unduly increased by the very small weekly allowance granted by the Parochial Board to the guardians for each patient, namely, 5s. a week, with clothing. It being obvious that the sum was too small, it was increased to 7s., and then the applications for patients became numerous. By this time also the apprehension, which at first existed, that the insane boarders might prove dangerous had passed away. Gradually the number selected from the inmates of the parochial asylum increased, new houses were found in or near other villages in the same county, especially Gartmore, so that ultimately, after thirty years, about seventy were in special licensed houses, taken from an asylum population of 240.

The writer may be excused for mentioning that in 1869 he drew out directions to the guardians regarding the general management of the patients. These, on receiving the approval of the Lunacy Board, were printed, and a copy was sent to each licensed house. They are published in their annual report for 1870. Since then they have been modified, and in this altered form are, I understand, still given to new guardians when their houses are licensed.

Proceeding now to more comprehensive statements regarding the working of the system in Scotland generally, it is first to be noted that it developed quite early and to a large extent in the county of Fife through the energetic action of the Inspector of Poor in the Edinburgh City Parish, the late Mr. Greig. Gradually the object-lessons presented by these two counties, Fife in the east, and Stirling in the west, impressed most of the parochial boards throughout the kingdom, and specially licensed houses were to be found in most districts. Undoubtedly this extension was largely due to the action of the Lunacy Board, and especially to the successive deputy-commissioners. Themselves strongly impressed with its many advantages, these gentlemen in the course of their visitations directed the attention of parochial boards and inspectors to the subject. As a result, the number of lunatics boarded with strangers, which amounted to 610 in 1881, had increased to 1683 in 1900.

The latter number constitutes nearly a sixth of the insane in Scotland at that time, more or less supported by the public rates.

In the first instance all the patients were taken from asylums, but latterly a small proportion, with similar characteristics, were sent directly into special licensed houses from their homes.

There has been a tendency to the aggregation of patients in certain localities, such as Kennoway in Fife and Gartmore in Stirlingshire. Up to a certain point this is not objectionable, but when the proportion to the population bulks largely, the Lunacy Board has checked the influx of new cases for a time. There has been no wish to develop a Gheel in this country like that in Belgium. This policy must commend itself to the general public. Small numbers in hamlets and villages, widely distributed, not distant from the dwellings of relatives, have much to be said in their favour. The members of what may be designated the small colonies have been mostly drawn from the larger cities, especially Edinburgh and Glasgow.

The Act of 1862 permits four patients to be in one house ; but experience has shown that not more than two is generally the best. Indeed for many years the General Board has restricted the number to this in the first instance. In some cases, however, after considerable experience of the guardians, and on the favourable report of a deputy-commissioner, it has been extended to three or four. The risk with the larger number is the development of a modified asylum—isolation of the insane from the family circle.

The kind of guardians which the writer found most suitable for females were elderly widows, with a grown-up daughter at home. For men it was always imperative that there should be a man resident in the house. The presence of young children gave rise to some anxiety, and sometimes prevented him from supporting the application for licence. Yet he now feels certain that no prejudicial effect to the young ever came to his knowledge, which could be ascribed to the presence of insane boarders.

Indications of the sort of patients which have proved most satisfactory have already been submitted. The reports of the visiting commissioners, however, show that in a few cases even patients of dirty habits have become cleanly and correct under the management of careful guardians ; but it need scarcely be said that the selection of such patients is not commended.

The supervision of patients and guardians is obviously of great importance. All competent observers realise that the freedom of intercourse between neighbours, which is so usual in the smaller villages of the land, is highly valuable as a means of checking any neglect of duty in one so disposed. However, apart from this, there is a very complete system of official inspection. The doctor of the parish visits all patients in licensed houses every three months, and makes entries in the 'patient's book' regarding the guardians, patients, and houses, in answer to the printed questions. The local inspector of poor pays a visit every six months, and also records his impressions in the same

book. Delegates from the council of the parish to which the patients are chargeable visit once a year, and sometimes more frequently. Lastly, the deputy-commissioner pays an annual visit of inspection, and usually visits twice where there are many licensed houses in the same district. Sometimes, very rarely in the writer's experience, guardians have proved unsuitable. When so, no hesitation has been felt in changing them. In quite exceptional cases, also, he has found it advisable to remove patients back to the asylum. In the experience of others such changes of patients have been somewhat more frequent. There is no serious drawback to this beyond the expense. Probably a larger proportion of patients may have been boarded out by this freer trial.

We now proceed to survey the general results of the boarding-out system. Here we depend very largely on the reports of the deputy-commissioners, as recorded in the annual reports of the Board of Lunacy for the last thirty-five years. First, in regard to the evidence of and respecting the patients themselves. In the report for 1890, Dr. Fraser (now Chief Commissioner), states: 'The contentment and happiness which prevail among the boarded-out are very gratifying, and contrast very strongly with the complaints and appeals for discharge which are so common among the inmates of asylums.'

Referring to the saving to the ratepayers of St. Cuthbert's parish, Edinburgh, amounting to £6045 in four years, Sir Arthur Mitchell says: 'The saving thus effected is more than merely justifiable. It is indeed wrong not to effect it, because it means in practice the conferring of increased happiness and improved well-being on a large number of the pauper lunatics of the parish.' The following quotations from the report of the late Dr. Lawson are interesting: 'The patients are very happy, and very kindly treated.' 'In some cases they have been under the same guardians for twenty-five years. In short, the system of providing in private dwellings for properly chosen patients has the sanction of an elementary instinct, and acts as a boon to many of the insane, as well as to the ratepayers.' Dr. Macpherson (now Chief Commissioner) says in report for 1900: 'We have the testimony of the patients themselves, when they are capable of giving it, in at least 90 per cent. of the cases, that they much prefer their life in the country. We have also the evidence of deputy-commissioners, testifying to the marked physical and mental improvement in many cases boarded in very humble homes, where the dietary was inferior to that of the asylum.' He also speaks of the result in complete recovery 'in not a few cases.' The writer's experience in his own limited sphere is to the same effect.

As a question of economy, the direct advantage to the ratepayers throughout the country has been considerable. But it is still more marked in saving the expense of additional asylum buildings, which would be required for the accommodation of the large number of insane who now reside in specially licensed houses. But economy is a secondary consideration. The wellbeing

of the unfortunate sufferers stands first; and we have seen that for the great body of those who do not require asylum treatment the boarding-out system is the best.

A few observations are still called for regarding misconceptions which to some extent prevail respecting the character of the so-called Scottish system. The feature of the specially licensed house where the insane board with strangers is undoubtedly peculiar and distinct, and does not exist anywhere abroad. But, besides the patients so cared for, there are nearly a thousand parochial cases in their own homes, members of the families to which they belong. In this respect their position is identical with the insane in the private dwellings of other countries, but there is a material difference—they are under the charge of the Board of Lunacy, and are visited by a deputy-commissioner once a year. The Board, on his report, may call for changes in the provision for the patient's care, and should the suggested changes be neglected, they can order the patient's removal either to an asylum or a specially licensed house. Dr., now Sir, John Sibbald, in the Board's report for 1887 makes the following remarks respecting the system in Scotland. 'The difference between the system which they (the Board) have been enabled to establish and that of other countries consists in the fact that patients so provided for are under the supervision of a central authority, which requires to be satisfied that they are suitable for such treatment, and that they will receive it in a satisfactory manner; whereas in most countries, those who are so provided for may be said to be merely left outside of the general lunacy administration.'

(*See Summary of Discussion, page* 417.)

ON BOARDING-OUT OF THE INSANE POOR IN SCOTLAND

By CHARLES MACPHERSON, M.D., M.R.C.P.E.

Deputy Commissioner in Lunacy for Scotland

Two years ago Mr. Spence, Secretary to the General Board of Lunacy, contributed to the Congress then sitting at Antwerp a valuable paper on the position of the insane poor under private care in Scotland. I feel that he has so thoroughly covered the ground that there is very little left for any one to say on the subject. But as his paper naturally discussed the subject chiefly from the legal point of view, it has been thought that a short account of the present condition as seen from the Visiting Medical Inspectors' point of view might be of some interest to this Congress. As the time at my disposal is limited, it will probably be advisable that I should confine my remarks principally to the subject of the class of guardians and the homes where patients are placed, and to the class of patients which experience has shown are most suitable for care in private dwellings.

On the 1st of January of this year there were on the Board's register 2658 insane pauper patients resident in private dwellings. Of these 977 were living at home with relatives who were their natural guardians, and 1681 were boarded with strangers. These latter are the only patients to whom the term 'boarded-out' properly applies, for practically the whole of them have been for a longer or shorter period inmates of institutions from which they have been removed as being no longer likely to derive benefit from special treatment, while their conduct was such as to make it unlikely that they would be either dangerous or offensive to the public if fairly well looked after. Of those thus boarded-out, 650 are males and 1031 are females. This at first sight would suggest that female patients are more easily managed in private dwellings than men, but I think it is more probably due to the fact that there are more homes obtainable suitable for women than for men. Women can be suitably provided for in village homes where there is little besides housework to do, whereas for active men such a life would be too monotonous, and there would be no sufficient outlet for their energies. The greater difficulty in finding suitable homes for men is, I believe, the principal reason why female patients in private dwellings so outnumber the males. Of the 1681 patients boarded-out, no less than 1097 are resident in specially licensed houses, that is, houses which have been sanctioned by the Board of Lunacy to receive two, three, or four patients. At present there are 483 of these specially licensed houses in Scotland, grouped as follows:—

Licensed for	No. of Houses.		Male.	Female.	Total.
2 patients	329	containing	245	369	614
3 patients	102	containing	68	214	282
4 patients	52	containing	49	152	201
	483		362	735	1097

All the patients in these specially licensed houses are true 'boarded-out' patients; I mean by this that they are not in any way related to the guardians. There are thus about two-thirds of the boarded-out patients in groups of two or more, but, as will be observed, the number of women thus provided for is more than double that of the men, and if we take those houses licensed for three or four, the women are three times as numerous as the men. I do not wish it to be understood that patients do better in licensed houses than as single patients; indeed, the majority of the typical successful cases, the complete recoveries, have, I think, been single patients. But if a large number are to be provided for in private dwellings, the grouping of them is an

economic necessity. As single patients it would be difficult, if not impossible, to find homes for the numbers already provided for, and as generally it is as easy for guardians to manage two patients as one, and proportionately more profitable, while at the same time such a number does not prevent them from sharing fully in the family life, no objection is ever offered to a suitable guardian having two. It is different when it comes to the higher numbers. Then there is great risk that the house takes on an institutional character. The family is possibly large, the family room or kitchen is small, and consequently the patients are likely to be more and more relegated to their own room, have their meals by themselves, and have little of the company of sane people. The essence of the success of boarding-out has been the constant association with a number of sane people, and where this constant intercourse is interfered with there is little prospect of improvement. Consequently I have for several years opposed the extension of licences from two to three, or four, except in cases where the household was small and the guardians were free and willing to devote their whole time to the care and company of the patients. What then are the most suitable homes for patients? For female patients perhaps small country villages—away from the bustle of active life—villages that have been missed out in railway development and have consequently gone down in population. There, removed from the hurry of every-day business life, living in old-fashioned cottages with large kitchen-gardens behind, and a quiet street in front, with pleasant country roads in their immediate neighbourhood, they lead a quiet regular life, with nothing to excite them. Those who are able share in the household work, spend a certain amount of their time at sewing or knitting, work in the garden in suitable weather, and go for walks along with the guardian. In such places, where the guardian has ample leisure to attend to them and is kindly, cleanly, and ordinarily intelligent, groups of three or four women usually do very well. There are a number of such villages in Scotland, where people with small incomes and little employment were induced to take patients. When a few patients were introduced to a village and proved quiet and inoffensive, many of the other householders applied for patients also. It was in this way that colonies grew in certain districts in Scotland, and not from any desire on the part of the Board to have aggregations. In these villages there is still no difficulty in getting homes, the difficulty is more to prevent them from increasing to such numbers as might become objectionable. While there are a certain number of male imbeciles and a few male dements incapable of much activity boarded in villages, it has been found by experience that village life, except where the guardian has a farm, is not very suitable for male patients. The most suitable of all homes is the croft or small farm, and after that the market-garden. Of farms, the best are those so small that there is no work for a servant, but possibly just a little too much for the farmer. In such places one or two male patients generally do well. The farmer and his wife

are generally willing to treat the patients as friends, to take all their meals at a common table, and to allow them to share in all the pleasures of the household. There is plenty of work to keep them in healthy exercise, and there is never so much as to involve any risk of their being overworked. It is not surprising to find frequently in such homes distinct mental improvement, and to find a patient taking a real interest in the work of the farm as if it were his own. There are also a number of excellent homes for men on small fruit-farms, where the work seems in many cases to promote recovery, at least patients at such work often become much less demented than they were when first seen. But in recent years there has been a tendency in some districts to seek for homes on larger farms, and in doing so to hold out, as an inducement to such guardians to take them, the working capabilities of the patients. In such places they are well-fed, well-housed, and kept perfectly clean, but as might be expected, they are regarded as servants, and in too many cases as inferior servants, unfit to sit at the same table as the others. There they get their food—ample in quantity and good in quality, I admit—by themselves, and are regarded as unfit to share in the general society of the house. In such houses I have never known of any patients improving. They often become discontented, complain that they have to work hard and get nothing for it, and often become sullen and stubborn and refuse to work. They are then complained of as unmanageable and unfit for private care and returned to the asylum, all owing to unreasonableness and want of tact on the part of the guardian. A little more friendship on the part of the guardian's family, a little acknowledgment of their work in the form of tobacco or some occasional dainty, would have made them contented and useful men. Recent experience of such houses confirms and strengthens the opinion held and frequently expressed by all my predecessors and colleagues that patients are generally more suitably provided for among people who are their social equals or even among a more humble class.

As to the class of patients suitable for private care it is impossible to lay down any hard and fast rule. I have known of general paralytics, epileptics, and very low type idiots admirably cared for and doing well in private dwellings. Probably the chronic maniac somewhat demented, but not too much so, makes the most pleasant patient in a private house. He probably has periods of excitement and restlessness, but they are not of long duration, and he is generally active and, if kindly treated, willing to work and oblige. But I think I may say that any chronic patient in good health, who has no progressive organic brain disease, is not subject to fits or to recurrent attacks of mania or melancholia, is not quarrelsome, not given to wander, and is cleanly in his habits, is deserving of a fair trial outside of the asylum.

And, now, what are the advantages of life in a private dwelling? The evidence has gone on accumulating during the past forty-six years that the

great majority of the patients who have been thus provided for are happier and infinitely prefer the life to that of the asylum. Very many have improved physically, and a considerable number have improved mentally—some to the extent of complete recovery. The advantage to the ratepayer is also considerable. From the latest statistics in our possession I find that the average cost per patient in private dwellings is 6s. 10¼d. per week, while in institutions it is 10s. 7¾d. One naturally asks, why is the system not taken greater advantage of? Why have the numbers thus provided for remained practically at the same level for the last ten years? There is, of course, a limit to the number of suitable homes obtainable, but I am satisfied that if earnestly sought for there are many to be found in Scotland yet. Apathy on the part of officials is the main cause. The asylum authorities, in many cases, unless their institutions are overcrowded do not press for the removal of unrecovered patients who no longer require asylum care; and, on the other hand, a large number of Inspectors of Poor can scarcely be induced to take action and look for homes for unrecovered patients. The great bulk of the boarding-out that has been done of recent years has been from five or six institutions. The result is that while some districts thus provide for nearly one-half of their chargeable insane, the average for Scotland is only about 18·5 per cent., and in some districts barely 8 per cent. are outside the asylum. One can only wonder, why!

I trust that as a result of the discussions at this Congress, greater interest may be awakened in this important matter. When one finds that three large counties can safely provide for over 40 per cent. of their chargeable insane in private dwellings, three others for over 30 per cent., and eight for over 20 per cent., and that the City of Edinburgh boards out 27 per cent., is it reasonable to suppose that the type of insanity differs so much in other parts of the country that it is impossible to follow their example? If even 25 per cent. were thus provided for it would mean a saving to the public funds of about £10,000 a year. But the discharge from institutions of unrecovered patients has a further-reaching influence than that, for I find that of 453 unrecovered pauper patients discharged from institutions during 1903 no less than 262, or nearly 58 per cent., ceased to be chargeable, becoming either self-supporting or being supported by their relatives.

Whatever the future of boarding-out in Scotland may be—whether the numbers increase or decrease—there can be no doubt that it has done a great deal to ameliorate the sad lot of the insane. It has been a valuable object-lesson to the general public, teaching them that large numbers of the chronic insane are quite harmless, inoffensive people—certainly not objects of dread, but rather of our deepest sympathy. It has done much to teach those responsible for the care of the insane that the treatment common thirty or forty years ago was unnecessarily harsh, demonstrating that there was no need for high walls and a prison-like character in asylums, that restraint and

seclusion were seldom necessary, and that much advantage, both mentally and physically, was to be derived from an open-air life and agricultural pursuits. The latest development in asylum construction—the Village Asylum—is as near an approach to the Scottish system of boarding-out as it is possible to attain in an institution.

(*See Summary of Discussion, page* 417.)

ON THE CARE OF THE INSANE IN PRIVATE DWELLINGS

By Dr. VAN ANDEL

Inspector of Asylums in Holland

It is with great pleasure that I rise to say a few words about Home Relief in the Netherlands. I say a few words for I cannot expect to engross your attention too long by particulars about Home Relief in Holland, which most of you may have learned from current literature and from the communications thereanent, made at the Congress in Paris in 1901, and at Antwerp in 1902, by our colleagues van Dale, van Deventer, Vos, and myself. Reciprocally we remember most agreeably the communications of Macpherson and Spence on the present position of the insane poor under private care in Scotland, showing how, after the institution of the General Board of Lunacy in 1858, Home Relief of the insane had been gradually more organised in Scotland.

Most of us are acquainted with the paper, by Sir Arthur Mitchell, Commissioner in Lunacy, 'The Insane in Private Dwellings,' and subsequent papers in the *Journal of Mental Science*, as also the annual reports of the General Board of Commissioners in Lunacy for Scotland. So far back, then, as 1864 Scotland could already boast not only of a Government superintendence of its lunatic asylums, but also of the extension of that control to the pauper insane of the community.

As will have appeared to you from my publication at the Congress in Paris, in my note 'Sur l'Assistance Familiale des Aliénés en Hollande,' in 1901, there could not, properly speaking, be any question of an organised State control of the insane in the community until 1884. In that year the Netherland's Government, by the law of 27th April, which law was completed later on, put a stop to overcrowding of lunatic asylums.

This law is a revision of the first law of the Department for the care of the insane in our country, of 29th May 1841, which contained enactments for the establishment of lunatic asylums, and the manner of admission and discharge of the patients treated in the same. The law of 1884, as I have observed already, also extended the State control to those patients living in private families, and prescribed the way of notifying them to the magistrates.

Since that year two State lunatic asylums have been established in towns, and one outside asylum in the country near Leÿden and Delft. These are arranged after the cottage system in accordance with the more modern types. On a small scale idiot asylums have been built, and on a larger scale establishments for the treatment of the insane in the country—both on the pavilion system.

Among these, three institutions are most excellent. They were built by the energetic effort of the Society for the Christian Treatment and Care of Insane and Nervous Patients in the Netherlands, founded at Utrecht in 1884. These asylums are Veldwÿk at Ermelo, Bloemendaal at Loosduinen, and Dennenoord at Zuidlaren.

From the very opening of these asylums the cardinal point in their management has been the application of Home Relief for the insane in the immediate neighbourhood of the institution, and that in a manner extended or restricted, according to the patients under treatment. Among the first of the asylums to apply Home Relief, and which has continued it all along, was the Veldwÿk Asylum at Ermelo. Gradually this example was followed by the State Asylum at Medemblik, the Idiot Asylum at Heeren Loo near Ermelo, the Bloemendaal Asylum at Loosduinen, the Dennenoord Asylum near Zuidlaren, the State Asylum for women at Grave, and the asylums at Delft and Voorburg at Vught, so that now in the Netherlands Home Relief constitutes an integral part of asylum treatment throughout the whole country. In 1899 the large establishments at Meerenberg near Haarlem, and at Medemblik, adopted Home Relief. At Medemblik the experiment was begun with Government pauper patients, and later (just as in the other establishments) with patients from the communes. Before this, however, at the asylum at Meerenberg and at other asylums in the Netherlands insane persons were tended in private families, but such cases were rare.

Just as in Great Britain and Ireland, an attempt has been made to advance the training of attendants and artisans and their families so that the houses of the married workmen belonging to the asylum might be utilised for single patients, but in practice difficulties presented themselves which could not easily be surmounted. Since then matters have been improved to such an extent, that, for instance, at Veldwÿk Asylum, where in 1894 the number of insane persons who received Home Relief was 17, it had increased to 48 in 1901 and to 63 in 1902. At the State Asylum at Meerenloo 14 idiot children, at Medemblik 7 male patients, and at Grave 16 female patients were cared for under the Home Relief scheme. The system continues to extend, especially after the promulgation of the royal decree of 24th November 1900 (No. 40), which stipulates in article No. 1 as follows:—'On the part of Government there shall be contributed, until further notice, a sum of forty florins (40 fl.) a year to the cost of treatment of every indigent person, either insane or idiot, in an asylum for such patients in this country, so long as the

patient is chargeable to the community, and in accordance with the enactments in the articles 2, 3, and 4, etc.

This decree was enacted on 1st January 1901, and at the same time the conditions were fixed that require to be fulfilled for the enjoyment of the Government subsidy. Among the latter the following are the most important :—

ART. 1. After having been treated at least six months in a lunatic or idiot asylum in this country, a patient may be placed, on the authority and in the name of the direction of that asylum, in the family of private persons for Home Relief, on the declaration of the medical superintendent of that asylum that he deems this to be in the interest of the patient.

ART. 2. With regard to a patient who, in accordance with the stipulations in Art. 1, has been received for Home Relief by private persons, Art. 27 of the law of 27th April 1884 (sec. 96) is to be attended to, which provides for the continuance of the last judiciary order by virtue of which the patient was detained in the asylum, or Art. 28, subsec. 3 of that law is to be applied.

ART. 5. Concerning the choice of the person in whose family the patient is treated, and the room or rooms occupied by the latter, the sanction of the Commissioners in Lunacy is to be obtained as to who are to be admitted to the patient at any moment by the attendants or nurses, and all information that may be desired about the patient is to be furnished to the Commissioners.

ART. 6. Regarding the lodging, feeding, clothing, treatment, manner of life and occupations of the patients who receive Home-Relief, as also regarding the control to be exercised over all these by the medical man attached to the establishment, mentioned in Art. 1, the instructions of the direction of the establishment will have to be followed under approval of the Minister of Home Affairs.

ART. 7. The patient is to belong to the class of insane or idiots who are placed under State control.

(*a*) Such a patient, designated in Art. 27 of the law of 27th April 1884 (sec. 96), must be discharged according to the stipulations in Art. 28, subsec. 1 of that law.

(*b*). Patients may be discharged by a written order of the Commissioners to the director of the establishment (Art. 1). After such an order by the Commissioners, a copy of the same must be sent to the Minister for Home Affairs.

By the law of 27th April 1884 it is ordained that an official control of the insane who are not treated in asylums is to be exercised by the Commissioners, and under that head necessary articles have been drawn up. From what has been said it is evident that for many years Home Relief has been in constant use in Holland, and that this Home Relief has been organised by the law, and has been welcomed everywhere, and by every one.

Allow me, gentlemen, to express the sincere wish that these particulars

may constitute a useful contribution to our Congress discussions; useful and especially beneficial to the pauper-insane who stand in need of Home Relief.

Now that I no more shall have the pleasure to meet among you, the, for me, ever memorable Dr. Daniel Hack Tuke, whose agreeable acquaintance at the Congress in Antwerp in 1885 I had the honour to make, I beg you to allow me to wind up with an earnest word of homage to his incomparable predecessor William Tuke, member of the Society of Friends, who, at the same period as Pinel in France, as Chiarugi in Italy, and as Langertmann in Germany, laid the first strong foundations for the subsequent improvement of the fate of the most miserable among our unfortunate fellow-men.

(*See Summary of Discussion, page* 417.)

THE AFTER-CARE OF FRIENDLESS PATIENTS DISCHARGED FROM ASYLUMS, AS PROVIDED FOR BY THE SCOTTISH PROBATIONARY PROCEDURE

By J. CARLYLE JOHNSTONE, M.D.

Medical Superintendent of the Roxburgh District Asylum, Melrose

By the Act 25 and 26 Vict. Cap. 54, Sec. 16, the General Board of Lunacy, Scotland, may grant authority for the liberation on trial or probation of any lunatic from any asylum for such time and under such regulations as the Board may consider necessary or proper, and by the Act 29 and 30 Vict. Cap. 51, Sec. 8, every pauper lunatic who is discharged on probation shall remain subject to inspection by the Commissioners during the period of probation, and it shall not be lawful for the Parish Council to take any such pauper lunatic off the poor-roll or to alter the conditions on which probationary discharge was granted, without the sanction of the Board, during the period of probation.

PROCEDURE FOR REMOVAL ON PROBATION OF PAUPER LUNATICS FROM ESTABLISHMENTS FOR THE INSANE

Application must be made for the General Board's sanction by the inspector of poor of the parish to which the patient is chargeable according to a prescribed form.[1] In this form is included, among other particulars, a statement of the name and address of the person with whom the patient is to be placed, the parish in which the proposed residence is situated, and the nature and weekly amount of parochial relief to be given. It also contains a medical certificate

[1] It may be explained that there is a Parish Council for every parish in Scotland, and that it is the duty of this Council, through its paid officer, the inspector of poor, to provide for the maintenance of every poor person who is unable to maintain himself. As part of this duty, it has to provide for the insane poor.

signed by the medical superintendent of the asylum, giving particulars as to the patient's mental state and bodily health and condition, and stating that the patient is a suitable case to be liberated on trial for a certain period. The General Board, after having duly considered the application, statement, and medical certificate, and if satisfied as to the circumstances in which it is proposed to place the patient, and as to his fitness for removal from the asylum, grant their sanction for his liberation on probation for a period which, according to the existing regulations, must not exceed one year.

CARE AND SUPERVISION OF PAUPER LUNATICS DISCHARGED ON PROBATION

Pauper patients discharged on probation are, unless the General Board on special application regulate otherwise, to be visited once in every three months by a medical man appointed by the Parish Council, the first visit being paid within three weeks after sanction has been granted, and once in every six months by the inspector of poor, who must record their visits in a 'visiting-book,' and during the period of probation the patients remain subject to visitation by the Commissioners in Lunacy and generally to the Board's instructions applicable to patients sanctioned to reside permanently in private dwellings. Though 'pauper' lunatics on probation (as frequently happens) may require no parochial aid during the currency of the probationary period,[1] they cannot during that time be removed from the poor-roll, without the sanction of the General Board, unless certified as recovered, nor can any of the conditions on which sanction was granted be altered without such authority. On an order of the Board, or on an entry being made by the medical officer in the visiting-book that a pauper patient has ceased to be suitable for remaining out on probation, or when for any other reason it is deemed necessary to send the patient back to the asylum, the superintendent is bound to receive him, provided that the period of probation is still current. Before the period of probation expires, either (1) the patient must be formally discharged as recovered, or (2) he must be replaced in the asylum, or (3) if he is to remain out of the asylum and to be in receipt of parochial relief, the General Board's sanction must be obtained to the manner in which he is to be provided for.

OBSERVATIONS

Although the special object of statutory removal on probation apparently is to permit of the patient's conditional liberation so as to test his fitness for permanent discharge, the procedure at the same time provides an admirable way and means of arranging for the care and assistance of poor and friendless patients on their leaving asylums for the insane. In the experience of the writer, who for some years has been in the habit of discharging the great

[1] It often happens that the patient belongs to a family which, though unable to maintain him in the asylum, is in sufficiently good circumstances not to require any parochial aid for him during the currency of the probationary period.

majority of his cases in this manner, probationary removal has seldom, if ever, failed to secure for necessitous patients all that was needed in the shape of after-care. And it is the writer's belief that this after-care can be adequately supplied to all the indigent insane of Scotland on their discharge from asylums, provided that the probationary procedure, as authorised by statute and as regulated by the General Board of Lunacy, is loyally carried out by the parish authorities and the superintendents of the asylums working cordially together for the patient's benefit.

It is the business of the inspector of poor, in regard to all cases of insanity chargeable on the rates, to make himself fully acquainted with the financial and social circumstances of the patient. He is accordingly in the best position to ascertain what pecuniary assistance, if any, will be required by the patient after his removal from the asylum, what other care and help must be provided, and what are the prospects of the patient's being able to secure employment and to support himself. It has been the custom of the Scottish parochial authorities to take a large and generous view of their duties and responsibilities with regard to the insane poor. It is very seldom that one hears of any niggardly or negligent treatment of their insane charges on the part of these authorities. We may take it that the parish councillors and their officers are actuated not merely by humanitarian principles in this matter, but that they recognise that any other line of conduct would prove to be bad public economy. It is accordingly the common experience that, while the wants of these probationary cases are provided for in a generous and suitable manner, the inspector of poor finds it to be in the interest of both parties to endeavour to secure for the patient such conditions as will as soon as possible enable him to earn his own livelihood and to relieve the parish of the burden of his maintenance. The interests of both the public and the individual are probably thus more satisfactorily protected than could be done by any so-called 'charitable' means, which, if well-intended, are apt to be ill-directed, loose, and unmethodic.

The medical superintendent of the asylum, provided that he takes a proper personal interest in his patients, is also likely to possess a sufficient knowledge of the patient's capacity and requirements, and of his circumstances and prospects in the outside world, to enable him to judge whether the proposed arrangements for his care and assistance are such as will prove suitable and sufficient in every respect. The parish authorities are always ready to listen to and carry out the superintendent's reasonable views and recommendations, and the superintendent should not sign the probationary certificate until he has satisfied himself that the patient is to be suitably provided for in every way during the currency of the probationary period. As this period may be fixed at any term up to twelve months, ample time is allowed for giving the patient a fresh start in life and for placing him in an independent position.

The patient's interests are further safe-guarded by his liability to be visited and inspected at any time by the medical officers of the General Board of

Lunacy. When he leaves the asylum on probation, he does not pass from the supervision and control of the General Board. This central authority continues to be charged with the supervision of everything that pertains to his care and protection, as long as the patient's name remains on the register of the insane, whether he is placed in a private dwelling or in an institution. The regulations prescribed by the Board for patients residing permanently in private dwellings apply also to patients removed from asylums on probation. The probationary patient accordingly comes under inspection by the medical officer of the General Board called a deputy-commissioner, whose special duty it is to visit the insane in private dwellings. The deputy-commissioner generally makes his visits once a year, but more frequently in some cases, he examines the reports entered in the visiting-book by the parish officials, and he makes a separate report on each patient, which he sends to the General Board. His report deals with the whole circumstances of each case, the mental and bodily condition of the patient, the suitability of the patient for a private dwelling, the accommodation provided, the food, the clothing, the character of the household, and the way in which the duties of the guardians are performed. He also inquires into the adequacy of the money allowance given by the parish council. When making his visit he points out any defects which he may see in the arrangements, and any improvements which he thinks should be made, and a statement dealing with these matters is embodied in his report to the Board. On receiving the report of the deputy-commissioner, the General Board take such steps as may be requisite to make the patient's condition satisfactory. There is seldom any difficulty in obtaining such changes as the Board think desirable, a letter to the inspector of poor being generally sufficient.[1]

It might be suggested that this probationary after-care may be overdone, that there may be too much official interference, that the patient's comfort and prospects may be prejudiced by the public nature of his supervision and control. In practice this is not found to be the case. The visits of the inspector of poor, the parish medical officer, and the deputy-commissioner do not entail any public demonstration of the fact that the patient is still under official guardianship. Everything that is necessary for his comfort and care can be secured without its being apparent to the community in which he is placed that his social position is different from that of any other citizen. An over-zealous official may, of course, render mischievous the most benevolent schemes and the best laid plans. But this excess of zeal is not encouraged by the General Board of Lunacy. The regulations of the Board are intended to

[1] Among other means of influencing parish councils there is what is known as the Government Grant. This is a contribution towards the cost of maintenance of the insane poor given out of the general taxation of the country, amounting, as a rule, to about one-half of the cost. This money is not paid to a parish council in respect of any patient who is not in the opinion of the General Board suitably provided for, and it is withheld in the cases where the instructions of the Board are not carried out.

protect and to promote the interests of the patient, and, if there should be any risk of his condition or prospects being prejudicially affected by a too rigid observance of these regulations, they can be, and are, with the Board's sanction, relaxed or modified to suit the peculiar circumstances of the case. For example, it not infrequently happens that patients, soon after being discharged from asylums on probation, enter service, or engage otherwise in work which renders them self-supporting, or which places them in positions where visitation by parochial officials would be injurious to their interests. In such cases the Board do not desire that patients should be visited by medical officers or inspectors of poor, and they suggest that, in such circumstances, it may be desirable to obtain a certificate of recovery, when that can be done without injury to the patient, or to get the patient himself to transmit such a certificate, with a view to his connection with the asylum being brought to an end.

It may be pointed out, in conclusion, that probationary removal from asylums, as provided for in Scotland, supplies other advantages besides satisfying the requirements as regards the after-care of poor and friendless patients. By the use of this procedure (which applies both to cases maintained at public cost and to cases supported out of private funds), it is possible to remove many patients from asylums at an earlier period than would be considered prudent, were no means provided for testing in this practical way their fitness for final discharge. The warrant for the patient's detention holds good during the currency of the probationary period, and, if he proves on trial to be unfit for permanent discharge, he can be replaced in the asylum without trouble or expense. It is found, however, that parochial authorities and the families of patients are more ready to provide private care for unrecovered cases in which asylum treatment has ceased to be necessary or desirable, when a reasonable period of trial is arranged for before finally removing the patient's name from the books of the asylum. The large majority of such cases are benefited by removal from the institution to the private dwelling, and many of them are removed from the poor-roll and require no further assistance from public funds when their period of probation expires. The judicious use of this procedure, therefore, not only confers a distinct benefit on poor persons returning to social life after detention in an asylum, but it tends to an appreciable diminution of public expenditure.

(*See Summary of Discussion, page* 420.)

PROVISION FOR EPILEPTICS

By JOHN MILSON RHODES, M.D.

Chairman of the Chorlton and Manchester Asylums Committee;
Vice-Chairman of the Lancashire Inebriates Acts Board

As I sat down to write this paper there lay beside me a packet of letters, every one of which referred to pitiable cases of epileptic young women, many of whom, destitute of friends, had through their affliction no other prospect than the workhouse infirmary; there are thousands of such cases, and I say without hesitation that though private charity can be the pioneer in questions of this kind as it has been at Magull, Warford, Chalfont, yet it is the State and the State alone that can adequately meet the necessities of the case we are met here to discuss. There were one or two voluntary institutions for epileptics fifteen years ago, and yet the whole of them put together would not accommodate one quarter of the 2400 epileptics that are in your workhouse wards to-day. Compare those figures with the statistics of some of the United States' institutions, where you find upwards of a thousand in one colony, and you can come to no other conclusion than the absolute necessity for State provision for this unfortunate class, who certainly number at least 70,000.

Our present system of *laissez faire* is not cheap. We hear a great deal about the multiplication of the unfit from people who do not understand the question, but there is no doubt that if we want to cut off the entail of this unfortunate class it can only be done by complete segregation in celibate industrial communities where all that are capable of it may be made to earn their own support, or at any rate a considerable portion of it, as the Craig Colony has proved, the profits from the farm and garden amounting to 13,600 dols., in addition to 2000 dols. for live stock. Personally, I do not believe that an Epileptic Colony can ever be made self-supporting, but it is certain that a large colony can be carried on at less cost per head than a small. It is therefore to the interests of the ratepayers to have such institution drawing its inmates from a considerable area; but here comes in a difficulty.

The law in regard to provision for those suffering from mental diseases is held to refer only to the certifiable insane, therefore the County Councils, however desirous some of them are to provide proper accommodation, find that the work is *ultra vires*, and that before they can make provision for the sufferer from epilepsy he must have reached that *ultima thule* of this disastrous disease—epileptic dementia—then and not till then can the County Councils exercise their powers. It may be said that the Boards of Guardians have the power to combine for this purpose, as Chorlton and Manchester have done, but

surely when you have an Asylum Committee or Board in connection with every County Council in England, common sense says let them also administer the epileptic hospital instead of adding unnecessarily to the expense of the administration of the county by appointing an additional staff of officials.

This deplorable state of the law calls for immediate alteration, and I am hopeful that another session will not pass without something being done. Mr. Balfour, replying to a question in the House of Commons *re* the care of the feeble-minded, stated that the whole question was to be inquired into —in my opinion, the sooner the better. Not until we have proper institutions for the epileptic can we hope for much improvement in the treatment and classification of the sufferer. I believe that every expert on epilepsy will agree with me that there are no cases that require more careful classification than do the epileptic. We must not shut our eyes to the fact that, as Dr. Spratling of Craig Colony says, they are 'as a class irritable, fault-finding, exacting, often violent, destructive, and dangerous. This must be the case in a disease that so disastrously affects the brain: the disease is progressive towards improvement or recovery, or retrogressive towards decay.' Considering how little provision has been made for this class of case, the wonder appears to me to be that the ratio of mortality is diminishing; between 1882-91 the mortality varied between 102 and 118 per million, between 1892-01 between 81 and 95, or about 3000 deaths per annum. If we are to elucidate the causes of these 3000 deaths, it is only by gathering them together in colonies that we can do so.

'What real substantial progress,' asked Dr. Volding (Cherokee State Hospital, United States), 'would ever have been made in our general hospitals if the study of disease had been limited entirely to the so-called pathological work, without any but the most perfunctory attention to the clinical side, to the morbid physiology, and to the chemistry of disease? No doubt numerous interesting specimens and remarkable cases would have been recorded, but comprehensive insight into the nature of diseases would not have been obtained.' Dr. Volding is right; it is not in the post-mortem room that the epileptic problem will be solved. It is in the colony with an adequate staff that you can collect the information necessary for its solution. When I visited Craig Colony I found that for the six years it had been open 7 P.M. had always been the hour of the minimum number of fits, and that Mondays and the days following holidays were marked by the extra number of attacks. We are not met here to discuss the question of the causes of epilepsy, but there is no doubt that the effect of the continuous neglect to provide proper accommodation for this class of cases has resulted in 'the treatment of epilepsy being largely experimental, owing to the lack of accurate data upon which to base it' (Dr. Owen Copp). That something can be done to improve the epileptic has been proved by the results obtained at Gallipolis, Ohio, where they have upwards of a thousand epileptics, sane and insane. At that

epileptic hospital 'there has been a reduction in the number of attacks by more than 300 per cent., while in lessened severity the proportion has been relatively as great.' Having made a thorough inspection of that institution, I can say that the result has been brought about not by the administration of brom kali, as I have sometimes seen, but by moral and physical treatment. You must, in considering this question, bear in mind the character of the cases you are called upon to treat; if you do, some of the reasons for improvement are at once evident. As Dr. Owen Copp said: 'Too much stress cannot be laid upon the value of systematic occupation, both mental and physical. The danger of self-injury by falling, his irritability and tendency to impulsive violence, and the alarm excited by the exhibition of his distressing malady, have usually debarred him from employment, and, if early afflicted, have closed against him every avenue of acquiring knowledge and skill necessary to fit him for usefulness, therefore he has become habituate to idleness, isolation, and the evil habits naturally bred under such conditions. These must not be allowed to continue, else great degeneration is inevitable, apart from the effects of his disease. The task requires endless tact, patience, and persistence. It involves risk of injury to patient, to teachers, to property. This can be minimised in an institution, but not eliminated by any system of care. It must be undertaken for the good of the epileptic. Before reaching the hospital he has lost the inclination to do consecutive work, has become deficient in power of application, fickle and untrustworthy. What else could be expected from the life which he has been compelled to lead? He needs, above all, development, direction, and control.'

The colony system is, as you know, very similar to the cottage home system for children, and it meets all the necessities of the case, because it provides those primary necessities—classification and employment. The largest institution for sane epileptics—a point very difficult to determine in the treatment of the epileptic is where sanity ends and insanity begins—that I have visited is the Craig Colony, belonging to the State of New York.[1] There you have, besides the administrative block, workshops, power-houses, farm buildings, no less than twenty-one cottages for patients; the number of patients accommodated in each is as follows:—

Number of Cottages—	1	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Number in each—	8	11	13	15	16	17	18	21	28	30	31	32	34	35	40	42	55	94

It is evident that with a number of 'cottages' like this you can classify your cases in a far more complete manner than you possibly can in a barrack asylum. In the latter the patients have too often to associate with uncongenial companions, and we who are in health know what a terrible source of

[1] State Institution in the United States corresponds to our County Institutions, and County Institution to our Union Institutions.

irritation that is to us; what, then, must that be to the unstable brain of the epileptic? As Dr. Wigglesworth said, the idea of the colony is to provide something as near as possible to a *home*. By more complete sub-division and classification those whose tastes, habits, interests, and occupations are similar are enabled to associate and live together apart from others; thus farm-labourers live and work together near the farm, laundry-patients near the laundry, kitchen and garden workers the same. Still more important, in his opinion, is the fact that, as regards the attendants, the division of attention among many tends to lessen the personal and individual interest in their patients, while the more concentrated attention to a few in a small house, and a healthy rivalry between different houses, would be likely to rouse feelings of interest in their charges individually which are unknown under the condition of large wards in asylums. Not only is individual interest of an attendant in his patients likely to be of value, but individual interest of the patient in himself is of importance. It is this individuality of treatment that we want to develop, and having seen most of the epileptic institutions of Europe and the States, I am thoroughly convinced that the colony system is the best yet devised for the care, comfort, and economic welfare of the patients for whose welfare we are responsible.

(*See Summary of Discussion, page* 421.)

THE CHALFONT COLONY FOR EPILEPTICS

By FLETCHER BEACH, M.B., F.R.C.P.

Physician to the West End Hospital for Nervous Diseases, London; Physician to the Chalfont Colony for Epileptics; Physician to the National Association for Promoting the Welfare of the Feeble-Minded; Formerly Medical Superintendent of the Darenth Asylum for Imbecile Children

The Chalfont Colony is managed by the National Society for the Employment of Epileptics, and it will perhaps be interesting to you if I detail the steps by which it came into existence, and the progress which has been made up to the present time.

As the result of many committee and drawing-room meetings, attended by physicians of eminence and others interested in the question, an Executive Committee was formed, the members of which determined to appeal to the public for sufficient funds to enable them to establish homes where sane epileptics may be provided with suitable employment under proper supervision. On January 25th, 1893, a meeting was held at the Mansion House under the presidency of the Lord Mayor, at which the late Sir Andrew Clark, Sir James Crichton Browne, Mr. Brudenell Carter, Dr. Ferrier, and

Dr. Buzzard addressed the meeting and spoke warmly in favour of the society. In order to carry out the idea it was thought desirable to purchase, or to rent with the option of purchasing, some land of about 100 acres within easy distance from London, and if possible with a house and cottages on it.

It was proposed[1] 'to provide a home for those necessitous epileptics who are able and willing to work, but for whom their friends are unable to procure employment on account of the affliction which bars their admission into ordinary fields of industry. It is intended that cottages should be arranged for these, and should each accommodate from 10 to 20 epileptics. The sexes would be separated, and the children from the adults. Market-gardening, spade and barrow labour, cow-keeping, dairy-work, and poultry-farming would be the first industries, and later on would follow boot-making, carpentry, book-binding, printing, and other industries; and for the women, laundry-work, sewing, cooking, and various domestic services: all would be employed in the manner best suited to their condition.' It was intended to provide for the needs of the poor at first, but later on to receive as boarders those of a higher standard in society, and possessed with means with which to pay for the advantages they would obtain by residence in the homes. I hope to show you that most of the objects above proposed have already been attained.

As a result of the Mansion House meeting, it was decided[2] 'to establish in England a colony for epileptics capable of work, on the same lines, as far as circumstances shall render advisable, as the industrial colonies successfully carried on near Bielefeld, in Germany, and elsewhere.' The Lord Mayor, Alderman Knill, was able to state before the close of the meeting that he had received subscriptions and donations amounting to about £2500, and he read a letter to the meeting from Mr. Passmore Edwards, in which the latter sent a cheque for £1000 and promised to pay the remainder of the purchase-money as soon as a suitable farm of about 100 acres could be purchased. Many farms were visited, and at last Skipping's Farm, Chalfont, St. Peters, Buckinghamshire, consisting of 135 acres, was visited, and found to be very suitable for the purpose. It stands at a height of nearly 400 feet above the sea, and is easily accessible from London and a large part of the country, and at the same time is not too near any large town. The water-supply is pure and abundant, and the soil very productive. Skipping's Farm was decided upon as a site for the colony, and Mr. Passmore Edwards added a donation of £1000 over and above the purchase-money. An arrangement was made with the tenant of the farm, who was to go on cultivating it, but giving up to the society

[1] 'The Objects and Scheme of the Society,' 1894.

[2] Report of Proceedings at a meeting in support of the National Society for the Employment of Epileptics, held at the Mansion House on Wednesday, Jan. 25th, 1893.

from time to time such parts of the land as might be required. Four acres were taken into possession at once and planted with fruit trees. There was no house on the farm capable of being used for the immediate reception of colonists, and as a long time would elapse before brick buildings could be erected, an iron building was put up, capable of accommodating 18 men, in addition to the staff. It was arranged that only two or three men should be received at first, and the others singly, so that the newcomers might be absorbed into the little community. At the end of 1894 there were 14 men in the colony, and a brick building was being erected to accommodate 18 colonists. Under the superintendence of the tenant a building was in course of erection as a workshop and store-house, and some of the colonists were employed in carpentering, painting, and other work connected with it. The land was also being cultivated by the colonists under the management of a gardener who had been appointed.

At the beginning of August 1895 the building above referred to, called the Passmore Edwards' House after the name of its founder, was occupied by 18 male colonists, bringing up the total number of the little community to 36. In order to provide opportunities for work during bad weather an iron workshop was erected in addition to the brick workshop built in the previous year.

On May 26th, 1896, Lord Addington, the Provincial Grand Master of Buckinghamshire, laid with Masonic honours the foundation-stone of Eleanor House for women colonists, named after Mrs. Passmore Edwards, the wife of the donor. At Michaelmas the whole of the farm was taken over, and in December of the same year the recreation hall, given by Mrs. Cash, was opened.

In the year 1897, His Royal Highness the Prince of Wales, then His Royal Highness the Duke of York, accepted the presidency of the society. During this year a laundry was in course of erection, and Mrs. Dearmer kindly gave £1000 to provide a small sanatorium for patients whose health or mental condition may temporarily require rest and quiet. On May 1897 Mr. Bayard, the American Ambassador, laid the foundation-stone of a new home for men, called 'Victoria House,' and Mrs. Bayard formally opened 'Eleanor House' before referred to. The laundry had by this time been built, and a number of women admitted into Eleanor House worked in the laundry, while others were occupied in housework and needlework.

At the beginning of 1898, there were 48 colonists in residence, but at the end of the year there were 36 men and 24 women, the Eleanor House being then completely filled. In May of this year the Victoria House was opened by the Duchess of Marlborough, while the foundation-stones of homes for boys and girls were respectively laid by the Duke of Marlborough and Mrs. Passmore Edwards, wife of the donor of the three homes. When the Victoria House was ready for occupation the colonists from the iron building

first erected, and which had been named Alpha House, were transferred to it, in order that the latter might be utilised for temporary use as a central kitchen.

In 1899, their Royal Highnesses, the Duke and Duchess of York, now the Prince and Princess of Wales, opened four homes: Milton House for 24 boys, Pearman House for 24 girls, the Greene Home, presented by the donor of that name, for 24 men, and the Dearmer Home for patients requiring special care and treatment. It was confidently expected that the homes for boys and girls would soon be opened for the purposes for which they had been designed, but unfortunately during this year the Elementary Education (Defective and Epileptic Children) Act was passed, and one of the provisions of it was that no home should contain more than 15 children, and that there should not be more than 60 children in four homes. For this reason the Milton and Pearman Homes were not occupied by children, but the former was used for epileptic youths of fourteen and upwards, and the latter for girls and women. Although the Committee could not admit children, yet they were so convinced of the advantages to be gained by residence in the colony that they admitted several boys aged fourteen, who were, as just mentioned, placed in the Milton House. Classes were held during the winter months for them, at which they were taught elementary subjects, and some botany and natural history. These youths have done remarkably well, and have been improved, not only in their physical condition, but with regard to the disease from which they suffer. Similarly, the girls have shown the great advantage which the colony system has over routine methods of treatment usually provided for epileptics when the disease commences. As to the women, the influence of the colony system is very marked, and improvement is more apparent than in the case of male epileptics of adult age.

In the year 1900 some money, to the amount of £2800, which had been given for the erection of a new home for women colonists, was applied, with the consent of the donor, to the purchase of an adjoining farm consisting of 75 acres. It was clear that the time would soon come when the 135 acres belonging to the colony would be insufficient, and it was thought advisable that when an opportunity offered itself more land should be acquired, and this was accordingly done; so that now the total area of the colony is 210 acres. A home for convalescents and others requiring temporary care, the funds for which were given by an anonymous donor, was also begun. With regard to the number of the colonists, at the beginning of the year there were 90, but at its close there were 134—the Milton and Pearman Homes having been opened.

During the year 1901 the convalescent home adapted for the accommodation of 24 male patients was completed, and a Hampshire gentleman volunteered to build a home at the colony for the benefit of Hampshire

patients, to be called the Hampshire House. By a rearrangement of the beds in one of the homes, two more beds were added, so that at the end of the year there was accommodation for 136 colonists.

In the following year, 1902, the convalescent home was opened, but as the applications for this particular class were so few, the donor consented to the vacant places being filled up with ordinary colonists as so many of these were waiting for admission. Mrs. Dearmer also consented to a proposal that the Dearmer House, which was not immediately required for the object for which it was built, should be used to provide accommodation for 12 additional women patients, so the house was furnished, opened, and the women moved into it. In this year, too, an Act for Amending the Elementary Education (Defective and Epileptic Children) Act, 1899, was passed, so that the restriction that only 15 epileptic children should be received into any home is removed. Mr. Passmore Edwards has kindly offered to build two homes, one for boys and one for girls, and these will be built as soon as some more immediate needs, such as the construction of a dairy and the erection of an engine-house and engine, contiguous to the administrative block and laundry, have been finished. At the beginning of the year there was accommodation for 136 colonists, but the opening of the convalescent and the Dearmer Home provided accommodation for an additional 36, making 172 in all, 116 being males and 56 females.

The Hampshire House is now opened and room for 196 colonists is made. The laundry has been doubled in size, two additional cottages have been built for employés and their families, and enlargement of the recreation hall has been completed. Mr. Passmore Edwards has also offered a donation of £3000 towards the building of an administrative house, which is much needed, and the building of this is now proceeding.

The male colonists are employed not only in gardening, farm-work, and carpentering, but also in plumbing, painting, bricklaying, smith's work, basket-making, tailoring, and boot-mending, the workshops having been added to from time to time. On the female side the chief forms of work are confined to the house, the laundry, and needle-work. I think you will agree with me that what was intended to be done when the colony was commenced has so far been carried out, and that homes for children would now have been at work had it not been for the provisions contained in the Elementary Education (Defective and Epileptic Children) Act, 1899, now happily amended. There are now, including the Hampshire, Convalescent, and Dearmer Houses, nine houses in the colony, and when the administrative house is finished the colony will be provided with all of the essentials for work, but additional homes are urgently needed. It should be remembered that only sane colonists are admitted. Further information respecting the colony can be obtained from G. Penn Gaskell, Esq., the Secretary, National Society for Employment of Epileptics, 12 Buckingham Street, Strand, London, W.C.

It seems hardly necessary in these days to insist upon the necessity for colonies for epileptics. Before they were erected epileptics grew up in idleness and ignorance, and were apt to brood silently over their isolated and helpless condition. Even if they did succeed in learning a trade, there was great reluctance in employing them, and the consequence was that they could not find employment, their hope and energy broke down, and they sank into a condition in which they were entirely dependent upon others for their existence. Female epileptics not only suffered from the physical and mental deterioration of the opposite sex, but were liable to advances being made to them by unprincipled men. Epileptic children, too, are prevented from attending school, as their fits have a disturbing influence upon other children and they grow up uneducated. They are not only idle, but as they may be run over in the street or fall into the fire, others have to remain at home to look after them. By removing the adults to a colony employment is found for them, their health improves, the fits diminish, and they lead happy and contented lives. As far as children are concerned, they are capable of great improvement, and the experience at the Maghull and Meath Homes in this country, and the Zurich and Bielefeld colonies abroad proves this. The result of the teaching at Zurich is that the children 'learn to muster up and exercise their distracted faculties, to master themselves, to be punctual and obedient, and to find pleasure in regular activity.'

Notwithstanding what has been done many more colonies will require to be erected to meet the demand upon them. It is calculated that there are 40,000 epileptics in the United Kingdom, and of these no doubt a large number reside in workhouses, which I need hardly say is not the proper place for them. They simply deteriorate, and often end their days in the lunatic wards of the workhouse or in an asylum.

(*See Summary of Discussion, page* 421.)

EPILEPTIC COLONIES

DR. FRASER, PAISLEY

IT has been considered strange that England, noted for the public spirit and benevolence of its people, has been so late as compared with France and Germany in recognising the claims to special help of the sufferers from epilepsy. It is, however, still more surprising that in Scotland we have only now, sixteen years later than in England, got the length of the plans for the first home in our projected Epileptic Colony at Bridge of Weir, in Renfrewshire. In Scotland we are specially satisfied with the arrangements made for the home care and treatment of destitute children, and the rational and hopeful treatment, also in private homes, of a considerable section of our insane poor.

In this connection, and as part of the history of our first Epileptic Colony

in Scotland, I would like to refer to the remarkable colony at Bridge of Weir, known as the Orphan Homes of Scotland, founded by the late Mr. Wm. Quarrier, from which grew, in quite an orderly and almost inevitable way, two sanatoria for consumptive women, and the proposed Epileptic Colony.

In 1871, a year before Von Bodelschwingh began his work at Bielefeld, Mr. Quarrier opened a refuge for homeless boys and girls in an old workshop in Glasgow, rented and fitted up for the purpose. . . .

To-day the children's city—it might also be called a garden city—which he built, contains 58 buildings, where 1350 children are housed. Their homes are pretty, well-built villas and cottages, scattered over a pleasant and healthy countryside by the banks of the Gryffe, about ten miles to the west of Glasgow, with a handsome, church, school, workshop, and a brig-rigged ship, where a number of boys are trained as sailors, so far as that can be done on land. Fourteen thousand orphan and friendless children have been helped and trained since the opening of the homes, with excellent results.

No one has ever been asked for money, and no collectors sent out, an occasional letter to the papers being the only intimation as to the work and the necessities of the institution; and yet £1660 was received in voluntary contributions the first year and 93 children were helped. The cost of the homes and other buildings has been £250,000. There is no endowment and no debt, and seldom more than a week's provision on hand. There has never been a deficiency, and every year has closed with a balance on the right side. . . .

He opened his first consumptive hospital in 1894, and now there are two, with beds for 80 women, built at a cost of £60,000, and there are funds on hand now almost sufficient to build one for men; 870 patients have been resident, and at an associated dispensary in Glasgow 3645 patients have been helped.

The occurrence of cases of epilepsy amongst the children directed his attention to the pressing need for an epileptic colony, and after some years of waiting he, last year, a few months before his death, was able to buy a farm of 213 acres to the west of the homes, at a cost of £9800, and there is at present fully £2000 in the hands of his trustees for the erection of the first home, which is to be gone on with immediately. . . .

It is the very excellency of our provision for the accommodation in poor-houses and asylums and imbecile institutions of epileptics, who elsewhere were neglected until provided for in colonies, that has made the urgency of this question with us less than it otherwise would have been. . . . At Larbert, for instance, there are 44 epileptics amongst the 273 imbecile children who form its population, and neither at Bethel nor anywhere else can the treatment and education given at Larbert be excelled if even equalled. . . .

Several years ago I suggested to the asylum committee of the Parish Council of Paisley that they should found a farm colony for the treatment

of insane and epileptic patients, and concluded my appeal with a strong plea for the epileptic. . . . No matter how liberal may be the views of public or State-controlled bodies, their progress, where any new departure is to be made, must necessarily be slow and halting, not so much because officialism tends to red tape, but because they must always wait for the ripening of public opinion to enable them to undertake the expenditure involved in providing the more or less fully developed schemes which they unfortunately, I think, appear always to consider necessary. That the State can do this work well is strikingly shown in America where many epileptic colonies have been founded, and in particular by the establishment of such institutions as the Ohio Hospital for Epileptics, and Craig Colony in the state of New York. Fortunately for America, social conditions and prejudices, born of use and wont, are not so deeply rooted as with us, and enlightened public opinion, when it is roused, appears to influence the legislature more easily and effectively than with us; but even granting this, there should be no difficulty here in Scotland where the soil is so well prepared, in our being able to get what we want in the way of a colony of a type such as the above referred to Craig Colony. Yet to private benevolence—not to State aid—must we turn to obtain the means to provide Farm Colonies for the treatment of sane epileptics, leaving to rate-supported institutions the treatment of the idiot, imbecile, and insane epileptic.

It is not to State aid or initiation that we owe the beginnings and the most striking developments of practical help of the 'home' or colony kind to the long-neglected victims of this disease, with its distressing symptoms, its social disabilities, and its too often hopeless future, but to the working of a great faith in the hearts of a few devout men to whom the cry of the epileptic appealed, as did the cry of the woman of Canaan to the master—'Have mercy upon me, O Lord, thou Son of David,—my daughter is grievously vexed with a devil.' To this cry Pastor John Bost of La Force, near Bordeaux, felt compelled to listen forty-two years ago, when, after refusing many pathetic appeals to admit epileptics to the homes for destitute girls, which he had founded some time before, he opened a home for epileptic girls, followed in a year by one for boys. Neither poverty nor the hardness of the task could hinder the man who, rather than send away the idiots and imbeciles—who either ignorantly or wilfully were sent to his homes for girls—took them into his own house, and for two years served and helped them with his own hands.

But while to John Bost we owe the first epileptic home and the first attempt to treat rationally and sympathetically the epileptic (for he believed much in the healing virtues of simple, wholesome food, constant life in the open air, and above all the sovereign remedy of work), it is to the existence and example of the now famous colony of Bethel, near Bielefeld, in Westphalia, that we owe the development of the colony treatment of epileptics in Europe and America. It has been truly the mother colony to which the workers from all lands have gone, and still go, for stimulus and encourage-

ment. Its small beginning in an old cottage was the work of a German pastor, supported by the Evangelical Church of Westphalia. But to Pastor von Bodelschwingh are due the remarkable developments of the institution which have made it so celebrated as it is. This busy, prosperous colony of 5000 inhabitants, with its hospitals for the sane and the insane of both sexes; its homes and hospitals for epileptics, male and female, children and adults, weak-minded and sane; its inebriate homes; its schemes and help for the submerged; its labour colonies; its training institutions for deaconesses, deacons, and pastors; its workshops, farms, shops; its bureaus of various kinds; its hospice for strangers, forms an object-lesson of a unique and remarkable kind of what faith and will can do acting on the Christian charity and sympathy of the people. Apart from the contagion of Von Bodelschwingh's faith in himself and his methods, much of his success is due to his training and treatment of the number of devoted assistants who carry out his schemes. As he remarked to me, 'money is cold—we must have persons as well'; and of suitable persons he appears to find no lack. It is George Eliot who says somewhere—'Those who trust us educate us,' and this principle he appears to act on to the full. I see from a little illustrated guide to the colony, that he mostly attributes the happy growth and prosperity of the colony to the deeply religious character of the people of the Ravensberger country by which it is surrounded. This country gives him its sons and daughters as willing workers in the service of the colony.

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Bethel has gone on developing, as was inevitable with this kind of man and these sort of people, till now it treats, with apparently good results, diseases of the moral and social life as well as of the body and mind. Yet notwithstanding this striking progress, the devotion of its workers, and the good done, we feel that there is only one Bethel, and that only one is possible or perhaps desirable. It gives the impression of a confederation of diverse institutions under a benevolent autocrat, rather than of a harmoniously growing colony tending towards better and better conditions under the healthy specialisation which comes from devotion to one field of work.

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If we wish to see colony homes structurally of the kind best adapted to the special requirements of the epileptic, and yet pleasing to the eye, they will be found not at Bethel, but at Chalfont, St. Peters.

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The description of a visit to the Haarlem Homes for Female Epileptics is omitted for want of space, as are some comments on the influence of the religious or ecclesiastical spirit which dominates Bethel.

We should not seek in Bethel our ideals as to what our epileptic colony at Bridge of Weir should be. If we want a description of the conditions we should aim at, we shall find them in the words of the Act which was passed in

April 1894 to organise and establish the Epileptic Colony known as Craig Colony, some of which I quote:—'The objects of such colony shall be to secure the humane, curative, scientific, and economical treatment and care of epileptics, exclusive of insane epileptics; to fulfil which designs there shall be provided among other things, a tract of fertile and productive land, in a healthful situation, and an abundant supply of wholesome water.' It goes on to define the character of the structures, which are to be 'substantial and attractive, but plain, and moderate in cost, and arranged on the colony or village plan.' We are providing just such conditions at Bridge of Weir, and in addition will supply our homes with electric lighting. It is further directed that the 'superintendent shall be a well-educated physician with practical experience,' and when we require a superintendent, I am sure that is the kind of one who will be appointed. In Craig Colony there is also a laboratory furnished and equipped with all modern scientific instruments for the prosecution of laboratory work, and I see from Letchworth's *Care and Treatment of the Epileptic* that a consulting pathologist and a consulting pathological chemist have been appointed. A further proof, if any be needed, of the scientific spirit which animates the managers of this colony, is to be found in the fact that a considerable money prize, open to the profession everywhere, is given at regular intervals for the best essay on the nature and treatment of epilepsy. Yet with all this, the social and religious life of the patient is well cared for, it is not forgotten that he requires, more than others, all the comfort and hope that true religious feeling can give him. He is then only a subject for investigation in so far as that investigation can ameliorate his lot or cure him, and subserviency to such investigation he owes to himself and to society. What is meant by this investigation is simply a constant striving, under good medical supervision, to know thoroughly the bodily and mental life of the patient, so that more and more light may be thrown on the problem of the causation of the disease, and of the explosions of fits. Investigations of this kind have been going on abundantly for many years, and we are still far from the goal, but we must still go on accumulating experiences which some day will give us what we want.

What, for instance, can we make of this which has been observed at Craig Colony: 'On rainy days or in extremely cold weather, when patients are indoors and idle, the attacks are double in frequency'; or of what was told me at Bethel when being shown over their fine church, of which they are justly proud, that few, if any, fits take place in church when there are matters of great interest to the patients going on, or of what the matron of Chalfont, St. Peters, told me a few weeks ago, that no matter the excitement and hard exercise of competitive games at cricket or football, fits were rarely taken during a game. Broadly there is little difficulty in understanding what takes place in these cases if we confine ourselves to ordinary medical phraseology, but we must go deeper and make all such facts and many similar ones

enlighten us as to points in brain physiology which may ultimately have much influence on ideas as to treatment. The cures in epilepsy are as yet unfortunately few—about 2 per cent. appears to be a usual colony average—though taken over a long period and with a large number of cases better results were obtained; thus, a little over 7 per cent. of the 6133 cases treated at Bethel up till the end of 1891 were reported as cured. If cases were sent early enough, before this self-perpetuating disease, as it has been described, got the hold it generally has in the more or less chronic cases which resort to institutional or colony treatment, this rate of cure would undoubtedly be raised, though it must always remain, once induced, an intractable and recurring disease. Of far more value than cure, because more certain of accomplishment and more generally applicable, is the improvement which the hygienic life and the moral and mental discipline of the colony can always induce—an improvement in many cases equivalent to cure, in all tending to arrest the mental degeneration which is the result of the disease.

We should strive then at Bridge of Weir to get, with the view of doing the maximum of good, the early cases. We should strive too to obtain suitable homes outside for our improveable cases, particularly for those cases where to return them to their own homes would mean to return them to the neglect, the self-indulgence and the dietetic errors which mean something like sending into the swept and garnished house seven more devils. That such homes can be got I have no doubt; the supply will come with the demand, and many suitable homes will be found where the fit will not be considered a barrier to receiving the patient, and where plain instructions can be given and acted on as to diet, work, and amusements.

Always our object should be to return them not necessarily cured of their epilepsy, but made fit to live once more as others in family life and in social freedom. The colony, however, as a permanent home must be to many a necessity, but that should be for us an admission of partial failure. For that class we can, in conclusion, say with Von Bodelschwingh:—'This then is to be our object, to give them back in a measure what they have lost. We will look after their health, but we will give them a sense of home life; we will give them a sense of usefulness—they may work; we will give them family life and a sense of community—they shall work for each other. We will have a school for the children and church life for all. This place shall be their place, the church their church; above all they shall know they have a right to be ill here—no one shall be afraid of them. Let their trembling souls be comforted, and lean upon us—we will not fail them.'[1]

(*See Summary of Discussion, page* 421.)

[1] Quoted by Miss Sutter in her book, *A Colony of Mercy*.

THE SUPERVISION OF CHILDREN AND YOUNG ADULTS WHO ARE MENTALLY DEFECTIVE (IMBECILE, FEEBLE-MINDED, AND BACKWARD), WITH REMARKS ON HOME CARE

BY FLETCHER BEACH, M.B., F.R.C.P.

Physician to the West End Hospital for Nervous Diseases, London; Physician to the National Association for Promoting the Welfare of the Feeble-Minded; Physician to the Chalfont Colony for Epileptics; Formerly Medical Superintendent of the Darenth Asylum for Imbecile Children

DEALING first with the imbeciles, I propose to show what has been done for them in Great Britain and Ireland.

The first institution that was opened for them was a small school for imbecile children at Bath in 1846, under the management of the Misses White. This was probably due to the fact that Dr. Twining had created some interest in England in the Cretin children who were then being educated at the institution on the Abendberg, Switzerland. I do not know whether this little school is in existence now or not, but I notice in the last edition of the *Medical Directory* that there is one at Rock Hall House, Combe Down, Bath. This institution is under the management of the Bath Municipal Trustees, and the patients are trained and educated by a resident lady superintendent.

Even at that time little interest had been taken in the subject in Great Britain, but in 1847, Dr. Scott, Principal of the West of England Institution for the Education of the Deaf and Dumb, published some remarks on the education of idiots and children of weak intellect, in which he gave an account of the work that had been done by Séguin of Paris and Saegert of Berlin, and appealed to Lord Shaftesbury, then Lord Ashley, to erect an institution for idiots in England. In the same year an article on the subject, by Dr. Conolly, appeared in the *British and Foreign Medico-Chirurgical Review*, and two articles in *Chambers's Edinburgh Journal* by Mr. Gaskell, afterwards a Commissioner in Lunacy, in both of which a reference was made to the good work which Séguin was doing at the Bicêtre. These articles attracted the attention of Dr. Andrew Reed, a noted philanthropist, who, with the assistance of Conolly and others, opened an asylum in 1848 at Park House, Highgate, London. This building soon became too small for the numerous applicants, and it was necessary to have a branch, until one large asylum could be erected. Essex Hall, Colchester, was obtained, and some of the pupils at Highgate were transferred there. In 1853 the late Prince Consort laid the foundation-stone of the asylum at Earlswood, near Redhill, and it was opened in 1855.

The inmates at Essex Hall were removed to Earlswood, and the former place became a separate institution, and is now known as the Eastern Counties Asylum for Idiots, Imbeciles, and the Feeble-Minded, Colchester. The asylum for the Western Counties was founded in 1864, and that for the Midland Counties in 1868. In 1870 the Royal Albert Asylum, Lancaster, a training institution for the feeble-minded of the northern counties was opened, and in 1875 the first pauper school for imbecile children, the patients being for a time located at a building at Clapton, London, and four years afterwards at the institution specially built for them at Darenth, near Dartford, Kent. At this institution an important change has been made. About four years ago some of the educable children were removed from Darenth to Rochester House, Ealing, so that their education and training might be carried on in a more efficient manner. This arrangement has evidently proved successful, and now a further change is to be made. Most of the helpless cases, of which there are a large number at the school department of the Darenth Asylum, are to be removed to Belmont, and the school department will be kept for a training-school, while the adult asylum department will be used as an industrial colony, the helpless cases being also removed to another institution. I should mention that in all these institutions the patients are educated in the school-room and are employed in workshops or on the farms.

In 1886 the Idiots Act was passed in order to free the institutions already mentioned, which, with the exception of Darenth, are of a charitable nature, and certain licensed houses, such as Normansfield, Hampton Wick, from provisions of the Lunacy Acts, which formerly applied to them, and which sometimes interfered with the reception of cases. In fact, whereas formerly patients were required to be certified as lunatics before they could be admitted, the machinery required under this Act was much simplified.

All that is necessary now is a medical certificate to the effect that the patient, who may be an infant or of full age, is an idiot, or has been imbecile from birth, or for years past, or from an early age, and is capable of receiving benefit from an institution, the name of which is given, and which is registered under the Idiots Act. These charitable institutions and licensed houses became registered under the Act, and thus the admission of cases was much simplified. The great fault of these charitable institutions is that they only retain patients for five or seven years, and then these patients have to go back to their homes again. What is wanted are custodial homes, such as exist in America, in which patients, if not recovered, can be kept for life. They can be employed in various trades or on the farm and would thus lead happy lives.

Coming now to more recent times, we find that no more separate institutions have been erected, but blocks for 50 imbecile children have been set apart at the Northampton County Asylum and the East Sussex Asylum,

and an annex for 200 imbeciles has been built and occupied at the Middlesex County Asylum. In addition there are also special wards for idiots at the Hants, Kent, Durham, and Rubery Hill Asylums, and Winwick Hall has been fitted up by the Lancashire Asylums Committee for the treatment of 50 male idiots.

In Scotland there are two public institutions and a home for idiots at the Woodilee Asylum. One of the two institutions is at Baldovan, Dundee, and has been erected by Sir John and Lady Ogilvy; it was opened in 1854, and now accommodates 130 patients. The other is at Larbert, near Falkirk, and owes its origin to the liberality of Dr. David Brodie; it was opened in 1855 in Gayfield Square, Edinburgh, where it remained for four years, and was then removed to better premises at Colinton Bank, in the suburbs of this city. Soon afterwards the committee acquired nine acres of land at Larbert, and they commenced in 1861 the erection of an institution which now accommodates 270 idiot and imbecile children. This has been opened for many years and is doing useful work. The home for idiots at Glasgow District Asylum, Woodilee, was opened in 1900, and contains at present 27 inmates. It provides room for 35 patients.

In Ireland there is only one public establishment, which was founded by Dr. Stewart in 1869, and contains 62 children. It is called the Stewart Institution for Imbecile Children, and is situated at Palmerston, near Dublin.

If we take England alone, we find that provision is only made for 3000 children. This is much below 8500, the number provided by the United States of America, where nearly every state has its institution for training and educating the imbecile children belonging to it. Here, too, the institutions are chiefly supported by voluntary contributions, while the majority of those in the United States are maintained by funds supplied by the different states. It will be seen that much remains to be done in this country for this class of children, especially by Poor Law Authorities, if we are to provide asylums supported by the rates up to the level of State-aided institutions now at work in America.

Home care for this class of patients is not suitable. They cannot be properly protected from danger, and when they grow up they simply produce more imbeciles that have to be cared for, trained, and educated. Not only so, but as long as they remain at home some one has to remain there to look after them. It was noticed soon after the opening of Darenth Asylum that many parents who previously had to be supported by the rates, because of the inability of the mother to go out to work as long as her imbecile child remained at home, came off the rates, and the mother was able to work as soon as her child was admitted into Darenth Asylum. I am convinced that for this class of cases training-schools for the children, and custodial departments in the existing asylums or separate custodial asylums are needed, so that they may remain under supervision for the whole of their life.

I have omitted to mention one special class for which provision is especially required, viz., moral imbeciles. They are a difficult class to deal with, for they are often intellectually sharp and clever, but morally they are thieves, liars, full of cunning, and sometimes criminal in their tendencies. If remonstrated with they will promise amendment, but their promises are soon forgotten, and a slight cause produces a fresh outbreak. In some cases they possess manual skill and use it for bad purposes. Dr. Jules Morel is of opinion that they should be received into institutions set apart for their treatment, as they are not fit subjects for lunatic asylums, reformatories, or prisons, and in this opinion I concur. I believe the best arrangement for them would be colonies, in which they could be kept employed in trades or other work; by this means they would be able to lead happy and useful lives. If they are not kept under control they will be sure to commit some act which will result in their being sent to prison, and this, as Dr. Morel says, is not the place for them. I need hardly say that home care is quite out of the question for this class of cases.

With regard to feeble-minded children, we in Great Britain and Ireland have taken up the question of the practical instruction of this class very late, compared with what has been done on the Continent, where as long ago as 1863 an auxiliary class was established at Halle, in Germany. It was not until 1892 that special classes for these children were established in England, the first of the kind being opened at Leicester, in connection with the School Board there. Later on, in the same year, the London School Board established 'Schools of Special Instruction' for children who could not be taught by the ordinary method, and Mrs. Burgwin, who had been for some years a teacher under the Board, was appointed superintendent. Under her direction 60 schools have been opened, and there are now more than 3000 children who are being specially instructed. These schools are all day schools, and the children, in charge of a guide, attend school daily. From the last report of the Special Schools' Sub-Committee, published last December, I find that the London School Board were about to provide boarding-houses of both classes for boys and girls near schools for defectives. These homes were to meet the need of exceptional cases, some being children from bad homes, and children living far from special schools who need a home as well as a school, and some whose bad habits and want of moral sense make it desirable that they should not mix with those not so depraved. This arrangement I suppose will be carried out by the Education Department of the London County Council, which now have the charge of all London children. The Metropolitan Asylums Board, since 1897, has been charged with the care of the defective Poor Law children in London, and have established four homes for them in different parts of London, sending the children as day-scholars to the special classes. They thus have more individual care and better training than they could have in Poor Law Schools. In the provinces too, special classes have been opened, for, besides the one at Leicester, classes are in operation at Birmingham,

Bolton, Bradford, Brighton, Bristol, Burnley, Bury, Leeds, Liverpool, Manchester, Nottingham, and Plymouth. The great fault of the Elementary Education (Defective and Epileptic Children) Act, 1899, under which these schools work, is that it is permissive. It should be made compulsory on all school authorities to provide these special schools; the fact that it is permissive only accounts for its not being adopted in many places, so that it is only in use in about one-fourth of England, and epileptic children are not educated at all. Some private educational homes have been instituted during the last few years for patients belonging to a higher social class, and who also require special methods of education.

In connection with these special schools, I should mention that last October a very successful conference of Special School Teachers was held at Manchester, and before the close a Special School Teachers' Union was formed, the object of it being to arrange for further conferences being held. This shows, I think, the interest which the teachers of the Special Schools feel in their work. Another outcome of these schools has been the formation of After-Care Committees, which have been formed to care for and look after the children after they have left school. The first, and one of the most successful of these committees, was formed at Birmingham, but the work is also carried on at Leicester and Nottingham. There is also an After-Care Committee in the West End of London, composed of ladies of the Kensington, Chelsea, and Fulham parishes. Last year a conference of After-Care Committees was held at Leicester, and this year at Birmingham, to discuss After-Care, and next year it will be held at Nottingham. At Birmingham it has been decided to provide two boarding-schools for some of the children who attend Special Schools. In the opinion of these After-Care Committees it is thought best to provide boarding-schools for some of these children, and afterwards industrial colonies, so that they may be prevented from increasing the number of feeble-minded children. Nothing has been done up to the present with regard to building boarding-schools and industrial colonies, because the Elementary Education (Defective and Epileptic Children) Act before alluded to, contained a clause limiting the number of children in a building to 15, and in a home to 60, but this clause has been repealed so that the number in the house is not now limited. At Manchester two homes containing 20 patients each, one for boys and one for girls, have been erected by the Lancashire and Cheshire Society for the permanent care of the feeble-minded, and there is no doubt that for many cases a permanent home is much required. From what has been said it appears that the trend of opinion in England is that home care is not suitable for this class of cases, but that permanent homes, boarding-schools, and industrial colonies are much required. For some years past small homes for the reception of feeble-minded girls have been established by philanthropic ladies in different parts of the country. It was found that many girls on leaving public elementary schools at the age of fourteen, or poor law schools at sixteen, were apt to go wrong

because they were mentally feeble, and at last came into the workhouse to be delivered of a child. In some cases the same girl would come into the workhouse again and again, as there was no power to detain her. Many ladies, becoming acquainted with this state of affairs, opened homes into which these girls have been received and trained in laundry, domestic, and other industrial work. There is no power of detention, but there is no necessity for it, for their lives are rendered so happy that they seldom make attempts to escape. In 1896 the National Association for Promoting the Welfare of the Feeble-Minded was formed, at first under the presidency of the Duchess of Sutherland, and now of Lady Frederick Bruce, and the chairmanship of Mr. Dickinson, a member of the London County Council, in order to co-ordinate these scattered institutions, and to endeavour to arouse further interest in these cases. Since its formation it has opened two homes, one for adult girls and one for adult boys, the girls being employed in laundry, kitchen, and domestic work, and the boys on the farm, or orchard, or in the house. Including these homes there are now no less than 15 which carry on this useful work, and as they are certified by the Local Government Board, and visited by their inspectors, and in the case of the two homes just mentioned by physicians specially appointed for the purpose, we may be quite sure that the arrangements made for the comfort and welfare of the inmates are as perfect as possible. At present I believe these arrangements, as well as those for the special schools, are limited to England, but it is to be hoped that arrangements may be made by which the benefits of special schools for feeble-minded children, and homes for feeble-minded adult girls and boys, may be extended to Scotland and Ireland. It is quite certain that for these adult feeble-minded cases home care is not desirable.

I have purposely limited my remarks to the arrangements made for the supervision and care of children and young adult imbeciles and feeble-minded cases in this country, as time does not permit me to state what is done for them on the Continent and the United States of America.

(*See Summary of Discussion, page* 422.)

A paper in this Section by Dr. Conolly Norman will be found at end of Volume after French Papers.

For French Papers read in this Section see French Papers, separately paged, pages 1, 105, 128, 141, 152, 157, 175, 186, 193, 195, 197, 212, 219.
See also Résumé—Pour les Aliénés, page 225.

RESOLUTIONS

THE following Resolutions were passed at the Sectional Meetings :—

SECTION I.—CHILDREN

I. 'That, in the opinion of this Congress, measures be taken to obtain an amendment to the present Inebriates Act, to the effect that if "continued neglect of children by parent or guardian, through intemperance, be proved, such parent or guardian may, on conviction, be committed to a home for Inebriates."'

II. 'That, in the opinion of this Congress, a State Children's Council should be appointed by Government, either as a separate department or as an extension of the Education Department, with powers, for the promotion and control of all measures relating to children, with a special view to the codification and amending of existing Acts. Also for the promotion of any further measures in Parliament that may be found necessary for the good of the nation through the children, who constitute the asset on which the future of the State depends.'

III. 'That, in the opinion of the Congress, a small committee be appointed to frame a Bill to consolidate and amend the existing law relating to children, and to provide for Juveniles Courts and a Probation Law, and conferring on such courts jurisdiction over all cases in which children are concerned; and that this Committee do all in their power to insure that meantime all such cases be tried at a different time or in a different place to adults, and that children be kept apart from adults, before, at, and after trial.'

IV. 'That this Conference heartily welcomes the provisions of the Scottish Education Bill dealing with the care of epileptics, cripple and defective children, and trusts that the Secretary for Scotland will adhere to his proposal that the powers conferred upon School Boards in this matter shall be compulsory.'

SECTION IV.—SICK ADULTS

I. 'That, in the opinion of this Section, organised effort against Tuberculosis is required. The Section believes that this would be effected by the establishment of properly equipped dispensaries under the direction of the municipalities or local authorities.'

II. 'That, in the opinion of this Congress, the time has now come when, with a view to the proper direction of charitable effort and the prevention of hospital abuse, a closer relation should be established between hospitals, dispensaries, the medical profession, and the public, for the regulation of indoor and outdoor relief of sick poor, by the institution in every centre of a general hospitals' committee, composed of (1) representatives of hospital, dispensary, and nursing boards, (2) hospital and dispensary staffs, (3) general practitioners, (4) contributors, (5) wage-earning members of the community, for the purpose of determining, *inter alia*, (*a*) conditions of admission to hospital and other medical relief, (*b*) the collection of revenue, (*c*) the prevention of overlapping, and (*d*) such other questions as experience may suggest.'

Résumés et Conclusions Générales under the various Sections, by Foreign Members of the Congress, will be found on pages 222-228 of French Papers.

FIRST GENERAL MEETING

LABOUR COLONIES: A SOLUTION OF A SERIOUS SOCIAL PROBLEM

By COLONEL D. C. LAMB

For five years Resident Governor of the Salvation Army Industrial and Land Colony at Hadleigh, in the County of Essex, England; Licensee of Victoria House, Retreat for Inebriate Gentlemen in Thundersley; Poor Law Guardian (Rochford Union) etc.

The idea of Labour Colonies as a practical solution of the Social problem of the unemployed and 'unemployable' is steadily gaining ground. The idea, of course, is not new, even in this country, where it has been advocated as far back as the beginning of last century, and the Labour Colonies of the Continent, in Holland, in Germany, in Belgium and elsewhere, have long been known to the student of Sociology. It is, however, only of recent years that we have had experiments on a large scale in Great Britain:—at Starnthwaite, Westmoreland; Mid-Locharwoods, Dumfriesshire; Lingfield, Surrey; and that of the Salvation Army at Hadleigh in Essex. Others have come into existence, and, alas, some have also ceased to be within the last twelve years.

These Colonies are, however, an evidence of general dissatisfaction with the present state of affairs (accentuated by the new conditions of our Social life) in so far as it affects the destitute, the derelict, the moral invalid, the routed of life's battle, the criminal, and the 'sponger'; and a sign that the utter failure of the existing laws to cope with the growing evil is generally recognised.

Officialdom, whether relieving poverty, repressing pauperism or punishing crime, was, as I suppose officialdom will ever be, content to some extent at least with things as they were. The man-in-the-street, however, began to notice that in some quarters pauperism increased in a ratio to the money spent in relieving it, that the workhouse pauperised the genuine out-of-work, and kept in laziness the able-bodied idler. Further that there were constantly thousands of men on our streets and roads unemployable partly on account of a slight physical or moral defect and partly because simply they had been out of work for a few weeks. And again that notwithstanding the large expenditure

on our prisons there was no perceptible diminution of the criminal classes or of crime. Reform was the demand.

Every reform has its object and the means for attaining it. We may think the object more or less desirable or even unnecessary; the means more or less efficacious or even useless, and accordingly advocate or oppose the reform. In view of the legislation now being asked for to facilitate the establishment of Labour Colonies, I propose in this paper to sum up, as far as possible, my experiences of a Labour Colony, and from the failures, no less than from the successes, to draw certain conclusions, and outline what I would regard for this country at any rate, and for the *worst* of the evils that confront us, an efficacious remedy.

By far the largest and most important of the Colonies in Great Britain, is that of the Salvation Army at Hadleigh in Essex, where for the past five years I have been resident Governor, and as such have had a unique opportunity of applying the great principles which I believe to be essential to success, aided by the suggestions and criticisms of our friends—and others from all over the world.

The extinction of pauperism, and especially of able-bodied pauperism, is a most complicated problem, and rightly has Henri Monod said of it, that it was a problem 'the solution of which has been attempted with the utmost perseverance and the least success.' The vagrant and 'sponger' have become a national danger, and Society must rid itself of them. The repression of vagrancy, however, is conditional on Society fulfilling certain obligations. Unless accompanied by a system of rational relief rendering vagrancy inexcusable, the punishment of it is an injustice. Society has a right to say:—'Work for your sustenance,' but the individual has a right to retort:—'Give me work.' Before punishing the pauper, you must 'Offer him work if he is able-bodied; help if he is ill; and a refuge if he is infirm.'

I believe that a comprehensive scheme of Labour Colonies would not only satisfy a public expectation but judiciously managed would solve many of the serious social problems which confront us. Before proceeding to outline my proposals let us glance at the classes designed to be benefited. They may be grouped as follows:—

1. Those who have come down through direct fault of their own or otherwise, whose boots are now worn out tramping in search of work and who have become for the time physically incapable and 'unemployable.' To them the Colony would be only a port during the storm.

2. Those with good intentions and poor wills, men without backbone, moral invalids who are all right as long as you supervise and guide them. These must be kept in the Colony as long as necessary, time being essential to their complete cure. To them the Colony must be more of a home and a moral hospital.

3. Those who have no desire but to continue the idle life of the tramp or

loafer—lazy by instinct or through force of circumstances—drunken by choice, they are the contaminating element which it must be ever our aim to entirely suppress. To them the Colony must be as an adult Industrial School, where the training would ultimately culminate in a return to civil life or in permanent segregation with the unfit.

4. Prisoners for whom it is felt by the authorities who commit them that the prison is not quite the proper place, but who must be sent there in the absence of a more suitable destination. I mention them separately, but in fact they would distribute themselves amongst the three preceding classes.

Having pointed out the classes proposed to be dealt with let us now proceed to the consideration of some of the main points involved in 'Labour Colonies' and for that purpose, I divide this part of our subject as follows:—

I. THE COLONIES.
II. THE OBJECT OF THE COLONIES.
III. SYSTEM OF ADMINISTRATION AND METHODS OF WORKING.
IV. SOME DANGERS AND OBJECTIONS.
V. THE COST.
VI. SOME RESULTS WHICH MAY BE EXPECTED.
VII. SOME ESSENTIALS TO SUCCESS.

I. THE COLONIES

Labour Colonies to be successful must provide for and deal differently with the classes just referred to, although provision could be made for some of each class in one Colony.

For a complete Scheme, four kinds of Colonies—which may or may not adjoin each other—are desirable. A central Supervising authority is essential.

(*a*) *The Voluntary Colony*, which would be a modern 'Cave of Adullam' with accommodation for men, women and children.

(*b*) *The Colony*—the Manager of which would have powers of detention—where the residents would be committed at the instance of the poor law or police officials, and where in the event of the voluntary colonies being full, the needy would, subject to the satisfaction of a magistrate, have the right of entrance by application to the poor law authority or to the police.

(*c*) *The Colony* to which the permanently unfit would gravitate. The labour would be carefully organised and the conditions made as comfortable as possible. Our present commercial system has no place for what might be termed a 'half' or 'three-quarter' man, yet we ought not to deny these unfortunates the pleasure of performing such work as they are able to do. Surely it is a national loss to keep this class in idleness when they could, by their organised labour, contribute at least something towards their cost: at any rate it is immoral.

(*d*) *The Colony* to which suitable prisoners could be conditionally discharged before the expiry of their term of imprisonment. The French have a saying:

'It is easier to keep a man in prison than it is to discharge him,' and from my experience in our Discharged Prisoners Work I endorse that sentiment to the full. Useful reform could be easily inaugurated in this direction, and ought to have the serious attention of the responsible authorities. From time to time we have received convicts and others on conditional discharge at Hadleigh Colony, but the authorities have no power to contribute to their maintenance, although we have taken the full responsibility of securing their satisfactory return to civil life.

II. THE OBJECT OF THE COLONIES

Speaking in a general sense I would say that the object of these colonies is to secure at once to each individual that opportunity of labour—with the share of God's gifts to man—suited to his capacity, and then ultimately to bring him where that capacity is likely to develop.

I have previously particularised how the colonies will, for the classes referred to, act as—(*a*) A Harbour of Refuge—(*b*) A Moral Hospital, and—(*c*) A School of Discipline.

The colonies may, in fact, be regarded as new social strata where men falling are caught, and given a chance under the best possible conditions before they are forced to choose between the prison and the workhouse.

May I also state some things which the colonies are *not* primarily designed to do:—

(*a*) The object is not to solve the 'land question,' nor the problem of the overcrowded city. They will undoubtedly help to the solution of these very pressing and perplexing problems.

(*b*) Nor is the object to pay a dividend on invested capital, 'as a business concern,' although I think that, properly managed, these colonies would prove, a real national economy.

III. SYSTEM OF ADMINISTRATION AND METHODS OF WORKING

Each colony would have a chief officer or governor who would be responsible for the general direction of all branches of work, and who ought to be constituted or constitute himself a court of appeal, and for that reason he should have a staff responsible for the various ramifications of the colony life and work. Each department would have a responsible head, acting with a comparatively free hand in general harmony with the objects of the colony. All bye-laws proposed to be issued by superintendents would be submitted for the governor's approval or otherwise, and he alone could sanction departures therefrom. Any preconceived notion as to how a man is to be saved would be fatal.

Superintendents of labour, or 'captains of industry,' ought not to have social responsibilities. They might *voluntarily* discharge certain social functions, but the relationships between the colonist and the labour superintendent

would for this purpose be that of master and man. Nevertheless care must be taken that the relationship of employer and employee, as usually understood and accepted, is not admitted between the governor and the colonist.

The social and moral and recreative staff would have no labour responsibilities—apart from those incidental to the home work of the colony.

While the labour superintendent would reward the man, or classify him according to his work, the colonist must at the same time be made to feel that good conduct is equally important.

Piece-work under certain circumstances might be tried.

On entry the man should for a few days receive food and treatment irrespective of his work or any other circumstance except his need. Obviously all entrants would not receive the same treatment. Care should be taken to guard against loafers. Each man should be classified as quickly as possible, but not in too great a hurry. He will soon see that food and comforts have a definite relation to work and conduct, and even before he experiences that fact the knowledge of it will affect his mode of life.

It should always be borne in mind that work is honourable, and should not be considered by the management as a punishment.

When every care and precaution has been taken it will generally be found that a good man under a bad system will turn out more satisfactory work than a bad man under a good system.

The labour superintendent would at the close of each day give the colonist tokens or counters for food and lodging according to his work. If the minimum (fixed by the governor) has not been reached the colonist would, as a matter of right, go to the home superintendent, who, if the conduct of the colonist has been satisfactory, and he has not been reported for laziness or any breach of regulations, would assist him to the extent of the minimum.

The tokens or counters should be available for food, lodgings, and clothes, or exchangeable by the home superintendent for cash, if he considers it necessary or desirable.

At the dining-room the food bar would afford a variety of food at fixed prices, and it is important that the colonist should, as far as possible, have the choice of his food. The beginning of his independence will often be found here. He may choose a light breakfast, and he may take away a lunch. He may deny himself to purchase clothes, or sweets, or a newspaper, or tobacco, or to send to his wife or other dependant.

A maximum for food as well as a minimum should be fixed. Earnings or grants over and above the maximum could be paid part in current coin of the realm, and part deposited to the credit of the colonist against the day of his departure. He ought to be taught to spend as well as to hold money. It would be fatal to keep him for a year or so without cash and then put several pounds in his hands.

Loans or advances for clothing, boots, etc., might with advantage be arranged, but great care should be taken to prevent undue temptation to new arrivals.

IV. SOME DANGERS AND OBJECTIONS

The conditions as to hours of labour, food, and general comfort, must not be such as to prove unfairly attractive alongside those of the outside world.

I think the men on these colonies have a right to produce and enter into competition in the open market, although great care must be taken to see that in the placing of the produce on the market no hardship to any individual is involved.

Married people have often declared to me that they would prefer life on the colony at 18s. a week to life in the town at 30s. This may be objectionable, but it is not dangerous. The life was simpler, and there was the social and friendly feeling which counted for a good deal.

With careful thought at the inception of a colony no local industry need be interfered with, and the cry that a neighbourhood is likely to be depreciated by the founding of a colony is in my judgment not likely to have any justification—the contrary is likely to happen.

V. THE COST

The question of cost is a very important one, but also one very difficult to answer, as no general answer could be regarded as satisfactory or reliable.

The question divides itself naturally into two parts :—

1. The first cost or capital outlay.
2. The maintenance charges.

1. Let us first consider the Capital Outlay. If you will look at say four probable colonies you will, I am sure, readily perceive the uselessness of attempting an estimate which would be applicable to all.

(*a*) *Derelict farms* which can be purchased cheap, at say £10 an acre, but which would have the disadvantage of being distant from any large town; probably badly situated as far as roads are concerned, and perhaps without the necessary water supply. With regard to the stocking of such farms only one half the outlay necessary for market-garden purposes would be required if stocked for farm purposes.

(*b*) *Farms in good condition*, with all the advantages attaching to such, would cost probably as much as £100 per acre, but when viewed from certain standpoints might prove cheaper than derelict farms, whilst the prospects of an immediate return would appeal to not a few.

(*c*) *Waste land for public improvement.*—Near many of our large towns there are hundreds of acres of land covered with unsightly heaps of rubbish—the bye-products of mines, quarries, etc. These might be levelled and converted into recreation-grounds or gardens, and made attractive instead of the

repulsive objects they now are. In this case there would be no first cost beyond the buildings necessary to accommodate the colonists during the ten or fifteen years taken to complete the work.

(*d*) *A City Colony.*—Not only do we find in a town the widest possible range in the prices of buildings, but the capital outlay would also be largely affected by the industry or industries to be carried on.

2. Let us next consider the Maintenance Charges.—Here again the varied circumstances make reliable estimates impossible. At Hadleigh the average man contributes little or nothing towards the cost of his food for the first three months; for the next three months he probably earns his food, but nothing towards the establishment charges. After that period the man becomes a valuable asset, and soon passes back to the world, making room for another wreck.

The Government of this country now grants out of Imperial Funds a *per capitem* contribution towards the maintenance of Habitual Drunkards in Inebriate Reformatories, and it is not unreasonable to expect similar help for habitual vagrants and such like.

At the Belgian colonies, with a population of 4000 to 5000, and where powers of detention ensure a certainty of labour, a State contribution of 1 franc 50 centimes for the aged, and 60 centimes for the able-bodied per diem, enables the management to pay *all* outgoings, and to provide for certain extensions, which under certain circumstances might reasonably be charged to capital account.

At one of our city colonies in London, where 200 men are usually employed —some at carpentry, some at waste-paper sorting, etc.—the cost of food (raw materials) per week per man amounts to 4s. 6d. The lighting, heating, cooking, etc., costs 2s. 6d.; the rent, rates, taxes, and cost of administration amount to 3s. 3d.; a total of 10s. 3d. The earnings of a man amount to 8s., showing a net loss of 2s. 3d. per week per man. This does *not* include interest on capital or charges for depreciation.

On the question of cost the late Sir Walter Besant made some very appropriate remarks:—'Every man,' he says, 'who does not work lives on the labours of other men. If a wastrel of London streets devours and consumes and uses up, one way and another, in a year, at least £40 worth of food, drink, clothes, light, fire, and shelter, he ought to produce by his own work at least £60 worth of something or other; so that every such idle and worthless creature is a dead loss to the community of £100 a year. If 260 of these creatures are converted from ways of waste to ways of carefulness, there is a saving to the community of £26,000 a year in clear money . . . If the deficit were £10,000 a year the country would still save £16,000 by the process. . . .'

'Most of my readers will agree with me, however, that this is not the best or the truest estimate of the gain to the community. By the gain or rescue of

one hundred men—less the failures—who were quite fallen, degraded, and apparently hopeless, the gain to the country of every single case can never be estimated, can never be measured by any standard; it is the gain of an example; it is the gain of children and grandchildren—one knows not how far and wide the gain may reach—brought up in honesty, with the example of honesty and temperance, it is the gain of one more man on the side of order; it is the gain of infinite possibilities in the direction of good rather than of evil. These gains can never be set down in figures or estimated by dollars.'

VI. SOME RESULTS WHICH MAY BE EXPECTED

By the establishment of a complete system of labour colonies, a more humane and practical administration of the poor laws would be rendered possible.

Prison reform also is likely to be hastened when it can be shown, as would be the case with successful colonies, that the moral and financial results were satisfactory.

Intermittent labour, with all its demoralising effects, would be considerably lessened.

The emigration of desirable persons to suitable places, which is one of the necessities of our empire, would be facilitated and furthered by the creation of labour colonies.

The realisation of the scheme would clear the ground for a consideration of the 'unemployed' question with a reasonable hope of amending the present state of affairs in so far as it affects organised and unorganised but able-bodied out-of-works.

The 'utilisation of waste' in men who are in some cases quite fit, while in others perhaps partially unfit, would be an important economic result.

VII. SOME ESSENTIALS TO SUCCESS

1. The sites of the colonies must have some natural beauty, and moderate proximity to a town. They should be on a scale sufficiently large to secure a population which will save the undertaking from the monotony and other disadvantages peculiar to small hamlets, and at the same time economise to the greatest extent the cost of administration. (I would say a population of about 500 as a minimum, and 1000 or 1200 as a maximum, although further experience might modify these views.)

2. Colonies must in their management be commercially sound, and aim at self-support, but not necessarily at being self-contained if the best moral results are expected. Apply the business standard to all work. If there is a loss, know where it is and why; but keep steadily in view the real objects of the colony.

3. Management by religious or philanthropic societies on account of the

elements of self-sacrifice in the workers thereby secured, and the greater freedom of appeal to the religious sentiment of the colonist. A good governor, an efficient staff, and the hallowing influence of good women by staff appointments wherever possible. True sympathy for the colonists, no patronage, no premium on religious profession (unless it be harder work), and hope for the worst should be watchwords.

Now with regard to *Hadleigh*.

For a description of one aspect of this colony, let me quote from *The Farm and the City*, by the late Sir Walter Besant.

'I was standing on a gentle slope rising slowly out of the uncompromising levels of the Essex marsh and the mud of the foreshore. Beside me stood up against the clouds the shapeless ruins of an old castle; behind me were the orchards of a four years' growth, their harvest over, their work for the season done; at my feet the ebb-tide had left the expanse of mud bare and wet, glittering here and there with strange gleams of light; behind the mud lay Canvey Island, its flat meadows seeming lower even than the mud of the low tide; beyond Canvey rolled the broad river on which the ships go up and down all the day and all the year round; beyond the river one could see the mouth of the Medway and the low cliffs of the Kentish shore. The ebb was quite finished; the autumn sky was grey, but brightened by the frequent appearance of a cloudy and shaded sun, as of a lamp with a gauze upon it: this coming and going of the sun caused that glittering of the mud, and drew those silver lines across the levels. All these surroundings, the strange prospect of a stretch of bare mud that was not unlovely, the gleams of light, the splendid river, father of wealth and fosterer of industry, the blue hills in the distance, suited the place, and the mood called up by the place, and the meaning of the place. For here around me were the ruins of an abandoned past; here was a new life springing up; here were hapless, dreary, sorrowful stretches of barren mud, yet touched with light; here, though the sky was overcast, the colours of earth and air and water were tinged with a gentle melancholy; though the very light of day was sad, yet the sunlight intervened, and the clouds, if you looked up, were slowly, slowly falling away to the west, leaving in the east the promise of a golden rose of dawn.

'For this place was none other than the farm colony, the farm of Hadleigh, part of the great scheme of General Booth, of which the world has heard so much, of which the world as yet understands so little.'

The population of the colony, men, women, and children, is usually about 550. The colony itself can never be adequately described—it must be seen. It consists of about 2000 acres of land and 1000 acres of foreshore, covered at high tides and reclaimable as 800 acres of our pleasant pasture-land have been in years gone by. The 2000 acres may be rougly divided as follows:—

800 acres pasture.

600 acres arable land.

300 acres market-garden.
100 acres fruit.
20 acres poultry; and
180 acres occupied by brickfields, buildings, roads, etc.

The stock consists of horses, cattle, sheep, pigs, poultry, etc. The best breeds are kept, and the pedigree animals are a feature of the colony. Poultry is exported to all parts of the world, and several thousands of pounds worth has been sent to South Africa during the last three years, and the highest prices are realised. The produce of forty milking cows is sold locally, as are also the fruit and produce of the market-garden and the output of the brickfields. The borough of Southend-on-Sea (four miles distant) takes the bulk. Its residential population has increased during the past ten years from 12,000 to 40,000. The total value of the land produce sold last year amounted to over £20,000.

The colonists are housed in twelve separate buildings in addition to twenty cottages for married people. The accommodation is carefully graded, and all the inducements are towards industry and good conduct. On entry, care is taken that no man is degraded in any way. From the lowest grade a man may work to the highest, and ultimately secure residence in one of the cottages on the colony.

The organisation controls the general stores, providing groceries, provisions, clothes, sweets, tobacco, indeed all necessaries, at prices current in the neighbourhood, and open to villagers, employees, and colonists alike — the bakery, the barber's shop, the laundry, the tailors and shoemaker's shops— while a library, recreation-room, day school, hospital, and other social institutions are provided.

In 'The Citadel' (seating 500 people) there are religious meetings conducted every night. Attendance is not compulsory. A social meeting is conducted every Saturday night at which attendance is compulsory. There is little difficulty in enforcing attendance, the meetings being of an attractive character and varied.

Every man is pledged to attend a place of worship once during the Sunday. He is free to attend *any* place in the neighbourhood, and those not going elsewhere are expected to come to the army hall, The Citadel, on the colony. As explained elsewhere, there is no premium put on religious profession, and hypocrites in the professional sense are practically unknown.

All colonists are pledged not to drink intoxicants or enter places where they are sold. Superintendents are engaged for particular work irrespective of anything except their ability. They must be professing Christians and abstainers. Salvationist officers are not allowed to smoke—rarely one of the rank and file does—although he is not prohibited.

The social life of the colony is most interesting and encouraging, all designed to promote friendly intercourse and good feeling between officers,

superintendents, employees, and colonists. The long winter evenings are characterised by lectures, lantern services, musical festivals, etc., while Christmas and other holidays are made the occasion of special rejoicing.

The Saturday-night 'Socials' are so popular and attractive by the voluntary talent from outside and from inside the colony that difficulty is often experienced in seating the crowd which throngs the building. When it becomes known that there is to be a special collection for a colonist whose wife and family are about to join him, seating accommodation for scores is impossible.

In the summer, outdoor recreation is organised, and our annual flower show has become one of the leading features in the neighbourhood. Over 3000 people last year paid for admission to enter the grounds where the produce of the colonists' allotments was exhibited, and where games and a horse-and-cart parade formed part of the proceedings. The Horticultural Society's prize-list included prizes for the best kept allotment, the best kept kitchen-garden, best kept house, the best kept stable and harness, and such like. The general effect of the competition instilled by this branch of work is highly satisfactory.

There is much more to be said did time permit. Some experiences I have had in the treatment of habitual drunkards and of workhouse 'in and outs' are perhaps more suited to another section of this Congress; but this let me say, that the worst of drunkards, men and women, *can be* saved, and when your workhouse loafer understands, by compulsion, if necessary, the sweets of honest toil, he will no longer be the disgrace he now is, alike to himself and to the community of which he forms a part.

Attached to this paper will be found the following four Appendices, which I think will prove interesting and useful:—

I. Particulars respecting 880 men recently discharged from Hadleigh.
II. Bill of Fare of City Labour Colony.
III. Lady Warwick's Experiment at Easton Lodge, 1902-3.
IV. Note respecting Men sent to Hadleigh by Mansion House Unemployed Committee, 1903-4.

In conclusion, I will give a brief outline of two cases which I venture to think will interest, and at the same time serve to illustrate, some of the principles for which I have been contending.

B, a churchwarden, a clever accountant and clerk, had been for twenty-five years a confirmed drunkard. When over sixty years of age, out of work, half starved and broken, he, at the instigation of his wife and children, sought admission to the colony. His was a most unpromising case. He protested his sincerity 'to be done with the drink,' as probably he had done hundreds of times before. Remembering the 'seventy times seven' injunction, I decided to give him a chance, pointing out the rough work he would have to do, for the winter was just setting in; and so he came. From the day of his entrance to

the day of his death, nearly three years later, he never touched a drop of drink, although he had many opportunities, and until within two weeks of his death, never missed a day's work. His conduct was most exemplary, and for all time that life will be an encouragement to many a wanderer.

Towards the end of the second year B had become a timekeeper on one of the brick-fields, and the wage he earned warranted us in permitting his wife to join him. B's fellow-colonists furnished a little house, and very happy his wife and he were together. Grateful as he was for all that the Army had done for him, and especially for the religious influences which he declared 'saved' him within the first ten days' stay in the colony, B never failed in his attendance at the established church; but a curious thing happened at the last. On the colony was a young doctor, struggling against a thraldom more terrible even than that of drink. He offered his services to B, who looked ill. Malignant cancer was suspected. The doctor arranged a consultation with a London specialist, and the worst fears were confirmed. B had only a few weeks to live; but the way in which he was enabled to receive his 'sentence,' as a 'man and a Christian,' converted the doctor, who subsequently became a Salvationist, struggling to live a worthy life.

The pause for an hour in the middle of the day for the funeral, the short service in The Citadel, the building crowded with men in their working-clothes, the mothers and the children, the testimonies of B's mates, the procession, headed by the band, up the lane to the quiet churchyard; the hymn-singing, and the further exhortations round the open grave, then the quiet dispersal of the men for the afternoon's work, is not likely soon to be forgotten. The widow spent the summer in the little cottage, going out nursing here and helping there, and when winter set in rejoined her children in London.

P, on his entrance to the colony, was at first bitter, abusive, and suspicious. He deemed himself an agnostic, then a unitarian; finally he was found at the Army's penitent form seeking the forgiveness of his sins. He is not yet a Salvationist, but after twelve months' uniform good conduct and hard work, he is reunited to his wife, and is making a fresh start in a new land, with every prospect of success.

The story briefly is this. A commercial traveller, thirty-three years of age, a drunken outcast in a midland city, the despair of his friends and his wife's friends—wife also, alas, a drunkard, forgetful of the days of brightness and purity, when in business in the west end of London, earning £140 a year indoor—their home a veritable Gehenna. In co-operation with a minister of the gospel, who wanted to help them, the following treatment was resolved on.

The wife to stay in one of our inebriate homes for women for six months.

The husband to go to Hadleigh Colony for the same period.

At the expiration of this time, if there had been general good conduct on

both sides, a furnished two-roomed cottage to be let to them for a second period of six months, when, if all were well, they were to be emigrated.

This course, as I have already indicated, has been entirely successful. A striking contrast occurred, I recollect, in his experience. After a few weeks' probation he asked to be put on piece-work, and earned threepence the first day. Well do I remember the fury which followed. But the contrast came when at the end of the winter he informed me that on his merits at piece-work in the brickfields, he had earned from 14s. to 30s. weekly, and I can imagine the manly satisfaction with which in their little cottage husband and wife enjoyed the fruits of honest labour.

The net cost to their friends and to the Army, including the expenses of their removal from the Midlands to London and to Hadleigh, the cost of their transport across the seas to the most distant part of our empire, and a credit of £5 to start off with, was £75—a lot of money for a poor society such as ours, but in the national economy what a first-class investment of the very best kind.

During the winter the wife undertook as a voluntary service the cleaning and arranging of the colony library and news-room, and had thus many opportunities of cheering newcomers, and encouraging them when they were a little lonely and downhearted. On the eve of their sailing they could not say much. The man spoke with sincere affection of the wheelbarrow which had been his close companion during the winter, and told us that it felt like parting with an old friend when he 'shook hands' with it on the last Saturday of his stay on the colony.

Pasted in a corner of the recreation-room, written out by our friend, are the following lines, with which I will close my paper:—

'Look not too gloomily upon the Past;
It cannot be recalled.
Live well the Present;
It is with you.
Go forth bravely and courageously in the Future;
It lies before you.'

APPENDIX I

RETURN giving a summarised analysis of the particulars recorded of 880 men received at and discharged from the Salvation Army (Main) Colony at Hadleigh, in Essex, during two recent years. Casuals staying less than one month were received at a separate branch of the colony, and treated apart from the main colony. They are not included in this return.

Age.—There were under	25	years of age				20	per cent.
"	over 25	and under	30	years of age		12	"
"	" 30	"	40	"		28	"
"	" 40	"	50	"		28	"
"	" 50					12	"

Locality of Birth.—London (Greater), . . . 50 per cent.
East Counties, ... 12 „
West „ . . . . 5 „
South „ . . . . 7 „
Midland „ . . . . 14 „
North „ . . . . 4 „
Scotland and Ireland, . . . 6 „
Abroad, ... 2 „

Social Status and Occupations.—3 per cent. could not read or write.
15 „ were from the professional and commercial classes.
12 „ „ skilled mechanics.
33 „ „ skilled labourers.
40 „ „ unskilled labourers.

Over eighty different occupations are recorded. Eight per cent. of the men had been at one time connected with the land industry. While the fact that sailors and tailors, printers and carpenters, clerks and teachers, doctors and solicitors, travellers and musicians, shoemakers and barbers, barmen and butchers, schoolmasters and miners, etc., are amongst the men received, would show that all walks of life are represented, and how easily an interesting and largely self-contained colony could be established.

Reasons for Destitute Condition (given by the men themselves) :—
22 per cent. ascribe it directly to intemperate habits.
20 „ „ „ misfortune, loss of tools, weather, crime, illness, accident, etc.
58 „ simply could not get work.

A more particular classification would probably result in two-thirds of these being classed as destitute because of their more or less intemperate habits.

THE GENERAL RESULTS of their stay (averaging about eight months), during which period every man gained in weight and improved physically very much, is shown by the following table of discharges :—

Unsatisfactory.—Dismissed for misconduct, laziness, repeated drunkenness, insubordinate, . .	6 per cent.		
Left without notice, general conduct 'bad,' indifferent, shiftless character, .	12 per cent.		
		18 per cent.	
Unfortunate—Continued incapable, and transferred to other S. A. institutions where easier or more suitable conditions prevail.			
Sent to infirmary, etc., . .	5 per cent.	5 per cent.	
Satisfactory.—Emigrated, Joined H.M. Army, Navy,	4 per cent.		
Restored to friends, . . .	6 „		
To situations found for them before leaving the colony, ...	10 „		
To look for work with fair prospects, after satisfactory conduct, and giving notice, etc., ...	18 „		
Highly satisfactory, . .		38 per cent.	
Left without giving notice, after a prolonged stay and uniform good conduct, Satisfactory, . . .		39 per cent.	
			100 per cent.

APPENDIX II

A WEEK'S BILL OF FARE AT A CITY LABOUR COLONY

	Breakfast.	Dinner.	Tea
Thurs.	Porridge or cold meat, tea, and bread and butter.	Roast meat, potato, beans, currant roll, tea.	Bread and butter, tea, cake, jam.
Fri.	Porridge or corned beef, tea, and bread and butter.	Roast meat, potato, peas, rice pudding, tea.	Bread and butter, fish, and tea.
Sat.	Porridge or fish, bread and butter, tea.	Cold meat, potato, pickles, bread pudding, tea.	Bread and butter, tea, brawn.
Sun.	Fried bacon, tea, bread and butter.	Roast meat, potato, greens, jam roll, tea.	Bread and butter, salmon, tea.
Mon.	Porridge or corned beef, tea, and bread and butter.	Meat pie, potato, beans, rice pudding, tea.	Bread and butter, cheese, tea.
Tues.	Porridge or brawn, bread and butter, tea.	Roast meat, potato, peas, currant roll, tea.	Bread and butter, fish, tea.
Wed.	Porridge or fish, bread and butter, tea.	Irish stew, potato, peas, rice and jam, tea.	Bread and butter, cake, jam, tea.

APPENDIX III

LADY WARWICK'S EXPERIMENT AT EASTON LODGE[1]

That the men received at the Hadleigh Land Colony are capable of applying themselves to work, was demonstrated by the experiment which was made at Easton Lodge during the winter (1902-3), when for nearly five months between seventy and eighty men, under the care of the Hadleigh Colony authorities, were at work, directed by the landscape garden expert, improving the gardens of the Lodge. The undertaking was carried through without a single hitch, and the work was completed to the entire satisfaction of all parties to the contract. The men originally drawn from the ranks of the unemployable, but had been undergoing treatment at Hadleigh before being sent to Easton Lodge.

Lady Warwick herself, writing on the subject in *The Nineteenth Century*, says:—

'Their labour was not quite so rapid as that of the skilled working man who keeps his muscles in good training, but this was due to lack of physique. Most of them, however, made up for this lack of strength by the willing and persevering spirit they showed. The Salvation Army has, in fact, achieved a remarkable result in a short time for a class that is generally considered most unpromising.'

[1] From a Report in *The Vagrant and the 'Unemployable,'* by General Booth. To be obtained at the Salvation Army Headquarters, 101 Queen Victoria Street, London, E.C. Price 3d.

APPENDIX IV

NOTE respecting men sent to Hadleigh by the Mansion-House Unemployed Committee—Winter 1903-4.

DURING the winter 1903-4, by arrangement with the London Mansion-House Committee, a large number of men—as many as eighty at a time—were received at Hadleigh and employed there. The men were mostly of the dock labourer and carman class from the East End of London, and married. The Committee relieved the wives and children in London while the men were at work at the Colony. Opportunities of seeing their families, and looking for work, were afforded to the men about every two weeks.

We had no responsibility in the selecting of these men, who as a rule worked well. They were employed on the market-garden on the Farm, on the brickfields, and other departments.

On 100 men it was reported :—

2 refused to work.
4 were withdrawn by the Committee as being undeserving cases.
3 were dismissed for drinking.
22 returned on their own initiative, declaring 'off' the funds.
(Six of these subsequently returned.)

The others completed their stay satisfactorily in accordance with the arrangements made with the Committee. Several of the families have emigrated this spring.

(*See Summary of Discussion, page* 409.)

LABOUR COLONIES

BY D. M. STEVENSON, EX-SENIOR MAGISTRATE, GLASGOW

WHEN asked to write a paper on Labour Colonies for the Home Relief Congress I was somewhat at a loss to account for the request. The colonies near Steenwyk in Holland certainly are based on *L'Assistance Familiale*, but so far as I am aware they are not being copied elsewhere, and in Germany, France, and Belgium, as well as at Hadleigh in England and at our own Labour Colony of Mid-Locharwoods, near Dumfries, only adult males are received. Of course receiving and providing for the unemployed adult males of a family is substantial relief to the remaining members, and to that extent the Labour Colony method may be called *Assistance Familiale*.

It is impossible to deal satisfactorily with my subject in the few minutes which can be spared here for each paper. Only the broad outlines can be given, and even then I shall probably say more on certain points than some of you think necessary, and omit points which others consider essential.

The underlying idea on which Labour Colonies have been founded is, that if a man is able and willing to work, he ought not to be allowed to starve; their promoters, therefore, undertake to give to able-bodied men out of employment food and shelter in exchange for work. We are all familiar with the cases of men—stalwart fellows often—who accost us on the way home in the evenings

and beg a copper to help to pay for a night's lodgings. When asked why they are begging, they tell a pitiful tale of the days or weeks they have been out of work and of the distances they have tramped in vain search. These stories are often false, but they are sometimes true, and knowing that to be the case it is only human nature to subsidise many rascals rather than risk that one honest man in distress should go unhelped.

A preliminary sifting process is necessary, because the so-called 'unemployed' are of many classes. But they may be divided into three groups: (1) the street pests and loafers, who do not want to work, and merely pretend the contrary as an excuse for begging; (2) the thriftless and incompetent, who are often well-meaning but have not the physical and moral stamina needed to hold their own in the struggle for existence; and (3) the *bona fide* working-men out of employment—usually in consequence of trade depression, accident, or illness.

It is obvious that if even the existing vagrancy laws were strictly applied great injustice might be done to the second and third groups, and the same feeling that prevents the private citizen refusing alms, even when he fears he is being deceived, prevents the magistrate passing a severe sentence on the loafer and ne'er-do-well of the first group, lest he should perchance be dealing with a man entitled to classification in the second or third.

Those of us who believe in the Labour Colony system think that what is needed is, first, a sufficient number of labour-yards in all populous centres where temporary employment could always be had, and where board and lodging would be given for a few days in return for work done; and, second, farms to which those would be drafted who had proved by their diligence in the labour-yards that they were deserving of further help. Experience has demonstrated that, however much run down men are when they reach a farm colony, a few weeks' stay in its wholesome and healthful surroundings, with honest and interesting work, sets them up and restores them both physically and morally.

If some such scheme were carried out efficiently it would be possible not only to enforce the existing laws regarding vagrancy and begging, but to make them much more stringent; because even the most soft-hearted would be willing to abandon the cheap and demoralising practice of giving alms if they knew that no one willing to work need lack food and shelter. Street-begging would soon become a thing of the past, and the sturdy vagrant would disappear from our roads—surely a consummation devoutly to be wished.

The labour-yards would speedily sub-divide applicants into the three classes already referred to. The loafers of the towns and the professional tramps and vagrants of the country would be found out; they would get a chance of maintaining themselves honestly if they chose to take it; if not, they would be handed over to the police—to be dealt with, I hope, by some such method as has been so successfully applied at the penal labour colony of Merxplas in Belgium. A Bill introduced by Sir John Gorst is now before Parliament, by

which it is proposed to form penal Labour Colonies throughout the country for dealing with this class, and I understand that it has the support of the general body of the Poor Law authorities in England. Those who desire further information in this connection would do well to procure a copy of the report made to the Justices of Lincolnshire (Parts of Lindsay) by the deputation they sent recently to inquire into the working of the system in Belgium. It is a most interesting document, and may be had from Messrs. Morton, printers, High Street, Lincoln.

For the second and third classes, voluntary colonies on the lines of the well-known German Arbeiter Kolonien ought to be established. The bulk of the inefficients of the second class are well-behaved, willing to work, and diligent when properly looked after, but comparatively helpless when left to themselves. Naturally they are the first to be thrown out of employment in times of depression and the last to get work when trade improves. If intelligently taken in hand most of them would do well, but if left to their own resources they are only too apt to drift into the loafer class, and it again is very often the recruiting-ground for the still lower class of habitual criminals. Nevertheless, both are to a large extent the sort of men from whom the recruits for the army are drawn. When we see the transformation which can be wrought in raw recruits by a few months of drill and discipline, coupled with wholesome food and clean surroundings, we may surely expect that the regimentation of the same kind of people for at least as good a purpose would have equally beneficial effects.

The third group—the *bona fide* working-men out of employment—presents the most difficult problem of all, because, in this country at least, these belong chiefly to the artizan section of the community or the labouring classes connected with our great industries. Want of employment in their case is usually temporary, and whereas many of group 2 would scarcely ever be outside of labour colonies, in fact would not wish to be outside, most of the third group would probably use them reluctantly and only for the briefest possible time. One of the principal difficulties in dealing with them would be the need for their passing through a labour-yard or some other suitable form of test, because there they would be thrown together with the first or loafer class, to which they would certainly strongly object. But no doubt this would be got over by sending such men direct to the Labour Colonies on production of satisfactory credentials from former employers. Those of you who have had experience of relief committees will know that during periods of special depression many such cases crop up, and I do not think it passes the wit of man to find a satisfactory way out. What has passed the wit of man so far in this country is the organisation on a permanent basis of suitable provisions for dealing with industrial distress whenever it arises. The result is periodical chaos; then, as a safety-valve for public sympathy, the hasty getting together of relief committees and the establishment of relief works, with almost always

much misdirected effort and much waste of money relearning the lessons of former crises—lessons which are mostly forgotten as soon as each crisis is over, instead of being systematised to enable us to 'rise on stepping-stones of our dead selves to higher things.' My contention is that the Labour Colony has proved itself to be at least one satisfactory form of organisation for the purpose in question, and one which, while capable of immediate and ample expansion in times of exceptional distress, can be carried on and maintained in a high state of efficiency at small cost when times are normal.

The work on the farms is, of course, largely agricultural, but there is always a deal of employment for all sorts of tradesmen, and doubtless in selecting properties for farm colonies those having adjoining tracts of heath or moss land suitable for reclamation would be chosen, whereby it would be possible to apply usefully the labour of suddenly increasing numbers. It has been found on all colonies that most of the men, however inexperienced, take kindly to farm work, and are very soon able to do much of it in an efficient manner. As far as possible, both penal and voluntary colonies ought to be organised on a self-contained basis, that is to say they ought to endeavour to produce all their own food, make all their clothing, boots, etc., and do all building extensions, walls and fences, with colony labour. Theoretically, they ought also to produce a surplus of food-stuffs for the market, the revenue from which would suffice to purchase the requirements which they could not produce. Such competition, if competition it can be called, will surely be unobjectionable, even to the strictest economist, so long as we import so many millions worth of grain, beef, poultry, eggs, and dairy produce—the very things that Labour Colonies ought to be able to grow in abundance.

As already hinted, many of class 2 would probably be found almost permanently within the colony gates—a good thing both for themselves and for society, for they would get the 'mothering,' as General Booth calls it, without which they cannot stand alone. The same voluntary colonies which received them would receive class 3 in times of acute distress, and as these only occur at intervals of from five to ten years, and seldom last long, a good deal of more or less suitable employment for short periods would be available. In any case, the colony would be there, with its ever open door; the doing of such work as there was to do would secure food and shelter till times improved, and none of it would be the obviously unprofitable and sometimes degrading task-work which has often been given hitherto, especially by relief committees.

In the classification adopted no reference has been made to habitual inebriates, because, although they are constantly turning up in all the groups, they are, properly speaking, a class apart. Labour Colonies are, in my opinion, admirably adapted for their treatment, but that is another story and hardly germane to the question before us.

I have not troubled you with pages of authorities or statistics, firstly, because my time limit makes this impossible, and secondly, because those of you who

have studied the subject will be prepared to agree with my propositions, and as for those who have not, I can only hope that they will accept my assurance that I have made no statement of fact which cannot be substantiated.

What about finance? no doubt many of you are asking. Well, the data available are very far from being as precise as the commercial instincts of a nation of shopkeepers would like, and they are complicated by the fact that to a large extent the expenditure on Labour Colonies has taken the form of land reclamation and improvement, which cannot be accurately valued. The German Association estimates the cost of maintenance, clothing, and housing at a mark, that is to say a shilling a day per man, without allowing for the improved value of the properties. I understand that at Hadleigh, and in France, it is less, whereas at Midlocharwoods it is a good deal more, because of the large capital outlay compared with the number of men—from 20 to 30—with whom we are able to deal. This will come right as soon as the public subscribes sufficient funds to enable us to double our accommodation. In the meantime we have proof positive that a great many men, who came to us as a last resort, and all but despairing, have been put once more in the way of well-doing, and are earning their livelihood at home and abroad—a credit to themselves, and by far the most satisfactory possible return on its outlay for the Labour Colony Association.

But it seems to me altogether wrong that the establishment of such industrial sanatoria, as one might call them, should be left to the haphazard of private benevolence. So long as the industrial army is organised on the present basis, so long will it be necessary to provide for those who break down in the struggle. Surely the duty is one which ought to be undertaken by society as a whole, either under parish council or municipal administration, or perhaps best of all under both, in friendly co-operation?

In conclusion, may I anticipate a criticism which was levelled at me on a former occasion. My critic, who has an almost fanatical belief in the taxation of land values as the cure for all the ills that flesh is heir to, declared that I had begun at the wrong end. He compared me to a man sitting in a boat on a river, boat-hook in hand, watching for bodies drifting down, and ready to pull out any which still showed signs of life, when all the while there was a hole in the bridge a little higher up. He recommended me at once to set about repairing the bridge, and went on to prove to his own satisfaction that nothing but the taxation of land values would do it! We all wish to see that bridge repaired; most of us spend many anxious hours thinking out and working out methods of repairing it. But we are still very far from agreed as to which is best, and without substantial agreement little can be done. Meanwhile bodies are drifting down daily, and so long as they continue to do so I for one feel that the boat-hook is better than nothing, and therefore shall continue to advocate the extension of the Labour Colony system.

(*See Summary of Discussion, page* 409.)

SECOND GENERAL MEETING

THE NECESSITY FOR RESIDENTIAL SCHOOLS FOR THE FEEBLE-MINDED

By Miss MARY DENDY

Joint Secretary, Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded

In undertaking to read a paper on the supervision and home care of the feeble-minded, I overlooked the very important fact that one of the first things I should have to say is that, in the great majority of cases, home care must not be relied on to produce any beneficial result either for the weak-minded child or for the community. Even when parents are wealthy and can afford, not only training, but seclusion and care for the patient when he is nominally an adult, it is generally unwise to keep him at home during childhood. Weak-minded children, as a rule, thrive better under any decent care, than under that of their parents. My purpose to-day, however, is to call attention to the conditions which make it imperative that we should obtain legislation which will allow the State to take permanent care of every weak-minded child whose guardians cannot or do not guarantee its life-long segregation.

1. The first and most important factor in these conditions is Heredity. We have fallen, I think, altogether too much into the habit of regarding children as a race apart;—for the purposes of English school legislation the feeble-minded child comes into being at seven years old and ceases to exist at sixteen. To have seen, as I have seen, upwards of a thousand of these children, makes one realise the absolute futility of such a point of view; makes one understand, very painfully understand, that the child is the product of the last generation and the producer of the next.

Dr. Henry Ashby, in a recent report on the Special Schools of Manchester, quotes from Tredgold: 'An idiot is no freak of nature or haphazard gift of Providence: in nature there are no freaks, and idiocy and imbecility are but the outcome of definite laws.' Dr. Ashby goes on to say: 'This is as true of feeble-mindedness and moral imbecility as it is of idiocy. No one who has seen much of these cases and makes inquiry into the family history can fail to be struck with the fact that insanity, epilepsy, imbecility, and feeble-mindedness

tend to run in families, and in many instances we found two or three children in the same family who were more or less weak-minded, and in at at least three-fourths of all the cases examined there was a history of some form of nervous instability in the parents or the parents' families. In not a few cases it was quite clear that one or other of the parents was feebly gifted with intellectual powers. . . . The chief cause of feeble-mindedness is an inheritance of nervous instability, which may not affect certain members of a family, or only affect them in a minor degree, but is apt to appear in one or more of the offspring.'

I quote Dr. Ashby because I am aware of the extreme care he has given in every case brought before him, to ascertaining the cause of the trouble. It has been a matter of considerable difficulty, because some people of this type cannot and some will not speak the truth. Epilepsy, especially, is, at first, often denied and only discovered when a prolonged acquaintance naturally brings facts to light, or convinces the parents of the good-will of those interested. But many lies are told without any purpose, and when the least reflection would show that they must be discovered. For instance, one woman of considerable education and good circumstances brought her child to me for advice; she denied any family history on her side, but said her husband's sister had been insane. She referred me to her family doctor, and I found that her mother had committed suicide, her sister was insane, and she herself had been in an asylum. Again, a woman whose child was admitted to the Special Schools, denied any history of epilepsy, although she suffered severely from the disease.

Dr. Ashby's statement confirms the statement of other medical men who have had special opportunity to judge. Dr. Caldicott, of the Earlswood Asylum, says: 'In our statistics the one cause that stands prominently forward is heredity, and the more accurately we are able to penetrate the family history of our cases the more we are forced to the conclusion that a very definite neurotic taint is found in the direct and immediate progenitors. For my own part, I believe this to be as high as 70-75 per cent.'

Dr. Müller, of Augsburg, also says that heredity accounts for 70 per cent. of weak-minded persons.

Mr. Butler, speaking at the American Association for the Advancement of Science, said:—

'While it is easily possible for parents of normal faculties, through dissipation, vice, or disease, to produce feeble-minded offspring, there seems no method by which the tendency can be reversed and the degeneration thus easily accomplished replaced by regeneration and restoration in succeeding generations. Usually and in a large number of cases feeble-minded children are the offspring of feeble-minded parents. It is equally true that, in the majority of cases, the children of feeble-minded parents are feeble-minded.' Mr. Butler supports his contention by facts and statistics drawn from the reports of the Board of State Charities of Indiana, which contain a mass of

material concerning this group of defectives, carefully collected during twelve years. It is, however, unnecessary to insist further on the significance of heredity. I should like only to quote Mr. Butler on one special point. He says: 'For various reasons, which will occur to you, the mothers are often known, when the fathers are not,' and he gives a case of a feeble-minded man, married several times, who had twenty children. We, in Great Britain, regardless of the fact that there are three feeble-minded boys to every two girls, are too apt to concentrate our attention upon the women. In England, excepting in day-schools, there is only accommodation for about fifty weak-minded boys. It is true, some find their way into idiot asylums, but that means only temporary care. Who counts the children of the feeble-minded men? Who thinks of them? In a recent report, the medical officer to the London School Board says, 'The tendency to transmit the strain of feeble-mindedness is apparently chiefly through the mother.' The fact is it is extremely difficult to obtain correct information as to the mental condition of the fathers of weak-minded children. It is almost always the mother who attends to give information to the doctor admitting to a special class. If she be weak-minded, the fact is apparent, and at every crisis of her life the weak-minded woman is more likely to come under notice than the weak-minded man.

Granted that all this be true, we see that:—

2. In almost every case the home conditions of the weak-minded child must be the very worst for it, and that mental disease is the one (and in my opinion the only one) condition that justifies and even demands interference with the responsibility of the parent for the child. Indeed there is no such responsibility to interfere with. That is the difficulty. You might as well talk of the responsibility of the baby in arms, as of that of the weak-minded. Poor, puzzle-headed folk, for the most part absolutely without will-power, they are men and women to whom everything happens—birth happens, and death, and parenthood, and they are as little responsible for the two latter as for the former.

Consider what must be the home conditions of a child born to such parents: here is a criminal court picture of such a home: 'Thomas and Alice Brown were charged with the manslaughter of their child aged thirteen months, and also with neglecting the child in a manner likely to cause her unnecessary suffering or injury to health.' The National Society's officer prosecuted. The husband was a hard-working man and earned 26s. a week. A nurse described the wasting away of the child and the offensive conditions under which the prisoners lived. The 'children washed themselves, except the child of four,' it went dirty—dirtier than the others. Three other children had died, but no inquest was held. This child was insured. A doctor gave evidence as to the filthy condition of the room and the child. The husband gave evidence that his wife had been 'put away three or four times because her head was weak.'

When I first began to investigate these matters in Manchester I visited the houses of all the children who were excused school attendance because of mental defect. It was a most miserable revelation. It was then I came to the conclusion that the only solution of the question was to consider every weak-minded child as a possible future parent and to act accordingly. I found children put to bed and left there, their clothes sold—why clothe a child when the school attendance officer does not call? I found in one house, besides the child who was the excuse for my errand, his sister, a weak-minded woman of thirty-five, nursing her third illegitimate child. In another, besides my boy, I found two almost imbecile young men, 'good for nowt but to polish th' fire-irons.'

3. It is useless to talk of sin in connection with such people as these; crime there is, in abundance, and it is well to hold the terror of the law over them—perhaps it helps a little. But the sin is not theirs. I found, too, good parents here and there, sane themselves and sadly troubled and puzzled by the condition of their child and such are always terribly anxious as to what is to become of the family burden when they are gone. Since that time I have seen very many children, very many parents, and in just one instance the ideally right thing was being done. The child in question was a weak-minded gir who had also the misfortune to be born with only one arm. The parents were well-to-do working people and had a large family. They had opened a savings-bank account for the weakling of the flock, and every member of the family contributed to it, even the little ones sparing half the inevitable penny for sweets. Generally speaking, however, the weak-minded children even of respectable working-people must ultimately come upon the rates. It is not in the power of the parents either to educate and safeguard them properly during childhood and adolesence, or to secure a provision for them in after life.

4. Here I should like to insist once more upon a fact which many kindly and hopefully-minded persons are inclined to ignore—*If a child is really weak of intellect you cannot cure it.* I am sometimes told that I take too gloomy a view in this respect, but no one of those who say so has ever been able to tell me of the cured child. I have asked for him often. A few weeks since, I asked a room full of experts, at Nuremberg, who had been talking cheerfully of curative measures, if any one had ever seen a case cured and no one had. Until this has been grasped, we shall still find the trouble increasing; for, until then, we shall have asylums and homes and charitable institutions, of all kinds, giving these poor souls a period of training, making them approximate, in appearance, more and more nearly to the normal standard, and then turning them out to become the parents of another generation of feeble-minded folk. The more nearly the weak of intellect are made to resemble ordinary people, the greater the danger to society: *if they are discharged from control.* It would be better to keep ten people under control all their lives than to pass a hundred through an institution, no matter how excellent the training given.

5. There is an absolute necessity for preventive measures in dealing with the feeble-minded, and it appears to me that such preventive measures can only be carried out by the definite and complete segregation of the sufferers. An objection often taken to this plan is that there would be risks of 'putting away' perfectly sane and healthy people. I think those risks to-day really do not exist. The State already recognises the existence of the feeble-minded child and provides (in a half-hearted kind of way) for its education up to the age of sixteen. The first thing to secure is that the Defective and Epileptic Children Act shall be made compulsory instead of permissive. This should bring all mentally weak children under skilled medical observation. If they are under the observation, for some time, of both teacher and doctor it can hardly be possible for a mistake to be made and all who are really feeble-minded should be transferred, whilst they are still children, to a residential labour colony, where, in the happiest possible conditions, they should remain for the rest of their days. There would be no hardship in this. It is the disastrous interval spent upon the streets that gives our weak-minded boys and girls their restless habits and makes them so impossible to reclaim. Taken in hand young enough, their weakness of will-power becomes a factor in their favour. It is as easy to run them into a good groove as a bad one, and as, left at large, they obey every suggestion of evilly-disposed persons, or their own animal passions, so, under good and kind control, they remain harmless and obedient children to the end of their days.

6. Another objection taken to this plan is its costliness: there is such an immense number of these people, probably at the very least 100,000 in addition to 110,000 certified idiots, imbeciles, and lunatics. But, to begin with, the burden will not grow less by waiting: not only do the feeble-minded increase, but the number of the certified insane increases constantly, fed from the ranks of the uncertified. And then, we must remember that in asking that these 100,000 may be cared for, we are not imposing any fresh burden upon the ratepayers. We are only asking that an old burden should be borne in a less costly, more reasonable, more humane way.

7. Let us ask ourselves what these 100,000 weaklings are doing now, and then consider what they might do in surroundings proper for their condition: we shall find that we are already taking care of them, only instead of calling them feeble-minded, we call them paupers and criminals and provide for them in workhouses and gaols. Recently a case was reported of a woman convicted for the fortieth time. It was added that she was known to be of feeble mind. Can there be greater and more extravagant stupidity than to put the machinery of the law in motion forty times for the sake of a poor creature who might have been detained in a happy home, before she had begun to be harmful to herself or other people? What can life be for an unprotected youth who has absolutely no power of self-direction? He must become the victim of every vicious person in whose path he falls. I have heard parents congratulate

themselves on the facile obedience of their children. I begin to look upon natural obedience as a most dangerous trait in a child's character. One little lad I know steals constantly, because he is told to do so: he never has any benefit from his thefts; another put a stone through a plate-glass window because a child of five told him to do it. Twice I have noted cases in which boys of weak intellect were punished for attempting to wreck trains in conjunction with others who were normal in mind. How obvious is the next step! Take this case—'J. W. (26) and W. J. (20) were charged with a series of thefts and burglaries. They were tailors, working together.' 'Mr. Jones, on behalf of J. W. could say nothing in excuse or extenuation of the offences and could suggest no motive: he was not in need, he was not intemperate, did not bet, and was respectably connected. On behalf of the other prisoner medical proof was given that he was of uncertain intellect and might be easily influenced to do wrong. The judge said he could not understand why J. W. committed the crimes. He also told W. J. that whether he was clever or not he must be good.'

Is the judge the only one who cannot understand? Is it not likely that the older prisoner did not himself understand? And as to poor, puzzle-headed, easily persuaded W. J. can anything be more futile or foolish than the method of the law in dealing with him? He is told he must be good even if he is not clever and is sent to prision, to come out at the end of two months, minus a character, dropped to the level of other weak and wicked human beings. It would take a very clever person to be good in such circumstances and W. J. is not clever. We must remember that theft is the least harmful of the crimes likely to be committed by the weak-minded. With the girls as with the boys the stages can be traced from the feeble child to the criminal adult. Think of little M. in penal servitude at the age of fifteen, for drowning her master's two children, to be released at thirty; or of that other who, lately, in Cheshire drowned her child, the evidence making it clear that she was 'simple' and almost sure that she was epileptic. All of us must have been struck with the number of apparently purposeless crimes which are every year reported in our papers. The workhouses as well as the gaols tell the story. I have seen a weak-minded child of fourteen in the workhouse ward with her infant in her arms. All women guardians know what her future would be. And how intolerably foolish is our method of dealing with such cases. Two years ago one Board of Guardians was actually giving out-relief to a mentally-defective male pauper. Another was giving out-relief to twelve such persons. Who can tell where the disastrous consequences of leaving them at large will stop? And the expense of it all: the foolish, wasted, reckless expense! A convict costs the nation £40 a year, a prisoner £24, and a pauper £21. And when this money has been expended, no particular good has been achieved. We have rolled our stone up the hill, only to relax our labours and let it roll down again, for some one else to repeat the useless labour. For three months, or six

months, or a year we impose upon these poor souls, in gaols, the will-power in which they are lacking, and then, when they have for a while exercised the good habits we desire for them, we withdraw our help and down they go again. So again we take them into workhouses, we feed and clothe and tend them at enormous cost and then let them go, to become again hungry and dirty and neglected. And then, think again, not only what these half-witted folk might be saved from doing, but what they might actually do to help themselves in suitable circumstances. They are never very robust and their bodily weakness must always be considered, but they can all work, more or less, and, if they are early trained to work they like it. Probably, in the milder cases, the sum which would be lacking towards their complete self-support, would be the money absorbed by the wages and keep of their supervisor, who would supply the will-power which they want.

8. It was a wise arrangement which threw the consideration of child and adult together in this section. No one can say when the weak-minded child grows up. Mentally he is always a child and should be treated as such, and, in educating him we must always bear in mind that we shall want him to do something towards his own support. If we struggle, from six to sixteen, to teach the weak-minded child from books, we waste our time and opportunity. On the other hand, manual training will be most useful and should always be of a practical kind. Hand and eye can be trained on tasks which are useful in themselves and which, when completed, give the child the pleasure of feeling that he has achieved something. Let him learn to black his boots, to dress himself, to put on his own buttons, to knit and mend his own stockings, to prepare his own meals, and make his own bed. Let boys and girls alike enjoy the pleasures of gardening, poultry and pig-keeping. They should know that the vegetables and fruit they eat are of their own growing. We are trying an experiment—a very anxiously watched and guarded experiment—as far as possible on these lines, near Manchester. We have taken charge of forty boys and girls for life. Our feeling is that we will make them so happy that they will never want to leave us. Some of the boys have been with us now two years and have never slept a night away.

They are perfectly manageable and happy, and the bigger ones already contribute by their labour towards the expenses of the institution. Nor is there any unkindness to the children in thus utilising their little powers as far as they will go. By judiciously varying their occupations and taking care that they are never allowed to attempt tasks beyond their strength, all manual work may be made as delightful as play. It is a great joy to a child to be given a spade and allowed to dig a hole; it is a greater joy still to be shown how to dig a series of holes and put plants in them, and then how to weed and water his plants and gather his crop in due season.

I think there can be no doubt that such children as these can be trained and kept for life with most advantage to themselves and other people in labour

schools and colonies in the country. Such schools should be most rigidly inspected. What should be aimed at is a simple, wholesome life in which the workers may actually produce the food on which they live. Nor should the men be kept entirely to the outdoor work and the women to the cooking, cleaning, and washing. Mother Earth has as kindly an embrace for her daughters as for her sons, and both would gain by a variety of occupations.

9. Can there be any doubt as to the duty of the State and of the individual in this matter?

I have put it to many audiences now that they can find out for themselves whether or no what I say is true. And, sometimes,—so great is my sorrow for the trouble, so appalling are the facts I have come to know,—sometimes I would gladly accept proof that I am mistaken, wrong, have exaggerated. But that proof is never forthcoming, and I know, in my heart of hearts, it is best not to minimise the evil. If we realise our condition we can take the right steps to alter it. I say *our* condition, for the condition of the most miserable of our fellow-creatures *is* our condition. Shrink from them as we may, hold ourselves aloof as we will, their lives touch our lives and some part of their weakness, some part of the burden of their faults and their follies, their vice and their misery, their disease and their insanity must rest upon our shoulders. We cannot divide ourselves from the present life of all humanity; nor from its past and our past; its future and our future. But one thing we can do. We can recognise our duty to the Future and, since the laws of Science are, in very truth the laws of God, we can bend ourselves with whole-hearted devotion to learn and obey those laws and so secure, for the generations yet unborn, a healthier and happier, purer and more holy life than we have known.

(*See Summary of Discussion, page* 409.)

HOME RELIEF TO THE MOTHERS OF MENTALLY AFFECTED CHILDREN UNDER SCHOOL AGE

By JOHN THOMSON, M.D.

Physician to the Royal Hospital for Sick Children, Edinburgh

The only class of the mentally defective among the poor for whom 'Home Relief' is always the best thing is that of the little children. The older children, when mentally defective, may have to be sent away from home in order to secure for them such changes in their environment as their welfare demands. For the little children, however, the mother, who is always with them, makes the only environment that counts for anything. It is only by

raising her hopefulness, cheerfulness, energy and intelligence and her efficiency in every way, that we have any chance of doing them real good.

In dealing with the older children with slight mental defect, it is recognised that, as their malady is largely an inherited one, little help can be counted on from the mothers, who are sometimes not very much more sensible than the children. With regard to the little children, however, the matter stands somewhat differently. A large proportion of those children who show signs of mental weakness in babyhood are suffering from the direct result of disease or injury occurring at or before birth. This sort of thing has generally nothing whatever to do with neurotic heredity, and the mothers of such children are often most sound-headed and estimable women. Even when their intelligence is not at a very high level, the strength of their devotion helps wonderfully to fit them for their duties.

I need not dwell on the misery that these poor mothers of mentally defective babies are called on to endure. They have to live through the same unending round of work and worry over their children as their neighbours, but they have to go without the mother's natural reward of pride and pleasure in them, which to the others makes all the trouble worth while.

Often also as the baby grows older, the mother's unthinking and ignorant ways make him a more active source of unhappiness. He is pampered because he is weak, until he grows still weaker; and humoured, because he is cross, until he becomes exceedingly passionate. He is encouraged to shirk everything that is at all difficult or unpleasant, and never checked when he does anything disagreeable. We all know what a torment such a child can become even in other than one-roomed houses.

We now come to the question which the object of this Congress suggests:—What can outsiders do for these mothers, beside befriending them in a general sort of way? Is there anything practicable in the way of technical assistance that will help to cheer them on a little and give them a special lift with their special burden?

In the strangely few instances in which the mother is quite lacking in affection, the child's case is indeed a hopeless one. When, however, as so often happens, the mother's whole heart is set on her weakly baby, in defiance of his obvious outward unattractiveness, a great deal can often be done through her to make him happier and better; and thereby to render her own life more bearable.

It makes a great difference to such a woman to have ready access to some one who can not only give her sympathy and general assistance, but can also tell her what she can reasonably aim at in training her child. It is no small help to her also to have some one to point out sympathetically when and where she is making mistakes, and especially to give encouragement by telling her when she is doing thoroughly well by the child.

I would suggest that the ends in view might be best attained by providing

special dispensary hours at which advice could be regularly sought by these women, and that they should be also periodically visited in their homes. I think also that printed suggestions as to treatment are useful in some cases.

1. *A Special Dispensary Hour.* These children are the natural charge of the medical profession, and they ought to be kept under medical supervision all through their lives. They should be brought periodically to a dispensary or children's hospital out-patient department at a special hour, to have their cases carefully considered and noted, and their progress observed. There are quite enough such children in all large towns to make such a clinique well worth holding. It should not, of course, be designated in any way that could offend the mother. All that should be known is that at that particular hour children are seen who require very special attention. Such a department would not only be in the best interests of the children and their mothers, but would form a valuable centre of work in a most interesting branch of medical study.

2. *Home Visitation by Suitable Lady-Visitors.* This is, doubtless, already being carried out to a certain extent in many towns by societies similar to the Invalid and Cripple Children's Aid Association in London and the recently formed Cripple and Invalid Children's Aid Society here. What I suggest is that it should be recognised as an important branch of such Societies' work, and be in the hands of visitors who are not only specially interested, but also specially instructed, in their duties. It would be well also that these visitors should be closely in touch with the special clinique above-mentioned.

3. *Printed Suggestions for the Mothers.* It is sometimes a help to intelligent mothers to have by them a printed copy of the most important of the general directions given them at the clinique. The following paper, which I am in the habit of using, will serve to illustrate what I mean :—

'YOUR child needs to be carefully taught to do things that other children do without teaching. In time he may learn to do them quite well if you only persevere.

'Remember that improvement *cannot* be sudden ; it can only come gradually by getting him to do over and over again little things that he is not good at. Notice, therefore, what things he cannot do as well as other children, and try to teach him to do them better one by one. Do not go on doing for him anything that you can possibly get him to do for himself—such as feeding or dressing.

'Encourage him especially in doing those things that he finds a *little* difficult, but do not give him anything to do that is quite too hard for him. Utter failure will discourage him, while success in *anything* that is not mischief will do him a great deal of good.

'Always encourage anything harmless that he does of his own accord. Such things please him far more than what you tell him to do, and are also better for him ; but *never* let him even begin to get into a habit of making faces, or of making any noises that you would not like your other children to learn.

'If he seems to notice too little, encourage him to look at, listen to, or handle anything that he is taken up with. Any sort of interest helps to brighten him.

'Do your best to keep his body as strong as possible by carefully seeing to his food and clothing, and by taking him into the fresh air as much as you can.

'Nobody knows how much he may improve; that will depend largely on the amount of trouble and patience you spend on him.'

Such printed instructions may help the mother to remember what she has been told to do and what not to do for the child. It is mainly of use to those who have already been carefully spoken to about the matter. Another useful function of such a paper is that, while it encourages the mother to work for a possible degree of improvement, it leads her insensibly to abandon the false hopes of sudden unworked-for recovery which so often cause bitter disappointment and discouragement.

Were some such measures adopted as those I have described, it might, I believe, benefit many of these mothers considerably. It would also tend, in the case of the children who were destined for special institutions later, to bring them to these with less to learn that they should have learned before, and with a very great deal less to unlearn.

(*See Summary of Discussion, page* 422.)

Sir JOHN SIBBALD

Inspecteur général honoraire de l'Assistance Ecossaise

L'ORGANISATION GÉNÉRALE

DE

L'ASSISTANCE OFFICIELLE

EN ÉCOSSE

(Réimpression en mémoire de l'auteur à l'occasion du Congrès de Liège)

L'ORGANISATION GÉNÉRALE

DE L'ASSISTANCE OFFICIELLE

EN ECOSSE

Par Sir JOHN SIBBALD

Inspecteur général honoraire de l'Assistance Écossaise [1]

Notre distingué collègue, M. le Dr A. Marie, a énoncé dans son « Exposé relatif aux Congrès internationaux d'assistance familiale », parmi les buts principaux à suivre par ces Congrès : « étudier ce qui a été fait jusqu'à ce jour à l'étranger au point de vue de l'Assistance en famille ». C'est dans ce but que j'ai rédigé le présent mémoire. Dans ce mémoire je me propose de montrer brièvement les principes fondamentaux de la loi écossaise sur l'assistance publique, et de faire comprendre sa méthode d'opération en me servant comme exemple de la ville d'Edimbourg. J'espère que cet exposé ne sera pas hors de propos, à cause du rôle important que l'assistance en famille joue en Ecosse.

Les principes du système furent établis par la loi de 1845 (Poor Law Act). Selon cette loi tout indigent a le droit d'être secouru s'il ne peut pas gagner sa vie, à cause de vieillesse, incapacité mentale, maladie, ou suites d'accident. Tout orphelin, et toute veuve ou femme abandonnée ayant des enfants et étant sans ressources a également ce droit. La loi en Ecossse diffère de celles de l'Angleterre et de l'Irlande, à l'égard du droit à l'assistance des indigents qui sont adultes et valides. Dans ces pays, tout indigent, même adulte et valide, a le droit d'être admis dans un hospice ou dépôt de mendicité, ou d'être secouru à son domicile.

[1] Rapport préparatoire pour le troisième Congrès d'assistance familiale (Home relief) Edimbourg, 1-10 juin 1904.

Le rayon administratif est celui de la paroisse. Nous avons là un district formé primitivement pour des raisons purement ecclésiastiques, et maintenu ensuite comme une division territoriale pour l'administration civile. L'Ecosse se trouve divisée en 900 paroisses environ. A Edimbourg, *la cité*, ou municipalité, et la paroisse sont identiques en étendue. Chaque paroisse est requise par la loi de donner assistance à toutes les personnes dans le dénuement qui se trouvent dans les catégories énumérées précédemment et ayant domicile légal dans ses limites. Le devoir d'administrer cette assistance officielle est confié au Conseil de paroisse, qui est élu par les habitants, mais qui est quand même sous le contrôle du gouvernement, c'est-à-dire du Local Government Board, dont le Secrétaire pour l'Ecosse (Ministre de l'Intérieur pour l'Ecosse) est le Président. En ce qui concerne les aliénés, le Conseil de paroisse est soumis au contrôle d'un autre Bureau de Gouvernement, celui du General Board of Lunacy for Scotland, ou Commission Centrale pour les aliénés en Ecosse.

Toute personne qui ayant demandé du secours se l'est vu refuser, à le droit d'appel au Sheriff (premier juge de paix du Comté), et, si le secours étant accordé, il le croit insuffisant, il peut avoir recours au Local Government Board. Si le Sheriff trouve que le demandeur est en droit d'être assisté, le Conseil est obligé de lui venir en aide, et si le Local Government Board trouve que le montant de l'assistance donnée est insuffisant, il peut ordonner tel accroissement qui lui semble indiqué, y compris le secours d'un médecin quand cela est nécessaire.

Un des moyens les plus importants pour venir en aide aux pauvres est le Poor-house ou Hospice des Pauvres. Chaque paroisse est tenue, par elle-même, ou en combinaison avec d'autres paroisses, de se mettre en mesure d'offrir aide aux demandeurs en les admettant à un Hospice des Pauvres. Ce moyen d'assistance est de grande utilité pour plusieurs raisons. On peut soigner dans ces établissements les personnes indigentes qui, par suite de leur trop grande jeunesse, de leur vieillesse, de leur état maladif, ne sauraient être soignées convenablement ailleurs. On y peut re-

cueillir aussi les personnes qui sont vicieuses, et celles qui ne seraient pas capables d'employer convenablement les secours qu'on pourrait leur donner sous d'autres formes, mais le régime adopté n'est pas le même pour les deux catégories d'assistés.

Pour la première de ces deux classes, c'est-à-dire pour les personnes très jeunes, très vieilles, ou malades, on fait tout ce qui est possible pour leur bien-être et pour leur rendre la vie agréable, mais, pour les deux autres classes, on tient à les assujettir à une discipline, qui est assez sévère, quoique non cruelle, et on ne leur accorde que le nécessaire en logement et en nourriture. Sous le rapport de leur construction et de leur administration, les Hospices des Pauvres sont soumis au contrôle et à l'inspection du Local Government Board et cette administration peut ordonner tout ce qu'elle croit nécessaire pour le bien-être des internés.

Les lois relatives au traitement des aliénés ordonnent que chaque paroisse ait les moyens de placer dans un asile les malades qui lui incombent, et qui doivent être internés soit pour leur propre bien, soit pour la sûreté du public.

Il y a trois autres méthodes par lesquelles on peut assister les pauvres par les voies officielles : par des pensions allouées à des personnes demeurant chez elles (secours à domicile), en les mettant en pension dans des maisons privées, chez des étrangers, ou, dans le cas où ils demanderaient des soins tout spéciaux, en les envoyant dans les établissements spéciaux où ils seraient en mesure de recevoir ces soins.

Il est entendu que l'assistance officielle qui se trouve ainsi décrite, est simplement l'assistance obligatoire, c'est-à-dire celle que la loi impose aux Conseils de Paroisse à l'égard de toute personne absolument dénuée de ressources et incapable de gagner son pain. Elle ne comprend pas les autres moyens de bienfaisance tels que l'admission aux hôpitaux établis sous les actes relatifs à la santé publique, pour les maladies contagieuses ; ni l'admission aux Maisons Dieu, pour les maladies en général ou les maladies particulières, établissements très nombreux dans le

pays et qui sont entretenus par la charité publique ; elle ne comprend pas non plus l'assistance charitable donnée aux pauvres chez eux par une foule de Sociétés volontaires.

Chaque Conseil de Paroisse est tenu de nommer un employé salarié qui sera appelé l'Inspecteur des Pauvres et dont le devoir est d'appliquer les ordonnances du Conseil et de conduire les affaires du Conseil entre séances. Il doit compte de ses actes au Conseil directement, et ensuite au Local Government Board, Quoique le Conseil de Paroisse le nomme, sa nomination doit recevoir l'approbation du Local Government Board, et une fois accepté il ne peut être renvoyé de son emploi que par le dit bureau. Dans les plus grandes paroisses il se trouve aidé dans sa besogne par des clercs et des inspecteurs assistants. Le plus important de ses devoirs est de faire une enquête sur toutes les demandes de secours et de présenter ces demandes au Conseil, qui décide s'il y a lieu d'accueillir la demande ou non. Dans les cas d'urgence, l'inspecteur est tenu de venir en aide immédiatement, et de donner un secours provisoire, et cela dans les vingt-quatre heures qui suivent la demande, toutes les fois qu'il est reconnu que le demandeur est digne d'être assisté. L'inspecteur est tenu aussi de visiter périodiquement toutes les personnes qui reçoivent des secours et de s'assurer du besoin de secours, et de la suffisance du secours qu'elles reçoivent.

Chaque paroisse est obligée de tenir un livre appelé « Le Registre Général des Pauvres », dans lequel sont inscrits les noms de toutes les personnes admises à recevoir des secours par le Conseil de Paroisse. Sur ce registre général, le nom de chaque personne aliénée est inscrit séparément, mais dans le cas de personnes saines d'esprit, le nom du chef de famille est inscrit, et les membres de sa famille y figurent comme personnes dépendantes. Donc, dans le cas d'un homme marié, son nom est inscrit, sa femme et ses enfants figurant comme personnes dépendantes. Dans les cas de veuves, femmes abandonnées, ou des filles-mères, le nom de la femme est inscrit, les enfants étant considérés comme dépendants. Les noms des enfants abandonnés ou orphe-

lins sont les seuls noms d'enfants qui se trouvent seuls sur le registre.

Les fonds nécessaires pour subvenir aux frais de ces divers modes d'assistance aux pauvres sont couverts, ainsi que les frais d'administration, dans chaque paroisse, en partie par les produits d'une contribution prélevée sur les propriétés territoriales, les maisons et autres immeubles situés dans la paroisse, et en partie par une subvention reçue du Gouvernement Impérial. De plus il y a des fonds provenant de contributions variables fixées par la loi ; il y a aussi les sommes remboursées par les parents de certains assistés ; de plus il y a certains legs charitables, et d'autres fonds, de la nature de contributions volontaires, versés par des personnes charitables et qui sont disponibles dans certaines paroisses pour le bien des pauvres et administrés par les Conseils de paroisse.

Nous apprenons du rapport du Local Government Board pour l'Ecosse pour l'année dernière qu'à cette date, 99.016 personnes recevaient des secours de la part de l'assistance officielle, ce qui donne une proportion de 22 par mille de la population totale, et que la dépense annuelle pour le maintien de ces personnes s'élevait à la somme de 28.541.500 fr. (£ 1,141.660). Parmi le nombre total des personnes secourues, il y en avait 85.850 qui étaient saines d'esprit, et 13,166 qui étaient aliénées.

Les détails suivants se trouvent dans le Rapport du Local Government Board.

Les 85.850 pauvres ordinaires consistaient en 51.460 pauvres enregistrés, et 34.390 dépendants (les femmes et les enfants des pauvres enregistrés). Ils ont reçu les secours suivants :

Chez eux	70.536	82 p. 100
Enfants pensionnés chez des gardiens ou dans les familles	5.446	6 »
Dans les maisons des pauvres	9.868	12 »
	85.850	100 p. 100

Pour les 13.166 aliénés indigents il a été pourvu comme il suit :

Chez eux	984	7 p. 100
En pension chez des gardiens	1.677	13 »
Dans les asiles	10.505	80 »
	13.166	100 p. 100

Dans le Rapport du Local Government Board les deux premières classes se trouvent groupées sous une seule rubrique : « dans des maisons privées », parce que, au point de vue administratif, les aliénés, qu'ils demeurent chez les parents ou chez des étrangers, sont traités de la même manière, quant au contrôle et inspection officiels. Pour le présent mémoire, cependant, il sera mieux de séparer les aliénés qui demeurent chez leurs parents, ou chez eux, « at home », de ceux qui sont « boarded with nurses », c'est-à-dire pensionnés chez des étrangers, comme on le fait dans le Rapport du Conseil général des aliénés. Les nombres suivants sont basés sur les chiffres donnés dans ce Rapport.

La somme de 28.541.500 francs dépensée pour le maintien des pauvres, sains d'esprit et aliénés, provient des sources suivantes :

Des contributions locales	21.049.150 fr.
Des contributions de l'Etat en subvention	6.105.825 »
De sources volontaires	1.386.525 »
	28.541.500 fr.

Il sera possible de donner plus de détails quant aux différentes manières de venir en aide aux pauvres en décrivant le système en usage à Edimbourg, mais on pourra prendre note ici que les chiffres donnés déjà montrent combien est grande en Ecosse la proportion des pauvres qui sont secourus hors des asiles ou des hospices des pauvres. Parmi les pauvres sains d'esprit, 82 p. 100 sont secourus chez eux, 6 p. 100 sont des enfants en pension, ou chez des gardiens, ou dans des familles, et seulement 12 p. 100 se trouvent dans les hospices des pauvres. Parmi les pauvres aliénés,

il y en a 7 p. 100 qui reçoivent une subvention chez eux, c'est-à-dire qui sont soignés par des parents ; 18 p. 100 se trouvent confiés à des gardiens ou dans des familles, et 80 p. 100 se trouvent dans des asiles d'aliénés. Si l'on ajoute les chiffres de toutes les catégories d'assistés, il en résulte que 72 p. 100 sont chez eux, 7 p. 100 chez des gardiens ou dans des familles, et 21 pour 100 dans des hospices ou asiles publics.

Il est intéressant de noter les âges des personnes assistées. Le rapport donne les âges des pauvres inscrits sur les registres et qui sont sains d'esprit ; ceux ayant moins de 14 ans représentent 8 p. 100 du nombre total, ceux de 14 à 65 ans, 49 p. 100, et ceux ayant plus de 65 ans, 43 p. 100. Parmi les dépendants se trouvent compris pour environ 90 p. 100 les enfants ; les proportions respectives sont de 40 p. 100 ayant moins de 14 ans, environ 30 p. 100 entre 14 et 65 ans, et environ 30 p. 100 au-dessus de 65 ans.

L'ASSISTANCE OFFICIELLE DES PAUVRES DANS LA VILLE D'ÉDIMBOURG

L'Inspecteur des pauvres pour la paroisse d'Edimbourg est aidé dans sa besogne par 18 clercs et autres employés dans son bureau, et un service du dehors de 11 inspecteurs assistants, dont le devoir est de visiter dans leurs domiciles les pauvres qui reçoivent des subventions chez eux, périodiquement et régulièrement, et de faire connaître tout changement qui arrive dans leur situation, aux comités chargés de la distribution des aumônes. Il y a aussi 9 médecins ayant chacun un district de service, et dont le devoir est de visiter les pauvres malades chez eux ; il y a, dans les deux hospices pour les pauvres qui appartiennent au Conseil, un nombre total de 70 surintendants, infirmiers et autres employés. Au bureau central il se trouve aussi un bureau pour le percepteur qui a sous ses ordres 4 clercs dont le devoir est de percevoir les contributions imposées par le Conseil pour le maintien des pauvres. Il y a donc un personnel de 114 individus au service du Conseil.

Les affaires du Conseil sont traitées par des Comités choisis parmi les membres, qui entreprennent chacun une portion du

travail, et l'inspecteur est le greffier de chaque comité. Les divers comités se chargent des différents sujets, tels que les finances, les causes légales et ainsi de suite ; mais les comités qui se rapportent le plus directement au travail du Conseil sont le *Relieving Committee* (Comité distributeur d'aumônes), le *Medical Committee* (Comité qui surveille les malades), et le *Childrens' committee* (qui surveille les enfants). Le comité qui alloue les aumônes se divise en 4 sous-comités qui ont chacun une division séparée de la paroisse. Chacun des sous-comités se réunit une fois la semaine pendant la plus grande partie de l'année, et il règle toutes les demandes de secours dans sa propre division de paroisse. Il décide toutes les questions, quant à la nature et au montant de l'assistance qui sera donnée, et la période durant laquelle l'assistance continuera. Le Comité des malades s'occupe de l'assistance médicale qui sera donnée aux pauvres, et se charge de l'administration des aliénés logés dans les maisons privées ; il se réunit une fois par mois. Le Comité des enfants se réunit également une fois par mois et s'occupe spécialement des orphelins, des abandonnés, et des enfants séparés de leurs parents, et qui sont logés dans les maisons privées. Les membres de tout le Conseil, en dehors des visites régulières d'inspection par l'inspecteur et ses sous-inspecteurs, visitent périodiquement eux-mêmes les enfants et les aliénés qui sont logés dans différentes maisons privées.

L'administration entière du Conseil est, quant aux pauvres sains d'esprit, sous le contrôle du Local Government Board pour l'Ecosse ; et quant aux aliénés pauvres, sous le contrôle du Conseil général des aliénés en Ecosse (General Board of Lunacy).

Le Bureau de secours.

Le rôle du Comité de secours a beaucoup d'analogie avec celui des bureaux de bienfaisance de France. Il ne comporte pas, dans son service, l'administration des hospices, la construction et l'entretien des constructions, les questions juridiques pour lesquelles le Conseil peut être intéressé ; néanmoins un coup d'œil sur ce département montre qu'il concerne directement l'assistance publi-

que. Durant l'année à laquelle nos statistiques se rapportent, 14.657 cas de personnes assistées, ou de personnes réclamant l'assistance, furent soumis à l'examen du comité. Ils consistent en 2.203 cas de solliciteurs qui n'avaient pas été prévus sur les listes du comité et en 12.454 cas de personnes inscrites à l'assistance au commencement de l'année ou précédemment en instance d'assistance. Les 2.203 nouvelles demandes furent réparties de la manière suivante :

Assistance donnée à la maison	1.004
Admis aux hospices et asiles	879
Admissions offertes à l'hospice et refusées par le solliciteur	225
Demandes repoussées	40
Demandes retirées volontairement	55
	2.203

Dans les 12.454 cas anciens voici le résultat d'un nouvel examen par le comité :

Assistance à domicile continuée	5.927
» » renouée	348
» » accrue	247
» » réduite	132
» » non continuée et admission à l'hospice	109
» » non continuée parce que les réceptionnaires ne furent plus admis à l'assistance	984
Assistance continuée à l'hospice	3.935
Nouveaux examens : admission à l'hospice offerte mais refusée	602
Demandes volontairement retirées	135
Nouveaux examens refusés	35
	12.454

L'état des nouveaux solliciteurs et des personnes dont les cas furent à nouveau examinés était comme suit :

	NOUVEAUX SOLLICITEURS	CAS DÉJA TRAITÉS	TOTAUX
Agés et infirmes	177	2.931	3.108
Veuves avec enfants	86	1.808	1.894
Femmes abandonnées	54	145	199
Mères d'enfants illégitimes	24	53	77
Souffrant de maladie	1.613	7.000	8.613
Femmes d'hommes en prison	16	54	70
Enfants de parents en prison	11	15	26
Orphelins	13	57	70
Enfants abandonnés	33	41	74
Aliénés	176	350	526
Totaux	2.203	12.454	14.657

Le nombre total de pauvres officiellement assistés par le conseil paroissial d'Edimbourg au 15 mai 1900 était de 5.783. Ce nombre représente une proportion de 18 p. 1.000 de la population totale de la ville ou une moyenne de 1 par 52 habitants.

Du nombre entier, 4.855 appartenaient à la classe ordinaire pauvre, et 928 étaient aliénés. La voie par laquelle les deux classes furent établies est montrée dans l'état suivant :

	PERSONNES OFFICIELLEMENT ASSISTÉES AU 15 MAI 1903					
	PAUVRES ORDINAIRES SAINS		PAUVRES ALIÉNÉS		TOTAL	
	Nombre total	Nombre p. 100	Nombre total.	Nombre p. 100	Nombre total.	Nombre p. 100
Dans les établissements ...	1081	22	623	67	1704	30
A leur propre domicicile ..	3279	68	30	3	3309	57
Pensionnés avec nourriciers ou en famille.....	495	10	275	30	770	13
Totaux	4855	100	928	100	5783	100

Dans cet état, les colonnes qui se rapportent aux pauvres ordinaires ne comprendront pas simplement les pauvres enregistrés mais aussi leurs dépendants, c'est-à-dire leurs femmes et leurs enfants. Ces dépendants, au nombre de 1.754 du total de 3.279 personnes assistées à domicile, comprennent 175 femmes d'hommes enregistrés, et 1.579 enfants de pauvres enregistrés ; le reste sont des veuves.

Des 526 qui furent pensionnés chez des nourriciers, 232 étaient dépendants, étant les enfants de personnes dont le caractère ou les conditions matérielles les rendaient impropres à être des gardiens satisfaisants, et dont il était désirable de séparer les enfants. Des 1.050 en institutions, 168 étaient dépendants, principalement des enfants qui pour des raisons variées ne pouvaient être placés chez des nourriciers, ou pour lesquels le placement chez des nourriciers n'avait pas été encore effectué.

STATISTIQUE D'UNE ANNÉE MOYENNE			DANS LES HOPITAUX MAISONS DE PAUVRES OU ASILES				VIVANT A DOMICILE				PENSIONNÉS CHEZ DES NOURRICES OU EN FAMILLE			
			AGES			TOTAUX	AGES			TOTAUX	AGES			TOTAUX
PAUVRES	SEXES ET ÉTATS		Moins de 14 ans	De 14 à 65 ans	Au-dessus de 65 ans		Moins de 14 ans	De 14 à 65 ans	Plus de 65 ans		Moins de 14 ans	De 14 à 65 ans	Plus de 65 ans	
Ordinaires ou sains d'esprit	Hommes	Mariés	—	31	19	50	—	94	81	175	—	—	—	—
		Veufs	—	32	57	89	—	7	39	46	—	—	—	—
		Célibataires	138	185	86	409	7	32	6	45	232	46	1	279
		Total	138	248	162	548	7	133	126	266	232	46	1	279
	Femmes	Mariées	—	46	12	58	—	42	5	47	—	—	—	—
		Veuves ou sépar.	—	73	153	226	—	602	410	1012	—	—	—	—
		Célibataires	89	105	55	249	14	96	90	200	201	14	1	216
		Total	89	224	220	553	14	740	505	1259	201	14	1	216
	Total des deux sexes		227	472	382	1081	21	873	631	1525	433	60	2	495
Aliénés	Hommes		2	262	40	304	1	12	—	13	1	102	15	118
	Femmes		1	279	39	319	—	16	1	17	—	114	43	157
	Total		3	541	79	625	1	28	1	30	1	216	58	275

La table suivante montre 175 femmes et 1.579 enfants de personnes assistées à leur propre domicile, les sexes, les âges, et les conditions civiles des pauvres assistés selon qu'ils le sont à domicile, chez des nourriciers, en habitations privées ou en institutions centralisées.

Les sexes des enfants des pauvres enregistrés vivant à domicile n'étant pas reportés sur les livres, les dépendants ont été omis de la table ci-dessus. S'ils avaient été inclus, le total du nombre des pauvres sains d'esprit aurait été accru de 1.754, et la distribution générale d'après l'âge aurait été établie comme suit :

	AGE			TOTAUX
	MOINS DE 14 ANS	DE 14 A 65 ANS	PLUS DE 65 ANS	
En institutions centralisées.....	227	472	382	1.081
A domicile.....	1.600	972	707	3.279
En nourrice ou en famille.....	433	60	2	495
Totaux.....	2.260	1.504	1.091	4.855

Cet état indique les nombres donnés pour chaque période économique de vie de l'ensemble des personnes assistées : 40 p. 100 du tout consistent en enfants de moins de 14 ans et appartiennent à la période de préparation ; 31 p. 100, entre 14 et 65 ans, appartiennent à la période de travail effectif, et 22 pour 100 de plus de 65 ans appartiennent à la période d'inactivité et de décadence.

Le nombre 928 des aliénés pauvres donné dans la table est un nombre exceptionnellement grand, étant équivalent à 3 p. 100 de la population totale d'Edimbourg.

Il pourra être aussi noté qu'en Ecosse un grand nombre de personnes, ne souffrant pas de maladie mentale active et dangereuse pour elles-mêmes et les autres, sont classées parmi les aliénés pauvres. Toute personne est directement ou indirectement

bénéficiaire de l'assistance officielle qui peut être à propos certifiée comme étant dans un état de faiblesse mentale ou en mauvais état ; par suite, exposée à souffrir de négligences ou d'accidents fâcheux, elle est placée sous la surveillance officielle et classée parmi les aliénés pauvres. Il est bon aussi de rappeler que le gouvernement central fournit une contribution à l'égard du maintien du pauvre aliéné, lequel ne peut pas être assisté comme le pauvre ordinaire ; cette circonstance ne pouvait manquer d'accroître le nombre des personnes qui sont enregistrées comme aliénées par les autorités locales.

Ceux qui sont familiers avec les statistiques sociales comprendront que de telles tables, indiquant le nombre de personnes classées aliénées, dépendent largement des conditions d'administration sous lesquelles le classement est fait.

INDIGENTS ASSISTÉS DANS LES ÉTABLISSEMENTS HOSPITALIERS

Comme l'objet de cette note est de décrire le système écossais de l'assistance publique plus spécialement dans ses relations avec l'assistance à domicile, il n'est pas nécessaire de s'appesantir sur les pauvres sains d'esprit, secourus dans les maisons de pauvres et les hôpitaux ; ou sur les aliénés pauvres, soignés dans les asiles. Il a été déjà dit que la maison des pauvres a pour but l'assistance de deux classes de personnes : 1° ceux dont l'indigence est due au jeune âge, à la vieillesse, à l'infirmité ou à la maladie ; 2° et ceux dont l'indigence est due au vice ou à l'imprévoyance. Pour la première de ces deux classes, la maison des pauvres est seulement employée, par les autorités d'Edimbourg, quand il n'a pas été possible de donner aux assistés des habitations privées convenables ou pour un temps court, jusqu'à ce qu'ils puissent s'en procurer. Pour ceux souffrant de maladie, un placement à l'hôpital et le traitement sont fournis ; pour le reste le confortable d'un domicile est autant que possible procuré et une grande liberté accordée. Pour la seconde classe, la nourriture, les vêtements et les logements sont procurés, mais ils sont sujets à de stricts règlements sur le travail qu'ils sont forcés de faire ainsi que sur leur conduite en général.

Il n'est pas possible de séparer ces différentes classes tout à fait strictement. Les vieux et les infirmes par exemple sont généralement classés parmi ceux qui se comportent bien, quoique leur conduite puisse avoir été mauvaise antérieurement. Mais les 969 habitants des maisons de pauvres d'Edimbourg, à la date à laquelle notre statistique se rapporte, peuvent être classés en 150 enfants, 365 adultes appartenant à la classe paresseuse, dissolue ou imprévoyante, 150 de bonne conduite, mais infirmes, et 304 souffrant de maladies, lesquelles requièrent un traitement médical à l'hôpital. Les 150 enfants consistent en enfants illégitimes de femmes vivant dans les maisons de pauvres et d'enfants temporairement secourus dans les maisons de pauvres, jusqu'à ce que des nourrices convenables soient trouvées pour les recevoir comme pensionnaires. Les 112 personnes restant sont placées dans des institutions et dans des hôpitaux spéciaux tels que ceux pour sourds-muets et pour aveugles, dans les écoles pénitentiaires (66 enfants coupables furent placés dans ces dernières institutions).

Les aliénés pauvres détenus dans les institutions centralisées furent, au nombre de 623, placés dans les asiles sous la direction des administrateurs locaux et sous le contrôle de l'administration générale des aliénés.

INDIGENTS ASSISTÉS A DOMICILE

Les 1.525 pauvres ordinaires enregistrés et leurs 1.754 dépendants qui sont portés dans la table comme secourus « à domicile » constituent la classe qui possède dans le plus large des sens la vie familiale. Ils vivent dans les circonstances où ils ont vécu avant qu'ils fussent atteints par l'infortune qui les priva des moyens de subsister. La vie de famille qui avait existé avant qu'ils tombent dans le dénuement subsiste paisiblement. L'activité des autorités de la paroisse se limite à la dotation de secours pécuniaires autant qu'il est nécessaire pour vivre avec le confort raisonnable.

Ces secours sont partiels ou complets, défrayant l'assisté de tous besoins.

Dans d'autres cas, c'est seulement un supplément au salaire de la personne assistée, et quelques contributions qui peuvent être faites d'après leurs moyens par les parents ou autres. Le but des autorités est de faire secourir les personnes assistées par elles-mêmes tant qu'elles le peuvent faire sans souffrance déraisonnable, et les autorités s'efforcent aussi de faire contribuer les personnes qui en sont capables au soutien de leurs parents indigents auxquels ils sont liés par des liens naturels. C'est à l'égard de ces cas (personnes assistées à leur propre domicile) que le problème de l'assistance officielle se présente sous sa plus embarrassante forme. C'est ici qu'il est le plus fréquemment impossible d'assurer le secours aux nécessiteux réels qui ont honnêtement faibli dans la lutte pour l'existence sans danger d'encourager la coupable oisiveté et d'enlever à l'activité individuelle un puissant stimulant. Ici néanmoins l'existence de la maison des pauvres et la conséquente opportunité d'offrir l'assistance par l'admission chez elle, dans les cas douteux, est importante, et en vérité une aide indispensable aux inspecteurs et au comité de secours. Les demandes d'assistance sont parfois faites par des personnes qui, avec un soin raisonnable et de l'énergie, peuvent s'en passer ; on les voit alors refuser leur admission au Poor-house. Mais la plus grande prudence et discrétion est cependant requise dans ces cas ; un bien plus grand nombre de solliciteurs se rencontrent parmi lesquels des gens dans le plus profond dénuement, méritant une aide bienveillante, et supportant les affres de l'extrême pauvreté ; souvent ils meurent d'inanition, plutôt que de se soumettre aux conditions de la vie des maisons des pauvres. Dans les tables se référant à l'œuvre du Comité de secours, il a été montré que l'offre d'admission à la maison des pauvres avait été refusée par 225 dans le cas de sollicitations nouvelles et par 602 dans le cas d'anciennes sollicitations, lesquelles furent cependant prises en considération par le Comité !

Il est aussi prouvé que dans 109 cas de secours à domicile, le besoin d'assistance étant devenu douteux, l'offre d'admission à la maison des pauvres fut faite et refusée, et l'assistance précédemment donnée ne fut pas continuée.

*

Les tableaux montrent que sur 1.525 pauvres enregistrés assistés à domicile, 266 seulement étaient des hommes et 1.259 des femmes. Parmi les femmes, 1.012 furent portées comme veuves ou séparées de leurs maris, parce que leurs maris étaient malades dans les hôpitaux ou les asiles. Il y a ainsi 1.059, ou 85 p. 100 du nombre total des femmes, qui sont veuves ou seules. Ceci mérite d'être noté parce que cela montre combien largement la mort ou l'éloignement de l'époux sont cause de la misère parmi les femmes. La vieillesse également contribue aussi largement à produire la pauvreté. Sur 266 hommes assistés à domicile, 126 avaient plus de 65 ans, le reste consistant en 133 souffrants de maladie et 7 orphelins de moins de 14 ans. Sur les 1.259 femmes, 505 avaient plus de 65 ans et 14 enfants de moins de 14 ans étaient orphelins. Le restant, 740 femmes, étaient ou rendues infirmes par la maladie ou surchargées de jeunes enfants, Quarante-deux femmes mariées avaient leurs maris malades dans les hôpitaux ou endroits similaires ; 35 étaient abandonnées par leur époux ; 567 étaient veuves et 96 étaient célibataires. Le nombre des enfants dépendants de chacune de ces classes est porté ci-dessous :

ÉTATS	FEMMES ENREGISTRÉES PAUVRES ENTRE 14 ET 65 ANS			Enfants de mères énumérées dans la précédente colonne.
	Totaux.	Incapables de se suffire par maladie.	Mères de jeunes enfants.	
Mariées	42	6	36	124
Abandonnées	35	3	32	85
Veuves	567	172	395	1191
Célibataires.....	96	94	2	2
Totaux	740	275	465	1402

De ce tableau il ressort que 37 p. 100 des femmes entre 14 et 65 ans étaient réduites à la pauvreté par la maladie et que 63 p. 100 étaient obligées de requérir l'assistance officielle comme étant surchargées d'enfants. Le nombre moyen d'enfants pour chaque mère était environ de trois.

Le taux de la mortalité parmi les pauvres enregistrés vivant à leur propre domicile est élevé, mais il faut considérer que c'est là une population en majeure partie débilitée par le mal, et contenant plus de 40 p. 100 de personnes de plus de 65 ans. La mort, pour une population moyenne de 1.640 durant les douze mois considérés, fut de 143, ce qui donne un taux annuel de mortalité de 87 p. 100. Le taux de mortalité parmi les 1.525 enfants ne fut cependant que de 19, ce qui peut être regardé comme satisfaisant, car c'est seulement un taux de 12 p. 1.000.

En considérant les résultats du système de l'assistance officielle aux pauvres à leur propre domicile, il est bon de remarquer qu'ils en retirent d'autres bienfaits que la seule obtention des moyens de subsistance. Ils reçoivent un secourable avis et des appuis multiples des agents officiels de la paroisse quand ils le requièrent ; dans beaucoup de cas ils profitent grandement de la discipline morale que la réception à domicile du secours comporte. Ils deviennent sujets à la surveillance officielle, et l'inconduite, quelle qu'elle soit, les mène à la suppression du secours à domicile, et à l'offre d'admission à la maison des pauvres en remplacement de ce secours. Dans les cas où des enfants en âge d'aller à l'école forment une partie d'une famille assistée, les fonctionnaires de la paroisse sont capables de donner un secours valable aux autorités qui éduquent, en vérifiant la présence régulière de ces enfants à l'école, et en l'aidant (cantines).

Le montant de l'assistance pécuniaire donnée au pauvre vivant dans son propre domicile, suivant le cas, dépend de plusieurs circonstances ; la principale est le montant des salaires de la personne pauvre, le nombre des membres de sa famille et le montant de l'assistance qu'elle peut recevoir de sources non officielles.

Dans la plupart des cas les personnes assistées ne dépendent pas entièrement du secours officiel. S'ils n'ont pas de parents ou d'amis pour les secourir et n'ont pas d'autres sources de revenu, ils reçoivent généralement quelques secours de l'une ou l'autre associations charitables privées de la ville. Un petit nombre de personnes qui sont complètement privées de secours et qui n'ont pas d'amis qui veuillent les recevoir comme membres de leurs familles, sont laissées dans les maisons privées, car on considère que de tels assistés peuvent ainsi être mieux soignés que dans l'hôpital des pauvres. La balance ordinaire des allocations aux personnes recevant le secours à domicile est de 3 francs par semaine pour un adulte de moins de 70 ans et 3 fr. 75 pour une personne de plus de 70 ans. Pour les enfants de moins de 14 ans vivant avec leurs parents, 1 fr. 80 est donné pour chacun. De cette manière, une veuve non atteinte de maladie et ayant trois enfants, recevrait 8 fr. 75 par semaine, 3 fr. 15 pour elle-même et 1 fr. 80 pour chacun de ses enfants, et un mari et une femme de plus de 70 ans, recevraient 7 fr. 50 par semaine. Ces allocations ne comprennent pas la fourniture de vêtements et d'autres dépenses qui peuvent être nécessaires en cas de maladie, et elles sont graduées suivant les besoins de chaque cas.

Personnes assistées pensionnées chez des nourrices ou en famille

Les personnes pensionnées au domicile privé consistent principalement en enfants et en personnes aliénées ; mais à côté de ceux-ci il y a un petit nombre d'adultes invalides qui sont aussi secourus par ce moyen. Au 15 mai ces derniers comptaient au nombre de 23 parmi lesquels 10 hommes et 13 femmes. Ils étaient placés dans des familles dans le district rural, parce qu'on pensait qu'ils seraient soignés avec plus de satisfaction de cette manière qu'étant placés dans l'hôpital des pauvres.

Un autre groupe spécial consiste en 39 jeunes personnes, 37 garçons et 2 jeunes filles de plus de 14 ans, qui furent pensionnés

en famille où ils apprennent des métiers ou autres occupations, tels que tailleurs, ébénistes, jardinage ou couture. Ce pensionnat de jeunes personnes en famille en vue de l'éducation professionnelle a beaucoup d'avantages ; le principal avantage étant que, après que leur période d'apprentissage se termine, ils trouvent plus aisément un emploi désirable, ayant appris leur travail dans des circonstances qui les mettent dans d'amicales relations avec des patrons et des compagnons de travail connus pendant l'apprentissage, à l'occupation qu'ils désirent continuer. Ils forment aussi des associations de prévoyance à domicile dès le début de leur carrière, ce qui les identifie avec les classes respectables de travailleurs de la société.

Enfants pensionnés chez des nourriciers et dans les familles

Les enfants de moins de 14 ans forment le plus grand contingent des enfants pensionnés réunis. Au 15 mai, ils étaient 433, soit 56 p. 100 du total ; les suivants étant assimilés aux aliénés pensionnés au dehors furent 275, ou 36 p. 100 du total (arriérés). Les enfants pensionnés néanmoins ont été indiqués déjà comme constituant seulement une petite proportion du nombre total des enfants assistés par le Conseil de paroisse. Le nombre total, en comprenant les enfants de personnes assistées à domicile, était de 2.260, parmi lesquels 433 seulement représentant 19 p. 100. Il y a 21 enfants orphelins qui apparaissent dans le tableau parmi les personnes vivant à domicile, qui ne sont pas comptés parmi les pensionnés bien qu'ils puissent être comptés parmi eux. Ils ont été classés comme « vivant à domicile » parce qu'ils résident avec les parents qui devraient être leurs gardiens naturels si l'assistance publique n'avait pas été requise.

Les 433 enfants classés comme pensionnés chez des nourrices ou en famille consistent en 220 qui sont, soit orphelins sans proches parents jugés aptes à les garder par les autorités de la paroisse, ou enfants de parents qui les ont abandonnés. En outre, 213 ont été retirés par les autorités paroissiales à leurs parents négligents ou incapables d'en prendre soin (moralement abandonnés).

Pour 45 enfants sur ces 220, des parents délaissés furent trou-

vés qui purent les pensionner convenablement, et les 175 restant furent pensionnés chez des étrangers. Les 213 enfants séparés de leurs parents furent dans tous les cas, excepté un, pensionnés chez des étrangers. Il y eut ainsi 387 enfants, 206 garçons et 181 filles pensionnés chez des étrangers spécialement choisis par le conseil de paroisse comme capables d'être leurs gardiens.

Ces 387 enfants furent pensionnés dans les alentours de seize villages ou petites villes situés dans les districts ruraux. C'est ainsi une moyenne d'environ 24 enfants pensionnés auprès de chaque village. Les villages sont éparpillés sur une région comprenant six comtés et couvrant en superficie environ 60 milles de longueur sur 40 milles de largeur, ou environ 2.400 milles carrés (100 kilomètres par 60 milles).

Les enfants sont éparpillés sur ce vaste espace selon l'opinion des administrateurs écossais qu'il ne faut pas qu'il y ait un nombre trop grand d'enfants assistés (pauvres) dans une localité. Il a paru meilleur pour les enfants qu'ils ne soient jamais nombreux dans une localité pour ne pas attirer l'attention sur eux comme sur une classe spéciale, et qu'il est meilleur pour le reste de la population que la localité ne puisse être regardée comme une colonie de pauvres.

En regard de l'habillement des enfants et en regard de tous les autres détails de direction, on prend soin d'éviter que les enfants soient reconnaissables et forment une classe spéciale.

Ils vont à la même école que les enfants de leurs gardiens, et leur genre de vie est en chaque endroit identique.

Le nombre des nourrices et des familles dans lesquelles les 387 enfants sont pensionnés était de 137, et le nombre moyen d'enfants avec chaque gardien était conséquemment d'environ trois. Trois ou quatre sont regardés comme généralement suffisants pour un gardien, mais dans un petit nombre de cas spéciaux, ils étaient six, et dans un cas même, sept. Le principe qui détermine le nombre est qu'il ne saurait y avoir trop d'enfants dans une maison sans détruire le sentiment de famille et introduire l'idée d'un petit poor-house.

Un membre du personnel des Inspecteurs de l'assistance consacre tout son temps à visiter et à surveiller les enfants pensionnés. Il fait ses visites toutes les fois que les circonstances s'en présentent, chaque fois qu'il semble y avoir lieu à visite utile, il voit chaque enfant au moins quatre fois par an. En cas d'urgence, le nourricier appelle l'Inspecteur des Pauvres de la Paroisse dans laquelle il réside. Il est du devoir de cet inspecteur, suivant les règlements du Conseil gouvernemental local, d'obéir à pareille demande ; et il est requis d'informer l'Inspecteur de la paroisse d'Édimbourg de tout incident concernant la situation d'un enfant, et qui viendrait à sa connaissance. En cas de maladie, l'officier de santé de la paroisse dans laquelle il est pensionné, est tenu de donner des soins à l'enfant. Les membres du Comité du Conseil de la paroisse d'Édimbourg font aussi une visite annuelle à tous les enfants pensionnés appartenant à la paroisse.

La pratique de la mise en pension des orphelins et enfants abandonnés a existé en Ecosse depuis beaucoup d'années ; mais elle n'a été systématiquement adoptée par les autorités de chaque paroisse que vers l'année 1850. Vers cette date un soin particulier commença à être apporté sur ce point dans quelques paroisses ; le groupe de paroisses maintenant unifié, comme paroisse d'Edimbourg, fut parmi les premières.

Dans le rapport de 1875 du Conseil de surveillance, qui, alors remplissait les fonctions actuelles du Conseil gouvernemental local, une mention spéciale fut faite sur ce point et le court extrait suivant est intéressant comme indiquant la position de la question à cette première phase. Les rapports ont été adressés au Conseil de surveillance des inspecteurs de pauvres de toutes les paroisses d'Ecosse, au sujet de l'extension et du degré de succès de la mise en pension des enfants dans leurs paroisses respectives. Parmi ces rapports il y en a un de l'inspecteur de la paroisse de Midcalder qui est un des districts dans lesquels les enfants d'Edimbourg ont été longtemps placés et où ils continuent d'être pensionnés. En voici un court extrait :

« Nulle plainte des habitants de cette paroisse (Midcalder)

contre la pratique des autres paroisses plaçant leurs enfants pensionnés chez elle, quoique en premier lieu un préjudice existât vis-à-vis des enfants. Le préjudice néanmois disparut bientôt. La paroisse de Saint-Cuthbert's d'Edimbourg avait eu de 18 à 20 enfants pauvres pensionnés dans le village de Midcalder et alentour jusqu'à plus de 25 ans. J'étais maître d'école en même temps qu'inspecteur des pauvres à Midcalder quand les premiers furent envoyés. Je pris grand intérêt au système et résolus de lui donner un essor favorable. Quand les enfants vinrent en premier, ils étaient uniformément vêtus, et chaque article portait le timbre : « Maison de pauvres de Saint-Cuthbert's ». Ils étaient honteux de cela ; et les autres enfants voyant cela, se tenaient à distance d'eux. Ils étaient regardés comme proscrits, le timbre de la mendicité était sur eux, je crus que la conséquence de ceci pouvait toujours rester.

» Je demandai aux directeurs de Saint-Cuthbert's de changer de place les enfants ou d'enlever le timbre du pauvre ; les directeurs adoptèrent mes vues et supprimèrent le timbre. Après cela, le costume uniforme fut aboli, et les enfants furent exactement habillés comme les autres enfants du village et une suffisante variété d'habillements les préserva d'être reconnus comme appartenant à une classe spéciale. Comme maître d'école je ne faisais aucune distinction entre eux et les autres enfants, à l'école. Avec ces changements, le regard humilié de mendicité disparut graduellement de leurs visages. Ils se virent eux-mêmes traités comme les autres enfants, et ils finirent bientôt par ressembler aux autres de toute manière ». Avec cette référence des résultats de la mise en pension de cette période, il est question d'autres avantages. « Les enfants sont sous tous les rapports traités comme membres de la famille chez laquelle ils ont pris pension, et ont entièrement perdu leur identité d'enfants assistés. Quand ils quittent l'école, les garçons apprennent des métiers ou deviennent domestiques de ferme, les filles deviennent servantes comme les autres filles de la campagne, et beaucoup parmi eux se marient bien. De tous les enfants qui ont été pensionnés par la paroisse de Saint-Guthbert's dans Midcalder, pas un, autant que j'ai été

capable de m'en assurer, n'est retombé dans le paupérisme, c'est-à-dire, n'est tombé dans la classe de la population à laquelle les personnes assistées appartiennent d'ordinaire.

» Quand l'enfant devient adulte, il reste toujours en relations avec sa famille d'adoption.

» Ils revoient leurs parents nourriciers de temps en temps comme les autres enfants revoient leurs domiciles, apportant, à la limite de leur temps, quand ils ont touché leurs gages, des présents de thé et de sucre, des articles d'habillement et autres témoignages d'affectueux respect. »

Il y a très peu de changement dans la mise en pension des enfants à Edimbourg depuis 1875, où le rapport précité fut fait. Le nombre d'enfants pensionnés au 1^er^ janvier de cette année était de 546 et le nombre au 15 mai, en comprenant les apprentis et les enfants orphelins pensionnés chez des parents, était de 493. Cela semble montrer une légère décroissance dans la pratique. Mais le nombre varie quelque peu d'année en année, et le système est regardé avec plus de faveur maintenant qu'il ne l'a jamais été. Il est maintenant en vigueur depuis un demi-siècle, il a eu pour effet d'enlever un grand nombre d'enfants à la classe de la population qui relève de la charité publique. Il les fait se suffire à eux-mêmes et devenir membres utiles de la communauté.

Les aliénés chez des nourriciers et dans la famille

Les points de ressemblance entre la mise en pension des aliénés et la mise en pension des enfants sont très nombreux, il n'est pas nécessaire d'entrer dans plus de détails à leur égard après ce qui a été dit dans les pages précédentes au sujet des enfants. Le nombre total des aliénés assistés dans les domiciles privés au 15 mai était de 305 pour les seules paroisses d'Edimbourg.

Trente du nombre ci-dessus étaient confiés aux soins de leurs gardiens naturels. La position de ces personnes ressemble en beaucoup d'aspects à celle des personnes assistées parmi les sains d'esprit qui ont été décrits comme vivant à domicile ; un père aliéné, par exemple, étant pensionné par ses enfants, ou un fils aliéné chez son père ou sa mère. Il y a cette différence, cependant,

qu'ils sont à tous les égards, sujets à l'inspection et autres règlements applicables aux aliénés qui sont pensionnés chez des étrangers. La petitesse du nombre ainsi secouru à domicile est largement due à la circonstance que dans beaucoup de cas où des proches parents existent qui peuvent être susceptibles d'être gardiens, ces parents, étant habitants d'Edimbourg, résident dans des localités urbaines peu capables d'être la résidence d'invalides souffrant d'infirmité mentale.

Le nombre des aliénés pensionnés chez des étrangers au 15 mai 1900 était de 275. Ils furent distribués comme les enfants pensionnés par petits groupes dans les localités rurales. Ces localités sont éparpillées sur une superficie comprenant huit comtés ; mais pas moins de 215 sont dans les villages ou près de ces derniers, dans le comté de Fife. Ces villages avaient été le siège d'un tissage à la main prospère établi dans les maisons des travailleurs, et avec l'introduction des métiers mécaniques, cette industrie s'était éteinte. Les habitants employés à cette industrie furent alors pareils aux habitants de Dun-sur-Auron après l'insuccès de l'industrie du fer, dans la position de recevoir des pensionnés tels que les chroniques et les aliénés tranquilles. L'insuccès de l'industrie du tissage, néanmoins, donna seulement la facilité initiale de la pratique du placement d'aliénés chez les habitants. La réception des aliénés pensionnés n'est plus maintenant limitée à une portion des habitants.

Les mêmes principes guidèrent l'administration ici comme dans le cas des enfants. Le nombre des aliénés dans chaque localité n'a jamais été trop élevé pour donner un caractère spécial à la localité ; et le nombre dans chaque maison n'a jamais excédé quatre ; en ces derniers temps, il a rarement excédé trois, si bien que le sentiment familial a été bien préservé. L'habillement est autant que possible semblable à l'habillement de leurs commensaux sains. Ceux qui sont capables de travailler prennent part au travail des membres de la famille où ils vivent, et ceux qui sont incapables de travailler, vivent la même vie que les autres invalides du district qui ne sont pas aliénés.

La surveillance administrative est plus stricte dans le cas d'aliénés que dans le cas d'enfants. La main du « General Board of Commissionners of Lunacy » est sentie par le Conseil de la Paroisse à chaque démarche qu'ils font. Un rapport détaillé est adressé par l'inspecteur des pauvres au General Board, au moment où le malade est placé, sur l'état du malade, le caractère du gardien, les personnes composant la famille et la commodité de la maison. La majorité des malades sont des personnes qui ont été internées dans les asiles, et qui sont devenues, suivant l'opinion de l'officier médical de l'asile, susceptibles d'être placées sous les soins domestiques. Dans quelques cas douteux, le General Board fait des questions à ses propres médecins sur l'à-propos des arrangements avant de donner sa sanction.

Chaque malade en famille est visité quatre fois par an, pour le Conseil de Paroisse, par un membre de l'administration des inspecteurs de l'assistance, dont le devoir spécial est de surveiller ces cas, et aussi quatre fois par an par un officier médical résidant dans le voisinage qui est spécialement employé par le Conseil de Paroisse à cet objet. Chacun de ces visiteurs officiels enregistre, sur un carnet que chaque gardien est requis de tenir, l'état dans lequel il a trouvé les malades, la manière par laquelle les devoirs du gardien sont accomplis, et la suffisance de l'appropriation faite pour le bien-être des malades. C'est le devoir de l'inspecteur de l'assistance de faire des démarches quand il est nécessaire, pourvoir à quelques nécessités ou effectuer quelques améliorations, que lui-même et l'officier médical peuvent penser nécessaires. En plus de l'inspection de ces deux fonctionnaires qui sont employés par le Conseil de Paroisse, chaque malade, non seulement ceux appartenant à la paroisse d'Edimbourg, mais chacun des 2.500 malades pensionnés par diverses paroisses de l'Ecosse, est, sous les ordres du General Board, visité par des inspecteurs-adjoints, qui font un rapport au General Board au sujet de la convenance de tous les arrangements faits pour les soins du malade, et aussi un rapport sur l'inspection du local. Le carnet se rapportant à chaque malade doit lui

être soumis par le gardien à chaque visite. Ces visites par les inspecteurs-adjoints sont faites une fois par an dans tous les cas ; s'il y a groupement de malades, comme dans les villages où les malades d'Edimbourg sont placés, les visites sont faites deux fois par an. Quand le rapport de l'inspecteur-adjoint est défavorable, le General Board ordonne, soit que des démarches soient faites pour des arrangements satisfaisants, soit que le malade soit replacé dans un asile.

Durant les douze mois considérés, le nombre moyen des aliénés secourus à domicile était de 308 et le nombre des morts était de 11. Ce qui donne un taux de mortalité annuelle de 36 pour 1.000. La mortalité est donc intermédiaire entre le taux dans les asiles qui était de 92 pour 1.000 et celui de la population générale âgée de 30 à 70 ans, lequel est d'environ 17 pour 1.000. Un taux de 36 pour 100 n'est pas mauvais pour une classe de personnes dont la plupart sont de faible santé.

Le coût de la pension des aliénés de la paroisse d'Edimbourg est en moyenne pour chaque malade de 561 francs par an, ou 10 fr. 80 par semaine ; sur cette somme, 8 fr. 75 pour le gardien sont payés par semaine, 85 centimes sont alloués pour l'habillement et 1 fr. 20 est la dépense nécessitée par l'inspection et l'administration.

Le traitement à domicile des chroniques et des aliénés inoffensifs commença à prendre une place reconnue dans le système d'assistance des aliénés pauvres en Ecosse, peu après la promulgation de la loi de 1857, qui établit le système sous lequel toutes les matières relatives à l'aliénation mentale sont maintenant administrées. D'après cette loi il était établi que le devoir du General Board of Lunacy était de veiller à ce que chaque personne aliénée, assistée par un Conseil de paroisse, soit convenablement soignée. En ce temps-là on croyait que la meilleure place pour l'aliéné était un asile bien aménagé ; la loi prépara l'érection d'asiles dans chaque district de la campagne qui n'avait pas déjà d'asiles publics. Quelques années cependant se passèrent avant que ces asiles pussent être construits, et durant cette période prélimi-

naire, un grand nombre d'aliénés pauvres furent sans place. Quelques-uns d'entre eux furent placés dans les maisons de pauvres et le reste fut placé dans les maisons de leurs parents ou pensionnés dans des maisons étrangères. En ces circonstances le General Board s'efforça, par un attentif système d'inspection, de rendre le traitement de ces malades, qui furent laissés dans les domiciles privés, aussi satisfaisant que possible. Dans ce travail plusieurs conseils de paroisse, parmi lequel celui d'Edimbourg, se piquèrent d'émulation. L'expérience gagnée durant cette période fut très utile. Le rapport annuel du General Board montre que le Board devint convaincu qu'un grand nombre d'aliénés pauvres pourraient, avec des règlements appropriés, être secourus avec plus de satisfaction à domicile qu'à l'asile. Dans cette opinion, les membres du Board furent fortifiés par une étude des résultats obtenus dans d'autres pays du monde tels que Gheel en Belgique où de nombreux aliénés avaient depuis longtemps été traités dans des maisons privées. Ils regardaient l'expérience de Gheel comme spécialement instructive et décisive en faveur du choix du système à échelon qui a prévalu. Il est vrai de dire qu'à cette période, l'organisation de Gheel étant alors imparfaitement développée, il devenait évident que non seulement le plus grand nombre des aliénés pouvait être bien soigné à domicile, mais aussi qu'il donnait d'utiles indications des catégories de cas pour lesquels semblable traitement ne serait pas satisfaisant. La considération que le Board donna à cette question fait qu'il continue à regarder les asiles comme nécessaires pour un traitement efficace de beaucoup de cas d'aliénation mentale, spécialement pour les cas dans lesquels un traitement médical et des soins spéciaux sont requis, et pour les cas où les malades sont dangereux pour eux et pour les autres. Mais il est aussi arrivé à l'opinion toujours confirmée que sous la surveillance efficacement organisée, la mise en pension à domicile d'un nombre considérable de malades doit former partie intégrante d'un système complet d'assistance pour les aliénés. La mise en pension des aliénés pauvres est maintenant établie en Ecosse depuis environ quarante ans, et se recommande plus que

jamais aux yeux des autorités administratives et du public en général. Le nombre total des aliénés pauvres assistés à domicile en Ecosse était de 2.669 au 1er janvier dernier.

La somme dépensée par le Conseil paroissial d'Edimbourg, pour l'assistance publique pendant l'année, est de 1.850.000 fr. environ. Cette somme se divise approximativement de la manière suivante :

Assistance des pauvres (sains d'esprit).

A domicile	450.000	francs.
Pensionnés chez les nourriciers	150.000	—
Dans des établissements hospitaliers	375.000	—

Assistance des aliénés.

A domicile ou pensionnés chez des nourriciers	175.000	—
Dans des établissements hospitaliers	400.000	—
Dépenses diverses	300.000	—
Total	1.850.000	francs.

Il était indiqué, dans la première partie de cet écrit, que « l'assistance » qui serait décrite était l'assistance obligatoire des pauvres qui a été prescrite par la loi en Ecosse, dépenses pour lesquelles chaque paroisse doit payer en dehors des taxes locales. J'ai aussi fait allusion dans le cours de cet exposé, à l'existence d'hôpitaux pour maladies infectieuses, qui sont les formes pratiques de l'assistance publique, bien qu'ils fassent partie de l'administration de la santé publique, et j'ai aussi mentionné l'assistance donnée à beaucoup de gens pauvres à leur domicile, dans les hôpitaux et institutions similaires dont les ressources proviennent seulement des contributions volontaires de la charité privée. Je voudrais maintenant, en vue de compléter cet exposé de l'assistance des pauvres à Edimbourg, expliquer en peu de mots la nature de ces formes subsidiaires d'assistance et leur position financière.

L'hôpital pour maladies infectieuses est entretenu en ce moment par la municipalité avec une dépense annuelle de 370.000 fr. et l'érection d'un nouvel hôpital pour remplacer la présente construction aura lieu prochainement. Cette construction est considérée comme devant coûter au moins 4.000.000 de francs.

J'exclus des dépenses d'organisations charitables volontaires toutes celles qui ne sont pas dépensées pour soutien, appui et secours médical. De même, j'exclus la dépense de celles ayant pour but l'éducation par institutions fondées sur la bienfaisance privée. (Ecole d'arriérés.)

L'organisation à laquelle je désire me référer peut être divisée en deux groupes : ceux qui donnent l'assistance dans les établissements hospitaliers, et ceux qui donnent l'assistance aux assistés à leur domicile propre ou à d'autres domiciles privés.

Le premier groupe comprend largement des hôpitaux pour le traitement de la maladie, mais il comprend aussi des institutions pour les cas de convalescence, d'aveugles et de sourds-muets ou de personnes souffrant de maladies incurables, d'enfants et de personnes qu'il est nécessaire d'arracher des mauvaises voies.

Le second groupe comprend des dispensaires où l'assistance médicale et les médicaments sont fournis, des sociétés pour donner des soins éclairés durant la maladie et des organisations donnant des secours pécuniaires aux malades et aux vieux débilités.

Des institutions appartenant au premier groupe assistent un nombre d'environ 2.800 personnes et leur entretien s'élève à une dépense annuelle d'environ 2.300.000 francs. Il est difficile et peut-être impossible de dire le nombre des personnes assistées par l'organisation du second groupe, mais leurs dépenses annuelles s'élèvent à près de 1.400.000 francs. La somme totale de 3.700.000 francs consiste en 2.200.000 francs de souscriptions annuelles et 1.500.000 francs provenant de donations et de l'intérêt des fonds placés.

La plupart des organisations des deux groupes, mais spécialement celles du groupe hôpital, reçoivent contribution des districts extérieurs d'Edimbourg, et donnent assistance aux pauvres de ces districts. La proportion dans laquelle les districts extérieurs et les districts intérieurs prennent part en donnant et en recevant, est en moyenne sensiblement égale. Nous pouvons alors estimer que la moitié des 3.700.000 francs est souscrite et dépensée par les habitants d'Edimbourg. Si nous ajoutons à ces

1.350.000 francs la dépense annuelle du traitement hospitalier des maladies infectieuses et aussi certaines subventions municipales et de l'Etat, le total dépensé, en plus des subventions fournies par l'assistance officielle régulière dans la ville, est environ de 1.800.000 francs. Le coût total de l'assistance pour les pauvres à Edimbourg monte donc au-dessus de 3.600.000 francs.

Je crains qu'on ne puisse penser que je suis entré dans d'ennuyeux détails en donnant le précédent exposé sur le système d'assistance tel qu'il existe à Edimbourg. Je l'ai fait ainsi cependant parce que j'ai cru intéressant et opportun de faire connaître un type d'organisation du système écossais.

On peut conclure de ce qui précède, que l'assistance familiale peut être érigée en régime normal d'assistance générale, ayant pour corollaire accessoire mais essentiel l'assistance centralisée.

Cette dernière prévaut normalement comme méthode de choix dans les cas difficiles ou dangereux (affections chirurgicales, contagieuses, aiguës, physiques ou mentales, agitations, etc.).

En règle plus générale toutes les catégories d'assistés peuvent être considérés comme relevant de l'assistance familiale en majorité.

Selon l'exemple de l'Ecosse, pour l'enfance le dixième seulement, pour l'âge adulte et la vieillesse le tiers, sont seuls vraiment justiciables de l'hospitalisation.

(HOME RELIEF CONGRESS)

L'ASSISTANCE AUX ALIÉNÉS CONVALESCENTS

Par M. le Dr MARIE

Médecin en chef des Asiles publics

Pour assurer la convalescence dit Esquirol (*Dictionnaire des sciences Médicales* 1816 T. 13) pour prévenir les rechutes, il faut que le convalescent soit plus ou moins longtemps soumis à une manière de vivre appropriée à sa constitution, aux causes et aux caractères de son délire.

Il évitera les causes physiques et morales qui l'ont prédisposé ou qui ont excité sa folie ; on le prémunira contre les écarts, contre les excès d'étude, contre l'emportement des passions. L'expérience a montré bien souvent que les rechutes ont lieu par le développement de causes physiques dont l'action sur l'économie produit simultanément la folie. Il faut combattre ces causes dès qu'elles se manifestent, sans attendre l'explosion de l'accès. « C'est faute de prudence dans la folie, comme en toute autre maladie, que les personnes qui en ont été atteintes sont sujettes à des rechutes. »

L'aliénation mentale, dit-il ailleurs, (Esquirol *Les maladies mentales* T. 1 p. 342) se juge par le retour du sommeil, de l'appétit ou la cessation de la voracité ; par le rétablissement des sécrétions ou bien par leur diminution, lorsqu'elles ont été trop abondantes. Toutes ces circonstances, coïncidant avec la cessation progressive du délire avec la manifestation de la sensibilité morale annoncent la guérison progressive prochaine. La guérison est opérée si le malade est revenu à ses anciennes idées, à ses anciennes affections, à ses anciennes habitudes, à son ancien caractère. Nous ajouterons à son ancien milieu.

On peut donc dire avec Legrain que médicalement la convalescence peut être définie la période terminale d'une maladie qui guérit, celle qui sert de transition entre l'état de maladie et la guérison, le convalescent aliéné sera ainsi le malade pour lequel

l'internement aura cessé d'être une nécessité légale, sans cependant que cesse pour la société le devoir de l'assister. (R. L. p. 9).

C'est que toute convalescence succédant à l'arrêt d'un processus morbide, mais précédant le retour à l'état physiologique et l'y conduisant est caractérisée par certains phénomènes généraux transitoires.

Ce sont entre autres :

1° La réapparition de l'appétit.
2° L'abaissement de la température.
3° L'amaigrissement.

La température ne tarde pas à remonter, l'amaigrissement disparait et fait même place à un certain embonpoint, car l'appétit peut se maintenir très vif un certain temps.

Le système nerveux toujours profondément atteint, est plus lent à revenir à son fonctionnement normal.

Le patient ne peut se tenir debout ni marcher, sans un sentiment de fatigue ; un geste brusque, une émotion, une excitation cérébrale un peu plus forte, suffisent à provoquer du vertige, des palpitations, une élévation thermique (38.5) due, non à une infection surajoutée, mais à l'incomplète synergie des centres de la régulation thermique.

On peut signaler encore des troubles des organes des sens, surtout de la vue et de l'ouïe, tous phénomènes qui résultent de la destruction des neurones et des éléments contractiles au cours de la maladie, sans assimilation compensatrice. En bien des points, la synergie est altérée ou détruite, et, il faut de nouvelles excitations et une assimilation fonctionnelle concomitante large, pour rétablir les connexions et permettre de nouveau le fonctionnement normal de tous les organes et appareils. (*Encyclopédie Méd.* p. 249).

Ces prémisses générales posées concernant tout état de convalescence, s'appliquent à fortiori aux états d'aliénation mentale en voie de guérison. Là plus encore que dans les affections somatiques simples les centres nerveux se trouvent éprouvés et déséquilibrés.

Ainsi voyons nous dès le commencement du siècle les élèves de Pinel, au 1er rang desquels Esquirol, poser les principes rationnels qui doivent guider en matière de convalescence des aliénés.

Le problème de la convalescence des maladies mentales, comporte en effet 2 points de vue principaux :

1° Le point de vue pratique des conditions actuelles légales et administratives dans lesquelles se trouve placé le médecin traitant vis-à-vis d'un aliéné convalescent.

2° Le point de vue clinique de signes auxquels se reconnaît l'entrée en convalescence dans les différentes psychoses et les moyens thérapeutiques accessoires propres à l'améliorer.

Réservant le 2e point pour une étude ultérieure plus développée nous nous occuperons surtoût ici du 1er point de vue et des desidérata multiples qu'il est permis d'émettre à ce propos.

Si en effet l'aliéniste peut déterminer théoriquement la série des conditions idéales à réaliser pour la convalescence de son malade, il a à compter pratiquement avec les exigences d'une législation variable selon les pays, mais qui presque partout sacrifie plus ou moins l'intérêt du malade à la sûreté générale.

Le médecin se trouve lié par des textes qui mettent sa responsabilité en jeu et par l'absence de moyens transitoires, d'amener un complément de soins et de surveillance nécessaire au dehors des asiles spéciaux.

Mais l'èdifice de la législation spéciale érigée au commencement du siècle chez nous et dans les pays voisins craque de partout ; en France, en Belgique et ailleurs on se préoccupe de refondre des textes excellents dans beaucoup de leurs prescriptions, mais incomplets ou en retard sur le développement des mœurs actuelles.

Depuis 1888 en France, les institutions d'assistance générale et spéciales sont étudiées et remaniées par un Comité spécial, le Conseil supérieur d'Assistance publique.

Or il est significatif de constater que depuis sa création jusqu'à la session dernière de 1902 le Conseil supérieur a mis 3 fois à l'ordre du jour cette grave question de la convalescence des aliénés.

Notre excellent confrère le Dr Legrain a eu l'honneur de présenter le dernier rapport sur le sujet. Il l'a fait avec tout le talent et la compétence que l'on sait et son rapport marquera une étape significative de la question, les vœux qui l'ont suivi entraîneront bientôt des modifications importantes dans nos mœurs administratives, et l'action du corps des médecins spéciaux aidant, la refonte imminente de nos lois viendra consacrer une réforme sur le point de passer dans les faits.

J'aurai l'occasion de faire au rapport précité comme aux discussions qui l'ont suivi des emprunts fréquents.

En effet, le travail est fondé sur une enquête générale, menée parallèlement auprès des autorités préfectorales, et auprès du corps médical des asiles de France.

En voici le résumé tiré des actes du Conseil supérieur d'assistance.

Enquête. — 53 départements sur 67 usent des sorties d'essai, mais 39 seulement se montrent favorables à la mesure.

Dans d'autres, on se plie aux nécessités présentes, mais avec plus ou moins de bonne grâce ; on sent bien qu'il y a là une nécessité manifeste, mais on ne se sent pas couvert par la loi et on fait des réserves. — 28 administrations préfectorales sont à gagner ou à rassurer, parmi lesquelles, 12 sont franchement hostiles et n'ont jamais fait de sorties d'essai.

22 Préfets sur 67 se prononcent nettement en faveur d'une règlementation nécessaire et supptient le législateur d'intervenir dans la circonstance.

Il y a 13 opposants, lesquels estiment être suffisamment couverts par la loi.

Il y a parmi les médecins comme parmi les autres hommes des hardis et des timides ; ils se partagent ici en parties très inégales. D'autre part l'expérience médicale démontre que les résultats donnés par les sorties d'essai sont essentiellement favorables dans l'immense majorité des cas.

La procédure varie à l'infini, suivant l'arbitraire local, 50 p. 0/0 des médecins concluent à l'insuffisance de la législation ; quant à l'autre moitié, on devine aisément qu'elle accueillerait favorablement une règlementation.

Il n'y en a que 17 sur 109 pour lesquels la règlementation actuelle, ou plutôt les mesures locales paraissent suffisantes comme depuis longtemps employées ; même quelques-uns trouvent que dans l'espèce une législation serait fâcheuse.

Mais on peut dire que dans l'immense majorité des cas, le plébicite médical est favorable à une règlementation.

Statistique. — Quelques renseignements statistiques empruntés à la Seine achèveront de marquer l'importance de la question des convalescences.

Le nombre moyen des admissions annuelles dans les asiles de la Seine est de 3,600 dont 3,350 par admission pour la première fois, et 250 déjà antérieurement placés (dont 50 alcooliques toujours les mêmes).

La moyenne annuelle des sorties pour la Seine est de :

2000 p. 13,657.

(Dont 800 femmes et 1200 hommes).

Ces sorties sont presque toujours faites parmi les aliénés placés dans la Seine même au nombre de 8,210.

L'autre portion des aliénés de la Seine placés en province au nombre de 54,445 ne donnent anuuellement qu'une centaine de sorties. Ce qui s'explique par ce fait que le contingent transféré en province se compose surtout de chroniques, alors que le

maximum de guérisons dans la folie s'observe dans le cours des 2 premières années.

Les sorties se subdivisent à peu près par parties égales en sorties par guérison, et sorties par amélioration.

Cela fait un peu plus d'un douzième environ *de guérisons* par rapport à l'effectif (13657) et nous avons vu que sur ce millier de guérisons 1/4 rentrent annuellement par rechute.

Cela réduit à moins de 10 0/0 le chiffre des guérisons confirmées, alors que la moyenne générale des établissements privés payants, et de certains établissement publics à l'étranger peut atteindre et dépasser 20 0/0.

C'est que les gens riches n'ont pas à compter avec les affres de la convalescence de l'aliéné pauvre, et que d'autre part les pays où s'élève le quantum des guérisons pour les asiles publics d'indigents sont précisément ceux où l'assistance hors l'asile fermé existe, et où se trouve réalisée l'assistance transitoire en liberté pour les aliénés convalescents.

Historique. — Tant que la folie n'était pas considérée comme une maladie somatique entièrement assimilable aux autres, il ne pouvait être question de cure ni de convalescence.

Le possédé était traité par l'exorcisme ; ou bien celui-ci échouait et on détruisait les diables réfractaires, contenu et contenant, possédé compris, ou bien l'exorcisme réussissait et le démon s'enfuyait du cerveau malade comme le peignent les vieilles estampes et enluminures du temps.

Cependant les exorcistes envisageaient la possibilité d'une évacuation progressive des diables, l'élimination pouvait n'être que partielle, et l'exorcisme devait être suivi d'autres, ou de retraites complémentaires afin de parfaire l'élimination des démons de moindre importance et de purifier leur victime.

Les Chanoines du chapitre de Ste-Dymphne, à Gheel, notaient sur des registres ad hoc les signes particuliers de chaque cas soumis à leurs exorcismes et à l'action curative de la basilique.

Les soins complémentaires de cette convalescence post-exorciste étaient réglés par le chapitre suivant des règles fort sages, et plus inspirées du point de vue somatique qu'on ne le croirait pour l'époque, et même d'une compréhension rare des besoins de l'aliéné convalescent [1].

Les vieux registres de l'église de Gheel en font foi, j'y reviendrai d'ailleurs dans une autre étude.

[1] Des infirmiers et des infirmières (laïques d'ailleurs), placés sous leurs ordres, soumis à un recrutement et à un enseignement spécial, veillaient ensuite au soin des aliénés soignés au voisinage de l'église ou dans l'édicule spécial adossé à l'orient de l'avant-nef.

Quoiqu'il en soit, on le voit dès l'époque médiévale, l'assistance familiale naquit du besoin d'assurer un régime valétudinaire aux aliénés convalescents après l'exorcisme.

A mesure que s'établit la notion de la vraie nature morbide de la folie, le corps médical put traiter l'aliéné en malade et étudier les moyens d'aider sa convalescence.

Les anciens maîtres, Pinel, Esquirol entre autres, l'enseignent déjà et prescrivent les voyages, les distractions à leurs malades convalescents sortant de l'asile.

« Il est, dit Esquirol (Dict. p. 225) des aliénés qui guérissent au sein de leur famille.....

» .....L'isolement comme tous les moyens curatifs ne doit être prescrit que par des praticiens, je vais plus loin, l'isolement a été funeste à quelques malades, il faut être réservé quand on l'ordonne, *surtout quand on le prolonge ;* il est de la nature des choses que ce qu'il y a de meilleur et de plus utile, n'est pas toujours exempt d'inconvénient ».

Le repos, les distractions, les voyages à la sortie de l'asile, étaient des règles applicables seulement aux aliénés riches, et l'aliéné ordinaire n'en pouvait bénéficier.

Aussi les auteurs de la loi française de 1838 omirent-ils de prévoir un mode de transition entre l'internement qu'ils décrétèrent et la sortie pure et simple qu'ils règlementèrent par les articles 13 et 14 de la loi spéciale. Les textes sont muets en ce qui concerne les sorties avant guérison, hormis les cas de placements volontaires directs ; encore est-il qu'ici, lorsqu'il est question de sortie, il ne s'agit pas de sortie provisoire, mais bien de la libération définitive.

C'est le Dr Cazauvielh, ancien interne de la Salpétrière, qui paraît avoir le premier, en France, exprimé l'idée d'un patronage transitoire de convalescents, dans son livre intitulé « Du suicide, de l'aliénation mentale et des crimes contre les personnes, comparés dans leurs rapports réciproques. »

« Je dois avouer une pensée pénible, qui n'est cependant pas sans espérance ; c'est que, dans quelques localités, et à Paris surtout, le sort des criminels occupe vivement la sollicitude des philanthropes qui, après avoir travaillé à l'amélioration du sort de ces malheureux, au développement de leur intelligence et à la conservation de leur santé, continuent leur protection à ceux qui sortent des prisons, soit après un acquittement, soit au terme de leur peine ; mais les aliénés qui sortent des établissements où ils ont été traités pendant un an et plus, sont délaissés dans les campagnes, sans asile et sans occupation. Pourquoi ne trouveraient-ils pas les ressources que la philanthropie offre aux criminels ?

Que les hommes qui aiment à faire le bien s'empressent donc de former des sociétés protectrices des malheureux aliénés que la misère et le mépris dont ils sont fréquemment accablés provoquent à de funestes rechutes. »

Le 7 octobre 1842, David Richard, Directeur de l'asile de Stéphansfeld, lut, au Congrès scientifique de France (dixième session tenue à Strasbourg), un mémoire intitulé : « Du régime moral dans les asiles d'aliénés, et de la nécessité d'un patronage pour les aliénés indigents guéris. »

L'auteur préconise, comme moyen de traitement, le travail libre et volontaire.

Puis il combat le préjugé de l'incurabilité de la folie et s'appuie sur le nombre de guérisons sans rechutes obtenues à Stéphansfeld, et termine ainsi son mémoire :

« Ce préjugé (de l'incurabilité), Messieurs, n'est pas seulement faux : il est funeste et porte des fruits amers, surtout pour les aliénés indigents. Depuis la loi bienfaisante de 1838, loi longtemps réclamée et qui honore notre pays, les soins les plus protecteurs sont assurés aux infortunés de la classe pauvre qui tombent en aliénation mentale. C'était une dette que jusqu'alors la société n'avait point payée ou qu'elle avait mal payée. Mais ce n'est pas assez de leur avoir ouvert des asiles; il faut qu'au sortir de ces établissements ils ne trouvent pas une société prévenue contre eux, une société marâtre par indifférence, cruelle par préjugé.

« ...Quand l'aliéné indigent sort joyeux de l'asile, ayant recouvré la raison, il pense qu'on va se réjouir avec lui, l'aider à reprendre ses travaux, soutenir sa vie. Qu'il se trompe cruellement ! On ne veut pas croire à sa guérison, on le poursuit de l'épithète injurieuse de fou ; on interprète défavorablement toutes ses actions, toutes ses paroles, on lui refuse toute confiance: la peur lui ferme toutes les maisons où il pourrait trouver du travail, et il reste isolé, bafoué, sans ressources, désespéré, sa tête s'égare, il cherche un remède à ses maux dans le suicide ou est renvoyé à l'asile où il n'aurait jamais dû rentrer.

» Plus d'une fois j'ai appris avec douleur la triste fin de malades qui m'avaient quitté pleins de santé et de courage ; plus d'une fois j'ai dû repousser les sollicitations d'autres aliénés qui me conjuraient de les recevoir de nouveau au milieu des insensés auxquels ils n'appartenaient plus.

« Il y a donc urgence à établir dans chaque département des patronages qui se chargent de suivre, de protéger, d'encourager, de secourir les aliénés indigents que repousse un fatal préjugé. »

En cette même année 1842 — Falret père avec l'abbé Christophe aumônier de la Salpitrière, fonda une société de patro-

nage pour les aliénées indigentes sortant de son service; en 1843, Baillarger et Mitivié se joignirent à lui [1].

En 1846, M. le préfet Delessert, qui avait autorisé de petits congés, les supprima tout à coup à la suite d'un incident survenu du fait d'un malade appartenant au Dr Trélat.

Ce n'est qu'en 1875 que le préfet F. Voisin consentit à *fermer les yeux* sur les tentatives de réintégration provisoire au sein des familles.

L'article 170 du règlement sur le service intérieur du 20 mars 1857, dit :

Aucun aliéné ne peut faire de promenade extérieure s'il n'est accompagné d'un infirmier ou d'une infirmière, ou s'il n'est confié à un parent ou à un ami qui prend la responsabilité de la surveillance du malade au seuil de l'établissement.

La permission de sortie délivrée par le médecin en chef et visée par le directeur, doit mentionner le nom de la personne qui accompagnera le malade et déterminer la durée de l'absence.

Le règlement spécifie nettement que le médecin et l'administration restent responsables pendant la sortie accompagnée.

Ce n'est cependant souvent qu'après différents essais, observe Renaudin, dans ses commentaires de la loi de 1838 en 1863 (page 90), que le médecin peut, en parfaite connaissance de cause, déterminer les chances d'améliorations qui peuvent résulter de la sortie, les avantages souvent contestables de la vie de famille incompatible avec l'état du plus grand nombre, et enfin la nécessité de maintenir l'isolement.

De 1864 à 1865, la société Médico-Psychologique se consacra à l'étude des meilleurs modes d'assistance pour les aliénés, et à cette occasion de nombreux témoignages appelèrent l'attention sur la convalescence.

Le Dr Brunet, dit : « La folie aïgue deviendrait très souvent chronique si l'on attendait une guérison complète pour faire sortir les malades, leur rétablissement s'achevant mieux au sein de leurs familles. » Il souhaite une organisation des asiles propre à diminuer la promiscuité des aliénés, qui devraient en quelque sorte être traités individuellement.

Dès qu'une amélioration se produit, il faut essayer les malades dans leur famille ou les faire habiter avec les employés de l'Asile.

MM. Baillarger et Girard de Cailleux, signalent que dans

[1] D'après les documents recueillis par M. Bourneville, l'œuvre de la Salpétrière fondée par Falret a été limitée d'abord aux aliénées indigentes sortant guéries de la 5e division 1re section parallèlement à la première pendant plusieurs années. La fusion des deux sociétés en une seule s'opéra vers 1848, et la nouvelle association étendit son patronage aux hommes sortant de Bicêtre comme aux femmes sortant de la Salpétrière.

plusieurs asiles on use des sorties d'essai, mais en raison de l'irrégularité de la mesure, ces sorties sont en réalité des élargissements définitifs avant guérison.

Girard de Cailleux déplore que dans l'état actuel de la loi, les asiles soient obligés, par intérêt pour les malades qu'il serait inhumain d'abandonner à eux-mêmes, de les garder trop longtemps, et même au-delà de la guérison.

« L'assistance sociale de l'aliéné est toute à créer. Il faudrait des quartiers de convalescence pour ces malades qui n'ont plus besoin de l'asile, mais qui ont besoin encore d'une protection avant de rentrer sans risques dans la vie ordinaire.

Pour M. Delasiauve la solution est dans la colonisation familiale. De la colonie les malades pourraient être envoyés dans leur famille, à titre d'essai, lorqu'on hésite sur leur libération définitive.

Parallèlement le Dr Delasiauve rêve des quartiers ouverts de convalescence communaux pour les aliénés. — Là il n'y aurait pas de nécessité de rompre les relations habituelles du malade. Ces hospices seraient une douce transition. Une commission municipale serait l'organisme chargé des intérêts des malades et de leur assistance.

Foville s'est montré partisan du secours en argent prélevé sur le budget de l'asile pour les aliénés dans leur famille.

Par ce procédé on réduirait d'un dixième la population des fous internés.

(M. Foville, en particulier, définit très nettement le rôle des médecins cantonaux, qui serait la cheville ouvrière de l'assistance de l'aliéné en liberté avant guérison).

Dans le grand rapport de 1874 sur le service des aliénés, dû aux inspecteurs généraux Constans, Lunier et Dumesnil, le desideratum de la sortie d'essai se trouve catégoriquement posé. On y devine, dit Legrain, l'embarras des praticiens pris entre d'impérieuses exigences cliniques et une législation décidément insuffisante.

« Quand un aliéné, placé par sa famille dans un asile, paraît à peu près, sinon complètement guéri, il est utile, dans certain cas, de le remettre, à titre d'essai, entre les mains de ses parents, et cette sortie peut se prolonger pendant une ou plusieurs semaines. »

Il semblerait rationnel que les médecins d'asile fussent autorisés d'une manière générale à mettre en liberté, à titre d'essai, les malades pour lesquels ces sorties provisoires leur paraîtraient de quelque utilité. Avis en serait donné au Préfet et mention en serait faite sur le registre légal ; mais les malades auxquels elles seraient accordées pourraient être ramenés à l'établisse-

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ment sans qu'il fût nécessaire de fournir une seconde fois les pièces dont la production est prescrite par l'article 8 de la loi. Ces sorties provisoires ne pourraient, en aucun cas, se prolonger au-delà d'un mois.

Les inspecteurs signalent qu'un certain nombre de directeurs médecins et de médecins ont été *officieusement* autorisés par le Préfet à agir comme il est dit plus haut, mais ce ne sont là que des *tolérances*. Ils souhaitent que la mesure devienne générale et en quelque sorte légale.

En 1879, M. Taguet écrit qu'entre la séquestration complète et la liberté absolue, il doit y avoir place pour un moyen terme, qui est précisément la sortie à titre d'essai.

« Ce mode, dit-il, n'est pas prévu, il n'est pas légal, je le veux bien, mais toute loi, si parfaite qu'elle puisse être, ne présente-t-elle pas une certaine élasticité sans laquelle elle n'est pas viable? » L'auteur pense que cette élasticité est implicitement comprise dans l'article 170 du règlement de 1857. (Promenades extérieures. — Voir plus haut).

En 1883, M. Mottet, dans un travail où il examine le dispositif des sorties, selon la loi de 1838, insiste sur la teneur de l'article 14, où il est dit qu'en cas de sortie on doit faire connaître au Préfet le lieu où l'aliéné aura été conduit.

« Le législateur a voulu ainsi permettre à l'administration de suivre l'aliéné non guéri, sorti de l'asile, et pouvant encore avoir besoin d'appui. » Principe très précieux en ce qu'il justifie l'intervention protectrice de l'administration vis-à-vis de l'aliéné même en dehors des asiles. Tout un système de protection de l'aliéné libéré avant guérison pourrait être construit sur cette base (intervention de la commune, selon le système du docteur Delasiauve).

A l'occasion du rapport au Sénat sur la législation des aliénés par Th. Roussel, une enquête générale fut faite dont la 7me question avait pour objet :

« Du traitement des aliénés inoffensifs et des secours à domi-« cile. »

Les résultats fournis ne furent pas favorables à une innovation libérale dans le cas qui nous occupe.

L'affirmation de Ferrus que tout aliéné est dangereux pesait encore visiblement sur l'opinion.

Chose curieuse, les Préfets sont plutôt favorables à l'innovation de secours et traitements familiaux que le corps des médecins spéciaux.

Plusieurs de ces derniers se prononcent contre tout traitement hors l'Asile, en se basant sur des expériences faites de renvoi de tranquilles indigents, *sans secours à domicile*.

A Marseille, par exemple, on invoque l'insuccès du renvoi de 40 imbéciles et déments qui, pour la plupart sans famille, ne furent recueillis par personne ou durent mendier (!). En Loir-et-Cher, 30 aliénés inoffensifs furent confiés aux soins de leurs familles, dit le Dr Vedié ; presque tous furent réintégrés « il est vrai qu'aucun secours n'avait été alloué aux familles, mais je ne crois pas à l'efficacité de ces secours sans qu'on organise au dehors un service de surveillance qui n'existe pas ».

Telle est la note générale, c'est-à-dire confusion entre l'abandon sans secours et l'assistance familiale, et surveillance préalable réclamée pour les aliénés libres avec patronage de convalescence.

Le projet de loi posa néanmoins en principe les sorties d'essai pour convalescents, dans son article 51.

Les projets ultérieurs de MM. Bourneville, Reinach, Lafon et Dubief ont reproduit ce même principe.

En 1883, nouvelle discussion à la Société Médico-psychologique sur le thème :

« Des garanties à apporter à la sortie des aliénés. »

A ce propos M. Falret reconnait que le régime actuel peut entraîner abusivement le maintien de beaucoup d'aliénés à l'asile, par crainte très légitime du lendemain. Il fait un historique des sorties d'essai.

Elles ont eu lieu tout d'abord en province, de gré à gré avec les familles. A Paris, la Préfecture de Police s'y est opposée, mais semble aujourd'hui les admettre, sans toutefois vouloir intervenir. Ces essais sont utiles : s'ils ont des inconvénients ils sont inférieurs aux avantages. M. Falret souhaite aussi la sortie des incurables inoffensifs, posant en principe que tout aliéné n'est pas fatalement un malade à séquestrer.

MM. Voisin, Lunier, Foville, répondant à M. Legrand du Saulle, ont calmé ses inquiétudes en faisant passer par dessus les catastrophes un peu chimériques l'intérêt bien compris de la majorité des malades.

Pour M. Christian, les sorties et congés sont un bienfait inappréciable. En les utilisant, le médecin donne à l'asile la physionomie qu'il doit avoir réellement, la renfermerie, la prison, devient la maison de santé véritable. Quant aux sorties d'essai, il estime que le médecin seul doit en prendre la responsabilité.

En 1888, dans une étude remarquable de casuistique sur la mise en liberté des aliénés, le docteur Chambard réclamait l'usage officiel des sorties d'essai, ordonnées par le médecin, qui auraient sur l'internement une action suspensive, mais permettraient la réintégration par mesure de simple police. En vue de protéger certains aliénés qui, sortis non guéris, pourraient

encore être exploités, la loi devrait prendre vis-à-vis d'eux, dès avant leur sortie, des mesures conservatoires. Enfin, on devrait pouvoir effectuer, sur la proposition médecin, le placement direct dans un hôpital. un hospice ou un dépôt, des internés guéris ou même encore aliénés, mais inoffensifs et incapables de subvenir à leurs besoins.

Dans une deuxième étude sur le patronage des aliénés, le docteur Chambard estime qu'il y a lieu d'appliquer aux aliénés en voie de guérison un régime spécial de convalescence. Ce régime comporte l'usage d'une demi liberté, mais comme cette demi liberté peut avoir des inconvénients, il ne faudrait pas rendre le médecin trop responsable des accidents éventuels. — Malheureusement on ne peut graduer les responsabilités médicales comme les responsabilités atténuées auxquelles elles correspondent.

Le Congrès international d'assistance publique de 89 a entendu le grand rapport du Dr Kéraval sur les aliénés hors des asiles, où l'auteur traite des sorties d'essai comme moyens modificateurs de l'aliéné. D'après Schuele sur la valeur et la recevabilité des sorties prématurées, il établit les règles de ces sorties. M. Kéraval se rallie au principe posé par Th. Roussel de la surveillance possible et du traitement des aliénés à domicile. Les sorties d'essai supposent l'élargissement définitif des aliénés préalablement traités dans un asile, avec des organismes de patronage complétant la loi.

C'est la sortie d'essai systématique de malades dont la guérison paraît incompatible avec leur maintien à l'asile (sorties prématurées thérapeutiques.)

C'est en 1888 que fut fondée la société de patronage des aliénés convalescents sortant des asiles de la Seine et des quartiers d'hospice ; sous l'impulsion de son initiateur M. le Dr Bourneville, cette société n'a cessé de fonctionner depuis et c'est un groupes de ses membres qui a organisé sous sa direction le seul petit asile ouvert existant actuellement pour les aliénés indigents sortis guéris, dont nous parlerons plus loin.

Les aliénés guéris, disait M. Monod dès 1889, (Lettre du Directeur de l'assistance publique à M. le Président du Conseil), et ceux dont l'état mental s'est suffisamment amélioré pour que leur sortie où ils étaient en traitement puisse être autorisée, sont fréquemment exposés à se trouver dans des situations de nature à amener des rechutes. Ceux dont l'affection mentale avait eu pour cause l'abus des boissons alcooliques reprennent leurs habitudes anciennes, s'ils sont livrés à eux-mêmes, le plus grand nombre ne pouvant arriver à se procurer du travail, aussi bien à cause de leur état physique que de la méfiance dont ils sont l'objet, tombent dans une misère profonde.

Privés de travail, privés des moyens de s'en procurer, les convalescents de l'aliénation mentale deviennent des récidivistes, parce que la société ne leur est pas venue en aide. Pour ces raisons, souvent le médecin hésite à mettre en liberté des individus convalescents, mais privés de toutes ressources, et destinés à retomber dans le milieu qui a été la cause déterminante de l'affection.

C'est à la suite de cette lettre, que le conseil d'assistance étudia une première fois la question et émit le vœu favorable aux patronages des convalescents, aux quartiers ouverts et aux intermédiaires entre l'hospice et la vie libre (1891 [1]).

Dix ans après M. Monod revenait à la charge dans son rapport au Ministre (11 fév. 1898).

Ne conviendrait-il pas sans modifier les prescriptions de la loi, d'étudier une organisation des asiles donnant au médecin la facilité d'élargir dans une certaine mesure, avant faire droit, c'est-à-dire avant d'avoir acquis la certitude que la guérison est obtenue, le champ de son observation par le placement du malade dans un milieu sinon tout à fait nouveau, du moins autre meilleur que celui où il s'est trouvé depuis son placement, jusqu'au moment où une grande amélioration est survenue dans son état mental ?

La tâche de chacun, du médecin, de l'administration ne serait-elle pas facilitée ? Il prévoit plus et mieux encore que le quartier spécial de convalescents : « Le médecin accorderait à ces convalescents, des permissions de sortie à titre provisoire, susceptibles d'être prolongées, le cas échéant ; l'amélioré confié soit à ses parents soit à d'autres personnes, reprendrait peu à peu l'usage de la vie libre et serait incité à mériter par la persévérance dans une conduite irréprochable sa mise en liberté définitive. Rapport du Directeur de l'Assistance et de l'hygiène publique — Au ministère de l'Intérieur — 11 février 1898 — H. Monod.

A la suite de la nouvelle étude soumise au Conseil supérieur plusieurs vœux décisifs ont été émis.

Le premier vœu est relatif à l'organisation de quartiers de convalescence pour les aliénés. La 2e conclusion est relative aux sorties d'essai qui sont appliquées de façon si inégale et si irrégulière dans nos différents asiles. La 3e conclusion sanctionne le principe posé par M. Legrain à savoir que le milieu social a quelque chose à faire qu'il ne fait pas encore pour concourir à la guérison et à l'assistance des aliénés.

[1] C'est cette même année que fut votée la création de la Colonie familiale de Dun ; deux ans après le Congrès de La Rochelle mettait la question des convalescents à l'ordre du jour (rapport de M. le Dr Giraud, dont l'enquête fut presque négative pour la France).

« — Il s'agit de faire sortir des asiles ceux qui sont devenus « simples et faibles d'esprit, qui ne sont plus des aliénés au « point de vue légal, et qui devraient être soignés dans des « colonies ou dans leur famille, ou enfin dans des familles « étrangères, à l'imitation de ce qui se fait à Dun-sur-Auron « en France et à Gheel en Belgique.

Le 4e vœu n'est que la confirmation du vœu précédemment adopté par le Conseil supérieur, en faveur de la création de sociétés de patronage auprès de tous les asiles d'aliénés.

Il y a donc une série d'échelons successifs à prévoir pour le passage de l'internement à la vie libre.

A l'asile même c'est le quartier spécial destiné pour convalescents, quartier demi-ouvert en ce sens qu'il n'est pas affranchi des murs de l'asile ni des mesures légales de 1838, mais la discipline y est adoucie, les visites facilitées, la vie plus normale, partagée entre le travail traitement, les distractions et le repos, hors des promiscuités des quartiers ordinaires.

Hors l'asile c'est l'asile ouvert entièrement semblable à l'asile de convalescents des hôpitaux. (Vincennes ou Vésinet par exemple).

Là, plus de mesure légale particulière. La sortie est signée, mais l'assistance continue avec le régime ordinaire de l'hospice.

Enfin outre cette deuxième étape reste l'œuvre privée qui peut et doit être double, le patronage des convalescents comprenant l'appui moral et un service de placements ou de réadaptations sociales avec ateliers comparables aux ateliers de mutilés de Montreuil, et refuge éventuel en cas de chômage.

Mais reprenons un à un chacun de ces nouveaux organismes réclamés comme complément de notre outillage d'assistance spéciale.

Organisation intérieure. — L'organisation de quartiers intérieurs de convalescence est facile à condition de n'avoir pas un établissement encombré. Ce quartier sera le quartier d'aliénés actuel, moins les serrures et l'uniforme. Les malades y entreront et en sortiront en toute liberté, tout y devra respirer et inspirer la vie intime, la vie familiale. Salles de lecture, de correspondance, distractions multipliées, dortoirs réduits à quelques lits, armoires, dont les malades auront la clé, tout sera entendu pour les commodités simples ; on excluera soigneusement tout ce qui sent la contrainte. Les visites seront abondamment favorisées. Il ne sera pas mauvais de continuer aux convalescents le privilège des avis, de l'administrateur provisoire. Celui-ci très au courant de la gestion des biens, a tout à fait qualité pour entourer de ses conseils celui qui va être incessamment livré à

lui-même. N'a-t-il pas d'ailleurs des comptes à lui rendre, et n'est-il pas utile, au moment où il va lui passer en quelque sorte sa succession, qu'il le guide de ses conseils ? (Legrain).

J'ai proposé la réalisation d'un quartier de ce genre dans mon service à l'asile de Villejuif. Elle a été adoptée par la Commission du Conseil général, et la Commission de surveillance.

La création d'un quartier ouvert dans l'asile peut se ramener à la spécialisation d'un dortoir des tranquilles en transposant une porte de communication intérieure donnant désormais directement sur la cour extérieure. Ce dortoir n'aura plus besoin de la discipline commune du quartier dont il faisait partie ; on y pourra réunir les convalescents sûrs attachés aux différents services (bureaux, ateliers) où ils vont et viennent déjà librement. Leurs allées et venues ne seraient pas chose nouvelle mais elles ne prêteront plus à l'évasion d'autres malades antérieurement avec eux. Eux-mêmes cesseraient d'être gênés par ce mélange qui les astreint à une discipline inutile.

Les infirmiers concentreraient leur surveillance sur ceux qui la nécessitent seuls.

Comme précédemment ce sont ces convalescents qui bénéficieront le plus souvent des congés et permissions accompagnées. Ils sentiront du traitement nouveau dont ils seront l'objet un relèvement moral correspondant et tendront à s'en montrer dignes, voyant sous les yeux la condition qui fut la leur et à laquelle on les peut soumettre à nouveau le cas échéant.

Les repas seront donnés dans la salle de réunion où ont déjà lieu les distractions en commun. (Lectures, chants, réunions musicales, audition du gramophone, projections, etc.)

C'est de ce quartier que se feront ces sorties provisoires et congés d'essai.

Organisation extérieure. — Un pas de plus et le malade est rayé des registres de l'asile, il peut passer à l'établissement des convalescents non internés.

Ce pavillon ouvert de convalescence constitue un organisme indépendant mais complémentaire qui manque à nos asiles. Un certain nombre de malades ne sortent jamais, parce que le saut est trop brusque entre la séquestration complète et la pleine liberté du dehors. Tantôt c'est le médecin, tantôt c'est le malade qui hésite devant le saut dans l'inconnu. Il est des malades qui sont atteints, après une intoxication, une maladie infectieuse, une émotion, une crise convulsive ou toute autre cause, de troubles mentaux qui se dissipent en quelques jours. Ils nous arrivent même complètement guéris dans les asiles extérieurs. Comme ils sont fatigués et dans un état de convalescence, on les conserve pendant un temps plus ou moins long.

Parfois l'énergie s'émousse à l'asile, et le malade sans place et sans famille, se trouve, après quelques mois, incapable de sortir, restant ainsi pour longtemps et quelquefois pour toujours à la charge du département.

Les malades pourraient être rendus plus facilement à la société si on leur donnait, dès qu'ils n'ont plus de troubles, une liberté complète tout en leur conservant l'assistanee.

Si la loi nouvelle prévoyait ces quartiers spéciaux, cette disposition encouragerait les médecins à essayer plus largement de ce mode d'assistance si libérale et en même temps si économique par ses conséquences. Mais ici on se heurte à une objection d'ordre économique et budgétaire. Les convalescents portés sortants ne relèvent plus des fonds spéciaux du département pour les aliénés.

Comment donc rattacher ces quartiers distincts des asiles aux budgets départementaux. Nous répondrons que la question n'est pas insoluble, car elle s'est déjà posée pour les quartiers distincts de l'Asile et en dehors de la loi sur les aliénés qui ont pu être établis et annexés aux asiles de Blois, Moulins, Bourges, etc. pour l'assistance des épileptiques simples.

La même solution s'appliquerait ici avec cet avantage que les assistés n'y seraient que de passage, tandis que les épileptiques y sont à demeure.

D'ailleurs le service des convalescents des hôpitaux a déjà assisté parallèlement à ses effectifs des convalescents des Asiles placés de 1892 à 1902 aux Asiles temporaires de la rue de Charenton (hommes) et de la rue Fessart (femmes).

Nous en avons sous les yeux les chiffres communiqués par M. le Dr Bourillon en ce qui concerne les hommes aliénés.

Ces chiffres se résument dans les totaux suivants :

De 1892 à 1902

53.322 fr. 50 de frais d'assistance pour les aliénés convalescents, répartis en 15.235 journées pour 658 malades.

Depuis 1902 ces établissements de la rue Charenton et de la rue Fessarts ont été fermés aux convalescents aliénés ; le patronage des convalescents des asiles fondé par M. le Dr Bourneville en 1896 s'est alors adjoint un comité de dames qui ont pu organiser avec l'initiative privée de quelques bienfaiteurs [1] un asile-ouvroir ouvert, 90, boulevard Kellerman ; là sont envoyés les aliénés sortis guéris des asiles et quartiers d'hospice avec des bons de gîte délivrés par les chefs de service (à ce jour le nombre des journées est de 1.800 pour 167 assistés en 16 mois.) Les

[1] Citons au premier rang de ces personnes de bien, Madame La Princesse et Monsieur Le Prince de Lubomirski, MM. Van Brock, Bamberger, Calman-Lévy, de Rotschild, de Gunzbourg.

convalescents ne doivent aucun travail non rétribué, mais cherchent du travail avec l'aide des agents de l'ouvroir et des membres du patronage.

On complète et améliore leur linge et leur vêture : Mme Legrain a bien voulu donner 2.000 fr. au patronage pour organiser un atelier spécial dans ce but,

Le remboursement des prix de journée est assuré par le patronage, tous les frais d'installation et autres sont à la charge des dames bienfaitrices.

C'est en quelque sorte l'asile ouvert des convalescents sortis réalisé à l'état d'ébauche par l'initiative privée.

Nul doute que les pouvoirs publics n'entrent peu à peu dans la voie de subventionner de telles créations en attendant qu'ils en créent eux-mêmes de toutes pièces soit en prenant des asiles à leur compte, et en en créant de nouveaux soit en créant le placement familial du convalescent autour des asiles en colonies semblables à celles qui existent pour les chroniques.

M. le Dr Toulouse dans une enquête récente sur la situation des aliénés alcooliques convalescents a réclamé à la Société Philanthropique une assistance transitoire analogue à celle que nous préconisons.

L'histoire des Colonies familiales de la Seine est intéressante au point de vue que nous envisageons ici. Elle fournit un précédent précieux pour l'extension de l'assistance hors des asiles et en dehors de tout internement. Tout d'abord, lorsqu'en 1892 la première colonie fut ouverte, le régime médico-administratif à appliquer aux aliénés en colonie, c'est-à-dire *en liberté*, sous la surveillance un des habitants qui les accueillaient fut déterminée de la manière suivante.

Les placements étaient opérés par voie de sortie définitive de l'asile, suivant prescriptions de la dépêche ministérielle en date du 2 mai 1892.

De plein droit et du fait de la sortie définitive les malades échappaient à la loi de 1838. Il n'y avait point de registre de la loi, et, lorsque par hasard, un colon devait être, en raison de l'aggravation de son état, replacé dans un asile, il y était admis en vertu du même cérémonial que s'il se fût agi d'un homme en liberté. Le médecin de la Colonie dressait un certificat sur timbre et le régisseur de la Colonie formulait une demande de placement *volontaire* au Directeur de l'Asile de Beauregard. Le Préfet du Cher statuait par arrêté et souvent le juge de paix était chargé par le parquet de Bourges de faire une enquête pour vérifier si l'internement était bien fondé.

Au point de vue des frais nouveaux à prévoir pour les modes d'assistance transitoire des convalescents hors l'asile, il ne sem-

ble pas que les communes et les départements puissent réclamer plus qu'ils ne l'ont fait pour la colonisation de Dun durant les 6 premières années. En effet, l'article premier de la loi du 15 juillet 1893 met à la charge des communes l'assistance des malades indigents ; l'art. 4 de la même loi soumet à la délibération des conseils généraux l'organisation de ce service et la fixation de la part contributive du département et des communes. C'est ainsi qu'on a pu tourner la difficulté pour l'annexion aux asiles de sections ouvertes d'épileptiques simples non séquestrés.

Mais il y a plus et l'assimilation au point de vue du patronage familial des convalescents avec la colonisation familiale en dehors de tout internement peut être complété car on peut envisager et préconiser légitimement l'emploi de l'Assistance familiale sous tous les modes de patronage familial transitoire au profit des convalescents *sortis* des asiles.

Pour les aliénés convalescents à soumettre à ce patronage familial transitoire nous nous bornerons à citer ici un passage du rapport présenté par nous à l'Administration :

« Des convalescentes femmes pourraient être tout d'abord confiées aux nourriciers d'une colonie familiale, en s'en tenant de préférence au début, à des malades d'un certain âge.

« D'une façon générale, les aliénées atteintes de psychoses dépressives en voie d'amélioration semblent être celles en état de bénéficier le mieux du patronage familial.

« C'est ce qui s'est fait avec succès à l'étranger dans ces dernières années.

« En Belgique, en principe, les mélancolies aiguës mêmes sont admises, aussi compte-t-on une forte proportion de psychoses dépressives dans les sorties par guérison pour la colonie familiale de Lierneux (13 hommes sur 63 et 12 femmes sur 46).

« Les bouffées délirantes et d'excitation assez atténuées pourront être ensuite admise, mais avec précaution.

» Les catégories qui fournissent partout les guérisons les plus nombreuses sont les déprimées mélancoliques, les délirantes transitoires débiles à accès épisodiques et à confusion mentale.

» Les alcooliques, doivent être, peut-être, réservées aux placements de courte durée auprès d'un asile proche de Paris.

» A la campagne, on n'en pourrait tenter l'envoi qu'après l'essai des catégories autres.

» Le milieu qui leur conviendrait serait alors plutôt les placements ruraux disséminés, préférables à un séjour plus fertile en tentations.

» Une colonie rurale par exemple, conviendrait bien à des femmes convalescentes de ce genre.

» Pour les hommes convalescents, l'essai de tels placements transitoires reste légitime après la réussite indiscutable de la colonie d'Ainay ; mais l'observation générale relative à la dissémination rurale de préférence s'applique à fortiori.

» Sans exclure à priori aucune catégorie, je crois devoir seulement indiquer ici un ordre dans lequel procéder aux extensions successives.

» Je conclurai donc à l'essai immédiat possible en commençant par le placement familial de mélancoliques femmes convalescentes d'un certain âge.

» D'une façon générale, je crois préférable de placer au début ces mélancoliques convalescentes dans un milieu assez aggloméré dont la population est bien accoutumée aux placements familiaux, et où la surveillance soit plus étroite et directe, en même temps que la possibilité immédiate d'isoler à une infirmerie centrale donne une garantie de plus en cas de rechute.

» On pourrait également réserver pour cela les cas susceptibles d'un patronage transitoire de quelque durée ; les autres, courts, pouvant être placés au voisinage d'un grand asile proche de Paris comme il en fut question.

» Là, le plus court passage pourrait compenser le prix de journées plus élevé en même temps que les frais de transport seraient moindres.

» Le printemps serait la saison la meilleure pour ces envois et le temps minimum de deux à trois mois environ (en supposant qu'il n'y ait aucune rechute).

» Ce patronage améliorerait la guérison et la rendrait plus sûre ; il serait moins long, moins coûteux à temps égal que l'Asile, qu'il contribuerait à désencombrer.

» On pourrait occuper la convalescente et lui appliquer avec le traitement moral le milieu familial, comme pierre de touche de la guérison à confirmer.

» S'occupant tout d'abord, sans souci du lendemain, elle pourrait être payée au prix du pays, ses gains, formant une petite masse qu'elle toucherait au départ avec une allocation sur la fondation d'Andrée ; A la belle saison, la convalescente serait mise en congé d'essai sur place puis portée sortante avec les garanties qu'on pourrait obtenir de sa propre famille ; elle se trouverait ainsi replacée peu à peu dans la lutte ordinaire par transitions progressives, après un entrainement gradué, au meilleur moment de l'année et dans un milieu calme, reposant, différent de celui où avaient éclos les troubles mentaux initiaux.

» Reste la question de la situation administrative des malades ainsi placées.

» A ce point de vue, je pense que le procédé dont il avait été fait usage au début pour les chroniques peut s'appliquer :

» C'est-à-dire que ces envois de convalescentes doivent être faits par voie de sortie en quelque sorte conditionnelle.

» Les malades ainsi sorties et transitoirement assistées comme convalescentes libres ne seraient pas portées aux registres de la loi.

» Ainsi les responsabilités de l'administration seraient moindres ; les retraits éventuels à l'infirmerie fermée ou à l'asile impliqueraient les formalités ordinaires d'un internement, tout comme nous procédions avec les chroniques de Dun, avant l'assimilation à l'asile..... »

Je pense que ces formes seront applicables, puisqu'elles se sont déjà appliquées à Dun et rentrent, d'ailleurs, dans le droit commun prévu [1].

J'ai pu les appliquer encore depuis à Villejuif même autour de l'asile et en dehors de toute colonisation officielle voici comment : chaque fois que j'ai eu des malades placés volontairement dont les familles payaient la pension et que j'ai cru utile pour eux de leur ménager une transition entre la sortie et l'asile, j'ai convoqué les parents.

De concert avec eux, j'ai cherché auprès de l'asile des familles disposant d'une chambre et pouvant recevoir le malade convalescent au prix de l'asile.

D'autres fois un parent a pu s'installer avec le malade (c'est ainsi qu'une mère habita auprès de son fils paralytique en rémission.

Voici le tableau par diagnostic des cas qui ont pu ainsi bénéficier du placement familial transitoire.

Psychoses tardives.....	5
Démence précoce (en rémission).....	2
Paralysie générale (en rémission).....	3
Epilepsie simple.....	3
Débilités mentales.....	4
Encephalopathie spécifique.....	1

(Ajoutons 11 enfants de malades internés, placés en famille avec l'aide de la société « Pour l'Enfant » de M. le Dr Dubois).

[1] La loi écossaise et un bill proposé (Doctr Crachley Clapham, Quaterly medical Journal, Juillet 1898 p. 344) pour compléter la loi anglaise admettent la mise en traitement et en surveillance spéciale de certaines malades sans « certification », c'est-à-dire que pour sauver l'aliéné commençant du stigmate de folie, tout en assurant le traitement précoce, on évite les formalités officielles de déclaration d'aberration. Pendant un délai de six mois, le malade est alors considéré comme en traitement d'affection mentale à confirmer. C'est une mesure inverse que constitue, en quelque sorte, le passage transitoire par sortie précoce et envoi en patronage familial de convalescence.

Malheureusement ce patronage familial se fait en dehors de toute intervention officielle, aussi est-il en quelque sorte d'initiative privée et aux frais même des assistés.

Les placements d'office et les indigents n'en sauraient profiter jusqu'à nouvel ordre. Mais il n'en résulte pas moins la démonstration de la possibilité de placements familiaux autour des asiles, même dans la Seine.

On peut s'étonner avec Legrain, surtout depuis qu'il est question chez nous du placement familial des aliénés, déjà réalisé à Dun-sur-Auron et à Ainay-le-Château, grâce à l'initiative du département de la Seine, que les médecins des asiles n'aient point songé à en faire l'application autour d'eux.

« L'asile ne doit être autant que possible qu'un lieu de court passage, et le but de rendre l'aliéné à l'assistance commune et libre, sans retard, dès que la chose est possible. Aux aigus conviendront mieux des hôpitaux de traitement spécialisés, aux chroniques inoffensifs conviendra mieux l'assistance familiale, ou la colonie familiale. Aux convalescents enfin, il conviendra d'accorder le bénéfice d'un régime nouveau où, plus que par le passé, l'ambiance sociale aura son rôle à jouer.

Traitement de l'aliéné, traitement du convalescent, prévention de la folie, telles sont les étapes centrifuges de l'asile ». R. Legrain, p. 7.

Lorsque l'organisation générale de l'assistance de l'aliéné aura connu les trois échelons inverses centripètes de l'asile, dont le *dernier*, l'asile, existe seul, dont le *premier* n'est qu'à l'état d'ébauche, à savoir le milieu social avec son rôle prophylactique, et dont l'intermédiaire, le quartier d'observation ou l'hôpital d'aigus, est tout à créer, on pourra dire que le cycle est complet et que l'on aura fait pour l'aliéné tout ce que la raison, la charité et la science réunies peuvent faire. (l. c.)

Tous les aliénistes confidents des pires situations savent comme Casauvieilh les difficultés morales et matérielles parfois inextricables avec lesquelles le convalescent peut se trouver aux prises à sa sortie. Difficultés tenant à la question des biens, à un commerce compromis par l'internement, à la vente des meubles et outils, dernier vestige du home de l'interné, difficultés de famille, divorce intervenu ou abandon du foyer, enfants abandonnés à l'assistance ou morts, ruine finale enfin et disparition du foyer éteint.

A tout cela on doit ajouter le poids du stigmate de la folie outre l'inquiétude méfiante et les répulsions qui s'en suivent, l'exeat tenant lieu de certificat de travail et fermant la porte des ateliers habituels, les rires de compagnons grossiers ridiculisant

le fou, la répulsion même des proches que rebute la charge d'un convalescent à ménager, bouche nouvelle et force productrice douteuse. On comprend dès lors qu'il y ait des aliénés pour qui, comme le dit Legrain, « il vaudrait mieux mourir que guérir » et pour qui la convalescence à fortiori, la guérison est une source inépuisable d'amertume, source classique de récidive.

Les femmes surtout se trouvent aux prises et sans défense avec la misère aussitôt la porte de l'asile franchie.

Que de désespoirs, de chutes et de rechutes en résultent !

La convalescence doit donc être comme dit Legrain, non seulement la phase terminale de la maladie, mais la période de rééducation de l'aliéné et de sa réadaptation au milieu social ; ce sera encore l'accommodation de ce milieu à l'ex-aliéné dans un but de protection durable.

« 70,000 aliénés environ sont internés, beaucoup pourraient être mis en liberté à la faveur d'un régime de convalescence bien organisé et les conséquences en seraient des plus heureuses au point de vue économique. Rendre à la liberté des aliénés, c'est diminuer notablement les frais de séjour ; c'est diminuer le nombre des parasites de nos asiles. Tous les médecins d'asiles savent qu'il y a dans nos établissements des pseudo-aliénés dont les troubles délirants ont depuis longtemps disparu et qui, faute d'un régime de convalescence, restent dans l'établissement où ils sont entrés et n'en veulent plus sortir ».

Il n'y a pas de meilleure pierre de touche pour renseigner et éclairer le médecin qu'un régime transitoire de convalescence.

Il est temps, croyons-nous, d'abandonner la voie ancienne, de l'asile-panacée hors duquel point de salut, asile nu et indivisible, presque intangible, dirait-on au sens de certains : l'asile de 1838 avec ses murs, qui à eux seuls seraient le plus clair traitement de la folie comme on l'a dit.

La voie de l'avenir tracée par les plus distingués de nos aînés, est celle qui voudrait voir ajouter à l'asile actuel plusieurs choses : 1° L'hôpital psychiatrique préalable d'observation et de traitement, sans internement obligatoire ; 2° les quartiers demi-ouverts de convalescents ; 3° la surveillance complémentaire hors l'asile, après sortie et levée de séquestration (patronage familial de convalescence) à côté des sorties avec maintenue de séquestration (colonisation hétéro-familiale et surveillance des aliénés dans leur propre famille), selon les lois belges et écossaises.

Ces corollaires sont indispensables au régime actuel pour obvier aux inconvénients que tous signalent en France, à savoir l'encombrement par insuffisance du nombre des sorties et guérisons de l'asile, le retard apporté à la mise en traitement des cas curables, et l'absence de surveillance à la sortie.

Ces innovations sont déjà réalisées en plusieurs pays étrangers notamment et dès longtemps au pays classique de l'Open Door en Ecosse et en Angleterre, elles y ont fait leurs preuves et on en peut préconiser l'exemple sans être taxé d'enthousiasme juvénile et subversif.

Résumé général et conclusion

L'assistance aux convalescents de maladies mentales implique entre l'internement et la sortie une série de mesures transitoires graduées susceptibles de réadapter progressivement le convalescent à la vie sociale et à la lutte pour l'existence.

A l'Asile même ce sont : Le travail-traitement dans les ateliers appropriés hors des sections fermées alternant avec distractions variées, physiques et morales.

Ce sont à un degré plus avancé les congés d'essai et sorties provisoires ainsi que le placement dans une section ouverte dépendante de l'Asile fermé.

Hors l'Asile c'est l'abri indépendant de l'Asile sous forme de gîte de convalescents avec ateliers distincts des ateliers ordinaires ou sévit l'alcoolisme, les secours en nature parallèles au travail procuré et la reconstitution progressive du foyer (retraits des Monts de piété, avances d'outils, de loyers, de trousseaux, etc.), c'est enfin le patronage familial transitoire et l'appui moral et matériel étendu à toute la famille du convalescent pendant la phase critique de la première reprise du travail.

L'éducation des milieux sociaux auxquels il importe de réadapter les blessés du cerveau rentre dans l'office des œuvres de patronage spéciales à ces convalescents.

L'ADOPTION FAMILIALE DES ORPHELINS

Par M. l'ABBÉ TOITON,

Membre de la Société Internationale pour l'étude des questions d'assistance

« La vie en famille, ou tout au moins quand elle n'est pas possible, la protection de la famille, est la condition normale du développement de l'enfant : toute législation, toute institution qui se mettrait en lutte avec cette loi de la nature serait nuisible dans la mesure où elle la combattrait et serait promptement éliminée par la force des choses. C'est par la famille et pour la famille que l'enfant doit être élevé : il l'est aussi pour la nation ; car les cellules qui la forment, ce ne sont pas les individus, ce sont les familles ; et la santé des cellules fait la santé du corps dont elles sont les composantes.

« La confiscation de l'enfant par l'Etat n'est qu'un rêve, qu'un mauvais rêve : l'éducation de l'enfant par la famille ou, lorsque l'enfant est interne dans un établissement, l'intime coopération de la famille à l'éducation n'est pas une pratique qu'une loi ait créée, qu'une loi puisse supprimer ; elle est un fait spontané, universel, permanent, qui défie les controverses des philosophes et les décrets des législateurs. Tous les parents qui ne sont pas dénaturés éprouvent le désir et, ce qui est plus, sentent le devoir de donner une éducation à leurs enfants [1]. »

Cette vérité sociale, aujourd'hui trop oubliée, et que M. le Directeur de l'Assistance publique nous rappelle avec tant de netteté et d'élévation de pensée, Le Play s'était efforcé de la prouver dans ses nombreux ouvrages. Pour lui, la famille est le fondement de tout l'ordre social, la famille fait l'Etat et l'Etat ne vaut que par la famille. Ainsi, au livre III[e] de la *Réforme sociale*, consacré à la famille, on rencontre les affirmations suivantes :

« Je regarde comme établi que ceux même qui refusent d'envi-

[1] M. H. Monod, Directeur de l'Assistance et de l'Hygiène publiques. Rapport au Ministre de l'Intérieur sur les enfants assistés, fascicule n° 48 des documents publiés par le Conseil supérieur de l'Assistance publique, t. I, p. XX-XXI.

sager la famille comme une création directe de Dieu y voient tout au moins une conséquence nécessaire des lois naturelles qu'il a instituées (I).

« La famille reste plus que jamais, chez les modernes, l'unité sociale par excellence (I).

« La famille, considérée dans son principe est, comme la religion et la propriété, une institution immuable ; mais, comme elles aussi, elle subit, dans la forme, des modifications considérables. En se combinant avec ces deux institutions, elle imprime à chaque organisation sociale son caractère essentiel (II) ».

Si la famille est le grand ressort, le levier de toutes les réformes d'avenir, pourquoi semble-t-on trop souvent travailler, même avec des vues généreuses et désintéressées, à sa désorganisation ? Ne devrait-on pas, par exemple, en ce qui concerne les enfants, s'étudier, plus qu'on ne le fait, à remplacer auprès de ceux qui ont perdu leur père et leur mère, ou qui s'en sont vu séparer par une impérieuse nécessité, ces éducateurs indispensables ; à adopter ceux qui ont été abandonnés ou qui n'ont jamais eu de famille ? On sentirait alors moins de besoin de ces orphelinats, chaque jour plus nombreux et aux charges parfois si lourdes, et qui, sauf d'honorables exceptions, ne rappellent en rien la vie de famille et préparent médiocrement aux réalités et aux difficultés de l'existence.

Loin de moi, dirai-je avec le Dr Marie, l'idée de vouloir prôner un système à l'exclusion d'un autre [1] ; tous les modes d'assistance doivent être employés, car ils répondent chacun à des catégories d'assistés déterminés. Mais, avec l'éminent Directeur de l'Assistance familiale de la Seine, je crois que l'Assistance familiale, ou plutôt que l'Adoption familiale, — d'heureux essais le prouvent, — peut être regardée comme supérieure aux autres modes d'assistance.

Du reste, c'est bien le sentiment qu'avec conviction et une éloquence communicative exprime l'auteur anonyme d'une brochure, publiée il y a sept ans et qui fit alors beaucoup de bruit dans le monde religieux. Pour un étudiant des facultés catholiques de Lille, essayer d'instruire un procès de tendance contre les orphelinats, c'était assurément très audacieux.

« Quand on se préoccupe vraiment du salut de la société, dit le

[1] Revue *l'Assistance*, mai 1901, p. 195.

jeune écrivain, on ne saurait approuver ni la conception qui inspire trop souvent les orphelinats ni l'organisation d'un grand nombre ».

Et il ajoute :

« On voit de pauvres enfants à sauver, des familles à décharger, et on se hâte d'arracher la jeune plante du milieu providentiel, où elle est appelée à croître. Mais comment pouvez-vous faire cela sans remords ? Ce n'est jamais impunément que l'on arrache une jeune plante à son milieu. Toute plante a un sol qui convient à sa croissance ; donnez-lui en un autre : elle s'étiole, se déforme et périt. Le sol sur lequel pousse l'enfant, c'est le sol de la famille : il ne se développe bien que là. Dès lors, c'est une opération dangereuse toujours, funeste souvent, que d'arracher cette jeune plante à son sol ; il ne faut s'y résoudre que comme dernière ressource, pour conserver la vie d'une plante irrémédiablement perdue autrement. Tant qu'il reste une ressource dans la famille, il faut en tirer parti.

« Quand je dis famille, j'entends non-seulement les proches parents, mais les parents éloignés et même les familles du voisinage, qui ont les mêmes habitudes et conservent encore pour l'enfant quelque chose du même milieu..... Il faut dans ce milieu susciter les dévouements, faire appel aux sacrifices, et ne se décider à sortir l'enfant qu'après avoir épuisé tous les moyens. Je suis convaincu que, si on s'en donnait vraiment la peine, on ne serait à peu près jamais obligé dans les campagnes à recourir aux orphelinats, et on le serait bien plus rarement dans les villes ».

L'auteur anonyme ne se cache pas à lui-même les difficultés inhérentes à cette manière de faire.

« J'en conviens, dit-il ; mais encore une fois, le devoir social consiste-t-il à faire toujours ce qui est le plus facile ? Qu'est-ce donc que cette déplorable démangeaison de fuir la peine, sinon la ruine des fondements de la société ? Oh ! que nos siècles chrétiens avaient mieux compris la société, ses besoins et ses devoirs ! Ces antiques corporations, qui faisaient des familles du même métier une même famille, trouvaient dans leur sein de quoi subvenir à tous les besoins de la famille particulière. La grande famille encourageait, forçait et aidait chaque petite famille à porter la plus large part de responsabilité ; et quand la famille individuelle était détruite, c'était la famille corporative qui prenait toutes les charges. Ainsi nul n'était déclassé, nul n'était sorti de son milieu.

« Aujourd'hui..... nous entassons pêle-mêle des enfants venus de partout, appartenant à tous les états, et nous les soumettons indistinctement à un régime et à une discipline, qui n'ont pas été les leurs jusqu'ici, et qui ne le seront pas plus tard. Est-il possible de concevoir rien de plus destructeur ? Cette formation violente, qui brise avec le passé de l'enfant, qui jure avec son avenir, que voulez-vous qu'elle produise, sinon des déformations ? Ce qui m'étonne, ce n'est pas de voir les produits d'orphelinats ainsi conçus tourner à mal, c'est d'en voir tourner à bien.

« Considérez ces institutions : à quoi tiennent-elles ? A rien. Les confréries d'autrefois étaient une éclosion naturelle, une expansion de la vie de famille ; elles avaient leurs racines dans le sol ; elles s'étaient développées sans contrarier aucun organisme de la société, mais plutôt comme le produit le plus élevé, le complément achevé de la vie sociale. La famille, la profession, le génie local s'accordaient dans un même élan, pour leur donner naissance ; elles étaient le point simultané de ces trois grandes choses, et elles avaient ainsi leurs racines dans les profondeurs du sol social.

« Aussi quelle vitalité grandiose !

« Nos créations modernes ne tiennent à rien. Elles ne sont le produit ni de la famille, ni de la profession, ni de la contrée. Leur type est uniformément bureaucratique. Leur véritable père est l'esprit de centralisation. Elles n'ont aucun lien organique avec les institutions naturelles, aucune racine dans le sol, aucun rapport avec le génie local. Qu'importe à telle œuvre d'être au nord ou au midi ? Vous la pouvez arracher et transporter, elle sera la même partout. Sa place n'est plus qu'une affaire de distance, ce qui avec les chemins de fer ne compte plus. Dites-moi, pourrait-on ainsi arracher du sol une institution qui y a jeté ses racines ? Quand dans une institution est venue s'incarner à la fois l'esprit des familles, d'une profession, d'une contrée, essayer de la transporter ailleurs : Vous arracherez les entrailles mêmes du pays. Nos créations factices, posées sur un sol quelconque, ne se rattachent par aucun lien naturel aux éléments primordiaux de la vie sociale ; elles sont comme un rouage à part, ayant un mouvement propre, sans corrélation avec les autres rouages, dont il fausse et gêne les mouvements. Quelle vie voulez-vous qu'aient de telles créations ? Quelle vie voulez-vous qu'elles donnent ?

« En fait, n'ayant dans les veines aucune goutte de sang ni de

la famille, ni de la profession, ni de la contrée, elles n'infuseront pas à leurs enfants ce qu'elles n'ont pas. Elles effaceront au contraire les derniers vestiges de l'esprit de famille, de la profession et de la contrée, et jetteront sur la société des résidus cosmopolites. La plupart de nos orphelins, sortis de nos orphelinats, ne tiennent plus à rien, pas même à la religion, en vue de laquelle cependant on avait principalement créé ces maisons. Que voulez-vous ! Pouvez-vous déraciner un arbre, le jeter dans un moule de fabrique, pour lui donner une forme conventionnelle, le rejeter sur un sol quelconque et en attendre des fruits !

« Pour moi, j'ai la conviction qu'une œuvre de formation sociale, quelle qu'elle soit, doit incarner en elle au plus haut degré l'esprit de ces trois choses que j'ai nommées plus haut : la famille, la profession, le pays. L'œuvre qui aura le plus de vie, celle qui répandra le plus la vie sociale, sera celle où ce triple esprit sera fondu plus amplement dans une unité plus harmonique [1]. »

En regard de ces pages suggestives, donnons un extrait de l'exposé des motifs du projet de loi, relatif aux enfants assistés, soumis aux Chambres en 1892 et sur lequel les Commissions continuent à travailler à l'heure actuelle :

« Dans l'ordre de la nature, c'est au milieu d'une famille que doit être élevé l'enfant, et rien ne vaut pour lui la famille. Si donc sa famille lui manque, le mieux qu'on puisse faire pour lui sera de lui procurer la chance de se créer une famille d'adoption.

« A supposer même qu'il ne trouve pas de la tendresse chez ses nourriciers, il aura une place à ce foyer, il habitera cette demeure dont il dira : « chez nous » ; il partagera un jour les travaux de ceux dont il aura partagé les études et les jeux ; il aura une commune, cette famille agrandie ; il aura un point d'attache dans la vie, il tiendra à l'ensemble social par ces mille liens qui se nouent si fortement dans les premières année de l'existence ; il se différenciera aussi peu que possible de ses concitoyens.

« Dans un orphelinat, si paternellement qu'il soit dirigé, l'illusion du foyer domestique n'est donnée à personne : les assistés ne se confondent pas avec les enfants qui ont une famille ; ils ne

[1] *A Reculons*, Réflexions d'un ami publiées par un étudiant des facultés catholiques de Lille. Deuxième édition. Lille, 1897 ; pages 75-80.

vivent guère qu'entre eux. Plus tard, ils sortent de l'établissement, et alors, faute d'un centre d'attraction, ils se perdent de vue, ils partent dans des directions différentes. L'enfant était seul quand il a été reçu à l'orphelinat, le jeune homme se retrouve seul au moment de le quitter.

« Des deux éducations, familiale ou collective, c'est la première qui prépare le mieux l'enfant pauvre aux labeurs et aux épreuves de l'existence.

« L'éducation collective le place dans des conditions de milieu toutes différentes de celles où il sera appelé un jour à la lutte. Même adolescent, il ne voit guère que ses maîtres, ses camarades et les serviteurs de la maison ; il ne prend que rarement et superficiellement contact avec les choses du dehors ; il vit dans un monde fermé, de même qu'il respire une atmosphère confinée. Les pensionnaires d'un orphelinat, pour peu qu'ils ne commettent pas de fautes graves, sont matériellement traités les uns et les autres de la même manière : mêmes travaux, mêmes récréations, mêmes vêtements, même repas ; pour ces enfants et ces jeunes gens, il n'y a pas, entre l'énergie dépensée et le bien-être obtenu, cette relation de cause à effet qui est un des stimulants de l'effort.

« Ces conséquences du placement dans un orphelinat seraient d'autant plus redoutables à l'égard des pupilles de l'Assistance que pour eux l'éducation collective ne serait point tempérée par des vacances, qu'ils n'ont pas de parents qui viendraient les voir, qui temporairement les recueilleraient et auprès desquels ils pourraient faire connaissance avec le monde extérieur : ils subiraient la claustration sans évasions périodiques.

« Au contraire, placé dans une famille de travailleurs, élevé avec les enfants de la maison, le pupille est graduellement adapté aux conditions d'existence faites aux ouvriers. Malgré l'humble situation qu'il partage avec ses nourriciers, il a un autre horizon que celui que bornent les quatre murs d'un orphelinat ; d'emblée il est aux prises avec les réalités de la vie ; il est témoin de l'effort au prix duquel s'opère la conquête du pain quotidien ; bientôt, souvent même trop tôt, il est associé à l'effort. S'il s'y refuse ou si, par suite d'indiscipline ou de paresse, il échange un bon placement contre une condition médiocre, le désir qu'il aura de retrouver un meilleur gîte et un moins maigre salaire l'engagera à s'amender, à assouplir son caractère ou à secouer sa torpeur.

Quel enseignement théorique vaudrait l'expérience subie ? L'éducation familiale est l'apprentissage de la vie [1]. »

Le Play va plus loin. Il condamne d'une façon générale les pensionnats, qui pour lui sont une des causes de la désertion du foyer domestique :

« Les enfants, dit-il, souffrent dans ces pensionnats, où ils sont privés de l'affection des parents et des autres aliments moraux qui sont aussi nécessaires que la nourriture physique à leur complet développement. Leurs caractères prennent, dans ce milieu anormal, je ne sais quoi de dépravé et de difforme. Sans doute l'amitié y remplace parfois, l'amour fraternel ; mais le dévouement tient peu de place dans la vie de l'écolier. La lutte avec les camarades et l'opposition aux maîtres forment ses principales préoccupations. Ces habitudes, comme les impressions de la première enfance, contribuent à propager l'esprit d'antagonisme... L'éducation donnée loin du foyer paternel est particulièrement funeste aux filles... [2] »

« La famille étant le milieu naturel dans lequel doit se développer l'enfance, disait naguère M. Fleurquin au Congrès de la Société d'économie sociale, aucune création artificielle, si perfectionnée soit-elle, ne saurait prétendre, à notre avis, lui être préférée [3]. »

De son côté, M. Bonzon s'écrie : « L'enfant ? n'est-ce pas la famille qui seule peut réellement complètement l'élever ? Et jamais l'internat, même parfait, pourrait-il remplacer le foyer même médiocre [4] ? »

Enfin, au Congrès international d'assistance publique et de bienfaisance privée, M. Michel Heymann disait : « Il est reconnu par toutes les personnes s'occupant de la question de l'enfance que la vie des institutions n'est pas la vie naturelle pour l'enfant, malgré tous les avantages d'une institution parfaite, l'enfant devient une machine, s'accoutumant à laisser à d'autres le soin de penser pour lui, habitude qui le suivra pendant toute sa vie, et le privera de l'énergie nécessaire dans la bataille de la vie [5]. »

[1] Cité par M. Henri Ioly : *Les enfants assistés* (*La Quinzaine* du 16 février 1901, p. 511-512.)

[2] *La Réforme Sociale*, livre III, la famille, ch. XIII, la désertion du foyer et les pensionnats.

[3] *La Réforme Sociale*, 16 août-1er septembre 1901, p. 180

[4] *Revue philanthropique*, 10 mai 1900, p. 7.

[5] Recueil des travaux du Congrès international d'assistance publique et de bienfaisance privée tenu du 30 Juillet au 5 Août 1900, tome III, première section

Si le philosophe, le sociologue, le législateur, le philanthrope s'accordent pour reconnaître que les orphelinats et autres modes d'éducation qui leur ressemblent, ne sont que « des palliatifs qui font en quelque sorte de la désorganisation de la famille une institution régulière [1], » c'est qu'il y a là un mal réel et profond, en même temps qu'un péril à signaler. Mais répondra-t-on peut-être : Il faut des orphelinats ; il y a des cas où l'orphelinat s'impose et où rien ne peut le remplacer ni le suppléer. Eh bien soit ! Mais alors au lieu de chercher à accroître le nombre des enfants admis dans les orphelinats, ne conviendrait-il pas de favoriser le développement d'une organisation qui laisserait l'enfant à sa famille, même si elle est pauvre, en l'aidant le plus possible par suite d'une collaboration ou d'une entente entre l'Etat, la commune et les particuliers, on confierait l'enfant à une famille adoptive. Ce serait une manière de resserrer les liens naturels de la famille et de permettre de venir en aide à un plus grand nombre d'orphelins. « L'hospitalisation est, en effet, de tous les modes d'assistance, le plus onéreux [2]. »

Il est consolant de constater qu'un mouvement d'opinion, tout à fait favorable à cette réforme se manifeste et s'accentue chaque jour davantage. Le Congrès d'assistance familiale en est à lui seul une preuve manifeste et imposante. Des enquêtes sur l'assistance, à l'occasion de l'exposition universelle de 1900 ont amené à constater que « l'institution des orphelinats est un mode déjà ancien de l'assistance ; » que « la forme en subit une évolution intéressante ; » qu'on « tend à substituer à l'internement des enfants, le placement familial [3]. »

Il serait maintenant fort instructif d'étudier les raisons intimes et profondes de la situation toujours si précaire et si misérable de la plupart des orphelins. Dans une société il ne devrait pas en

(enfance) page 92. — Il y aurait beaucoup à prendre à l'appui de cette thèse dans l'ouvrage de Ch. de Ribbe : *Les familles et la Société en France avant la Révolution d'après des documents originaux*, notamment au livre II ch. I : le foyer domestique et la tradition ; ch. IV : les pères de famille et l'école ; au livre III ch. VI : La paix domestique et la paix sociale. Dans la conclusion de cet ouvrage nous lisons : La famille est la première et la véritable unité organique de l'ordre social. Elle a fait la grandeur morale, intellectuelle et politique de la France... La famille est l'esquif qui porte nos destinées, tome II, p. 373-375.

[1] Le Play, *La Réforme Sociale*, livre III, la famille, ch. 28, XV, note 2.

[2] Docteur Marie, Revue *l'Assistance*, mai 1901, p. 204.

[3] O. Leblond. L'assistance à l'exposition de 1900. Les orphelinats. *Revue philanthropique*, 10 Juillet 1900, p. 294.

être ainsi. Contentons-nous seulement, à la suite de Le Play, d'indiquer une de ces causes : le partage forcé. La mort prématurée du père et de la mère ne devrait pas entraîner l'abandon ou la ruine de leurs jeunes enfants. Les orphelins mineurs auraient besoin d'être toujours complètement protégés par le milieu qui les entoure. « En France dit Le Play, le législateur n'a pas pensé que les choses puissent se passer aussi simplement : il a posé en principe que les officiers publics offraient plus de garanties que la famille pour la conservation du bien des mineurs. Mais cette sollicitude, toujours funeste, a pour résultat dans le cas des très petites successions, de ruiner ceux auxquels elle s'applique[1]. » Pour justifier cette assertion, Le Play présente ensuite, avec tous ses détails, « la monographie d'un de ces drames lamentables qui, chaque année, replongent dans l'indigence des milliers de familles auxquelles le travail et l'épargne de la génération précédente auraient assuré, sous un meilleur régime, un premier degré d'émancipation [2]. »

Si le partage forcé contribue à grossir le nombre des orphelins malheureux, ce même partage forcé est aussi une des causes de leur délaissement. C'est encore Le Play qui nous le dit : « Sous le régime des familles-souches, les enfants en bas-âge, lorsqu'ils perdent leur père et leur mère, ne restent pas abandonnés : les autres parents qui vivent en communauté avec eux ne cessent pas de les aimer ; ils les défendent contre les difficultés de la vie, et ils pourvoient à leur besoin en continuant l'exploitation de l'atelier paternel. Suivant l'heureuse expression conservée en Auvergne avec les vieilles mœurs nationales, « le foyer ne cesse pas de fumer. » Il en est autrement parmi nos familles instables composées seulement du père, de la mère et des jeunes enfants : la mort prématurée des parents entraîne l'abandon et la ruine des orphelins ; l'atelier paternel tombe en chômage et le foyer s'éteint [3]. »

En présence de cet état de choses, un devoir sacré, impérieux s'impose à la société. Chez cet enfant qui n'a pas de famille, ou que sa famille a délaissé ou dont la famille est indigne, nous devons nous efforcer de satisfaire le besoin d'affection, et nous ne

[1] *Réforme Sociale*, livre II, la propriété, pièce annexée III, sur la destruction des petites propriétés par le partage forcé.
[2] Ibid.
[3] *Réforme Sociale*, livre III, la famille, ch. 28, XV, le délaissement des orphelins.

pourrons y réussir d'une manière vraiment efficace que par le placement, l'adoption familiale.

Mais pourquoi de préférence l'adoption familiale ?

M. Henri Monod va se charger de nous répondre et son argumentation ne souffre aucune réplique. M. le Directeur de l'assistance dans le rapport que nous citons en commençant fait la comparaison entre l'orphelinat et le placement familial à la campagne. Ses préférences, du reste parfaitement motivées par les nombreux avantages qu'il signale, sont tout entières pour ce second mode.

« Le pensionnaire de l'orphelinat, lisons-nous dans le rapport, ne sait de la vie du paysan, à laquelle il est destiné, que ce qu'on lui en raconte, ce qu'on lui en montre, ce que le paysan veut bien lui en laisser voir. Le pensionnaire du cultivateur n'a pas besoin d'entretien pédagogique pour savoir ce qu'est la vie du paysan : il en est le témoin, l'associé.

« A l'orphelinat, on enseigne l'économie, on essaye de donner aux élèves le goût du travail. Combien plus efficace la leçon de choses que reçoit le pupille qui partage l'existence d'un ménage de cultivateurs ! Il voit par quels prodiges d'économie et d'activité nos paysans et leurs femmes parviennent, malgré l'avilissement des produits du sol, à payer les impôts, à joindre les deux bouts, souvent même à se constituer une épargne. Cette leçon de choses, elle n'a pas lieu comme un cours d'arithmétique ou d'histoire, à certaines heures de la semaine; elle est quotidienne ou plutôt elle n'est guère interrompue, elle pénètre le pupille sans qu'il ait un effort de mémoire à faire, presque sans qu'il se doute des notions usuelles qu'il emmagasine et qui lui profiteront plus tard.

« L'élève de l'orphelinat et le pupille qui était le pensionnaire d'un paysan ont grandi ; ce sont des jeunes gens ; les voilà ouvriers agricoles ; leurs occupations sont les mêmes ; leur « entraînement » diffère. J'admets que l'établissement n'ait pas trop de maîtres ayant échoué ailleurs, trop d'éléments instables ou débiles ; j'admets que l'élève, convenablement encadré, participe à un travail régulier. Chez le patron rural, c'est à un travail intensif que le pupille coopère. Je concède plus encore : « Je suppose — et le cas est rare — un orphelinat assez largement doté, et assez intelligemment géré, pour s'être pourvu d'un personnel d'élite. Même dans les circonstances les plus favorables, combien comme quantité et comme qualité de main-d'œuvre, le travail du journalier qui cul-

tive pour autrui est inférieur à celui du paysan qui cultive pour lui-même ! Sans doute, attelé à la même besogne que son patron, le pupille prend plus de peine qu'il ne ferait dans un orphelinat ; mais si l'apprentissage est plus rude, l'ouvrier sera plus vaillant.

« La sanction immédiate des préceptes de bonne conduite et de travail est profondément inégale, selon qu'il s'agit de l'élève d'un orphelinat ou d'un pupille en condition chez un patron. A l'orphelinat, les élèves les plus zélés et ceux qui ne s'appliquent que dans la mesure strictement nécessaire pour n'être pas punis ont à peu près le même régime. Le pupille en condition a d'ores et déjà son sort entre les mains ; il se procure ou garde ou perd une place avantageuse, suivant qu'il satisfait ou mécontente son patron ; son bien-être actuel est subordonné à sa conduite et à son travail. Je parlais à l'instant d'une leçon de choses : en voilà une autre qu'aucun enseignement de professeur ne saurait suppléer.

« Une comparaison me semble marquer à quel point le mode de préparation, le procédé d'entraînement sont dissemblables pour les élèves d'un orphelinat et pour les pupilles placés chez un patron : l'élève de l'orphelinat m'apparaît comme un mousse auquel on apprend la manœuvre sans le faire sortir du port ou de la rade ; le pupille est le mousse qui navigue en haute mer[1] ».

Rendons-nous donc, nous aussi, à ces raisons péremptoires et appelons de tous nos vœux, facilitons de tout notre pouvoir le placement familial. En cela, nous ne risquerons nullement d'innover ; nous ne ferons que rentrer dans la tradition. Résumant une étude des plus remarquables qui a pour titre : « Misère et Charité en Provence au XVIII^e siècle »[2], M. Henry Clément, à propos de la question qui nous occupe présentement, s'exprime ainsi :

« On semble s'être beaucoup préoccupé au XVIII^e siècle de l'assistance des enfants, effrayé qu'on était par la mortalité énorme qui sévissait sur eux. Les enfants trouvés, les enfants moralement abandonnés, comme on dit aujourd'hui, étaient confiés à des veuves ou à des femmes mariées munies de certificats qui ne laissaient pas de doute sur leur moralité ; elles leur donnaient à l'hôpital l'allaitement naturel ou artificiel. On achetait même des chèvres

[1] Rapport cité, t. I p. XXIII-XXV.

[2] *Misère et Charité en Provence au XVIII^e siècle*. Essai d'histoire sociale par M. Valran, professeur au lycée d'Aix. in 8° de XXIV, 421 pages. Paris, Rousseau, 1899.

dans ce but, et M. Valran signale plusieurs donations ainsi faites aux hospices d'Aix. On fut également obligé de recourir à l'allaitement à l'extérieur, qui était moins coûteux et qui, à cause des dangers qu'il présentait, faisait l'objet d'une surveillance rigoureuse de la part des curés et des municipalités. Le bon côté de cette méthode, c'est que souvent les enfants demeuraient dans leurs familles nourricières, sans être pour cela perdus de vue par les recteurs de l'hôpital qui s'occupaient de leur apprentissage, de leur placement et de leur mariage. L'assistance des enfants a été l'œuvre la plus intéressante qu'ait produite la charité en Provence pendant le XVIII[e] siècle ; beaucoup d'entre eux ont aussi conquis, dans la société une place honorable qu'ils n'avaient pas trouvée en venant au monde [1] ».

Il conviendrait maintenant d'examiner en détail les organisations actuelles qui, soit en France, soit à l'étranger, favorisent, propagent ou tendent à promouvoir directement le placement familial et l'adoption familiale. Dans une enquête complète, on devrait signaler ensuite d'autres œuvres, à orientation différente sans doute, mais qui, par suite de certaines particularités de fonctionnement, pourraient servir d'utiles auxiliaires. En face de ces constatations, multiples et diverses, basées sur des résultats très précis, il serait facile de choisir, çà et là, pour en former une synthèse, les éléments d'un type modèle, à la réalisation duquel s'empresseraient de travailler les esprits éclairés et les apôtres de la protection de l'enfance.

Notre ambition est plus modeste et nous voulons nous contenter de quelques indications très sommaires[2]. Du reste, nous réclamons d'avance la bienveillante indulgence de tous ceux qui constateront les lacunes et les imperfections de cette modeste enquête.

Commençons par les *Enfants assistés*. La nomenclature d'un certain nombre d'œuvres viendra après.

[1] La *Réforme sociale*, 1[er] janvier 1901, p. 88-89.

[2] Nous avons emprunté beaucoup des détails qui suivent à : *Paris charitable et prévoyant*, Paris Plon, 1897 et au *Manuel des œuvres*, Paris, Poussielgue, 1900. Nous exprimons ici nos plus vifs remerciements aux directeurs et fondateurs d'œuvres, auxquels nous nous sommes adressé et qui se sont empressés de nous fournir d'intéressants dossiers. Ils comprendront facilement que cet exposé, nécessairement limitatif, ne peut donner qu'une très faible idée des choses merveilleuses qu'ils nous ont apprises. Mais ces documents seront utilisés ultérieurement.

Le service des *Enfants assistés* comprend les enfant trouvés, les enfants abandonnés et les orphelins dont l'Assistance publique a la charge[1]. Ces enfants sont envoyés par elle à l'une de ses 33 agences de province[2], qui veillent à leur *placement à la campagne*. Les nouveaux-nés sont mis en nourrice ; les autres *confiés à des familles* qui se chargent de les élever.

La *mère d'adoption* à laquelle l'Assistance a confié un enfant reçoit 305 francs la première année, 246 francs la seconde, 189 fr. la troisième, enfin 180 francs les suivantes (plus une indemnité pour les vêtements de l'enfant).

Lorsque les pupilles de l'Assistance publique ont plus de 13 ans, ils sont placés à gages chez des fermiers ou des cultivateurs, sauf un petit nombre formés à d'autres professions dans des établissements spéciaux ou, si cette mesure paraît nécessaire, envoyés dans une école de réforme.

En vertu du contrat de placement, dressé par l'administration, une partie du salaire gagné par ses pupilles leur est remise aussitôt ; le reste est versé à leur agence, qui le dépose à la Caisse d'épargne. Les sommes ainsi déposées par les diverses agences s'élevaient le 1er janvier 1896, à 1.312.519 francs représentant 9.980 versements[3].

[1] Depuis la création de ce service, c'est à des familles de paysans que sont confiés, en très grande majorité, les pupilles de l'Assistance ; cette pratique traditionnelle est appelée la règle du placement familial et rural. Elle date de l'arrêt du 30 nivose an V.

Les enfants abandonnés ne seront point conservés dans les hospices ; ce premier asile n'est qu'un dépôt en attendant que ces enfants puissent, suivant leur âge, ou être placés chez des nourrices ou être mis en pension chez des particuliers... Les enfants placés dans les campagnes ne pourront jamais être ramenés dans les hospices civils, à moins qu'ils ne soient estropiés ou attaqués de maladies particulières qui les excluent de la société ou les rendent inhabiles aux travaux... (art. 1 et 3).

Les enfants âgés de douze ans révolus qui ne seront pas conservés par les nourrices et autres habitants auxquels ils auront été d'abord confiés, seront placés chez des cultivateurs, artistes ou manufacturiers, où ils resteront jusqu'à leur majorité, sous la surveillance du commissaire de direction exécutif près l'administration principale du canton, pour y apprendre un métier ou profession conformément à leur goût et à leurs facultés... (art. 13) H. Monod, rapport au ministre de l'intérieur t. I p. XIX.

[2] Les sièges de ces agences sont à : Abbeville, Alençon, Arras, Arnay-le-Duc, Autun, Auxerre, Avallon, Bethune, Bourbon-Lancy, Château-Chinon, Corse, Deuzé, Dol, Dompierre, Domfront, Ebreuil, Ecommoy, Lormes, Luzy, Montluçon, Montreuil-sur-Mer. Moulins. Moulins-Engilbert, Nevers, Premery, Rennes, Romorantin, Saint-Aignan, Saint-Calais, Saint-Pol, Saulière, Toulon-Arroux, Varzy.

[3] Sur la situation des enfants assistés, voir Lefort, Revue *l'Assistance* janvier 1900 p. 41.

La population des enfants placés par l'Assistance publique à la campagne, qui n'était en 1844 que de 12.869, montait en 1864 à 23.121, nécessitant une dépense de 3.128.271 francs. En 1870, elle était de 25.562 et coûtait 3.535.596 francs, en 1895, elle était de 37.253, nécessitant une dépense de 9.336,711 francs.

L'*Œuvre de l'adoption*[1] a pour but de recueillir et d'adopter dans toute la France, principalement dans les grands centres de population, des enfants orphelins des deux sexes, même naturels, pour leur donner une éducation convenable et les former surtout aux travaux de l'agriculture de leur région natale, afin que les sollicitations des grandes villes ne les attirent point plus tard.

Elle les reçoit tous gratuitement (sauf 50 francs d'entrée pour le trousseau), entre 7 et 10 ans, dans le département de la Seine ; entre 5 et 10 ans dans les autres. Elle garde les garçons jusqu'à 18 ans, les filles jusqu'à 21 ans ; les place à ses frais et les laisse jusqu'à cet âge, en les y surveillant, *dans des familles honnêtes* ou des orphelinats rapprochés du lieu où se fait l'adoption afin d'éviter à ses pupilles le dépaysement toujours préjudiciable à leur intérêt matériel et moral.

Toutes les fois qu'elle le peut, c'est-à-dire lorsqu'il résulte d'une enquête faite par les soins de l'œuvre que les parents qui restent à l'enfant, grand-père, grand'mère, oncle, tante, sont de fort honnêtes gens que la pauvreté seule empêche de recueillir l'orphelin, c'est à eux qu'elle confie et qu'elle paye la rétribution annuelle. Cette combinaison a un double avantage : l'orphelin, *au lieu du casernement, reçoit l'éducation familiale*, grandit dans le milieu où la providence l'avait placé, et, par concomitance, quelques pièces de 100 francs arrivant régulièrement dans un ménage de très pauvres gens, y apportent une certaine aisance.

Depuis sa fondation jusqu'au 1[er] janvier 1900 l'œuvre a recueilli 4.586 enfants. A cette date, ils étaient au nombre de 814, dont 393 garçons répartis dans 66 orphelinats et 421 filles réparties dans 115. Ayant débuté en 1859 avec un budget de 1.174 francs, l'œuvre de l'adoption recueillait en 1899 : 152.212 fr. 95.

L'*Union française pour le sauvetage de l'enfance*[2], place, en conti-

[1] Rue Casimir-Périer, 9. Paris. Fondée en 1859 par M. l'abbé Maitrias. Reconnue d'utilité publique en 1870. Dirigée par un comité de 25 membres laïques ou ecclésiastiques.

[2] Rue de Richelieu, 108. Fondée en 1888 sur l'initiative de Mmes Caroline de Barreau et Pauline Kergomard. Reconnue d'utilité publique en 1891.

nuant à les surveiller, les enfants dont elle a pris la charge, soit dans des institutions de bienfaisance ou des établissements spéciaux, soit chez des patrons en vue de leur apprentissage, soit chez d'autres particuliers.

Pour les enfants de bonne santé et non viciés, le *placement familial* à la campagne est celui que la société pratique le plus volontiers et dont elle obtient les meilleurs résultats.

Elle met de côté, chaque année, depuis le jour de leur admission jusqu'au moment où ils sont en état de gagner leur vie, 50 francs pour les garçons, 30 francs pour les filles, afin de leur constituer un petit pécule qui facilite leur établissement.

La *Société générale de protection de l'enfance abandonnée ou coupable* [1], a pour but la protection efficace et *paternelle* des enfants délaissés des deux sexes ; à cet effet, elle recueille les enfants délaissés âgés de moins de 16 ans, les fait élever sous sa surveillance soit dans les établissements modèles qu'elle crée et administre elle-même, soit dans les établissements privés dont elle favorise la création, soit chez des *particuliers* ou dans des établissements privés déjà créés ; crée ou patronne des établissements spéciaux destinés aux jeunes détenus, organise le *patronage* efficace de ses pupilles quand ils ont terminé leurs études ; enfin, elle étend son action sur toute la France et ses colonies.

La *Société de patronage des orphelins agricoles et des orphelins Alsaciens-Lorrains* [2] a pour but de favoriser le développement des établissements destinés à recueillir, à *la campagne*, des orphelins pauvres, pour leur donner l'instruction primaire, religieuse et professionnelle.

Le *Patronage de l'enfance et de l'adolescence* [3], dont le but est de protéger les enfants des deux sexes en danger moral, place les enfants âgés de plus de 13 ans en apprentissage, soit à Paris, soit *à la campagne*, soit sous la surveillance de la Société, les enfants plus jeunes en pension, soit dans de bons établissements religieux ou laïques, soit *dans d'honnêtes familles de cultivateurs*.

La *Ligue fraternelle des enfants de France* [4] a été fondée dans le

[1] Rue de Lille, 47. Fondée en 1880 par M. Georges Bonjean.
[2] Rue Casimir-Perier, 28. Fondée en 1886 par M. le Marquis de Gouvello.
[3] Rue Herschell, 6. Fondée en 1890 sous le titre « Patronage des mineurs de 18 ans », par M. Rollet.
[4] Rue St-André-des-Arts, 50. Fondée le 8 décembre 1895 par Mlle Lucie Félix-Faure. Reconnue d'utilité publique par décret du 23 mars 1898.

but de venir en aide aux misères de l'enfance et de voir s'établir des *liens de fraternité* entre les enfants, les jeunes gens, les jeunes filles des classes aisées et leurs frères malheureux, enfants, jeunes gens et jeunes filles pauvres ou abandonnés.

La Ligue a la mission, non de supplanter, mais de relier et d'aider les œuvres existantes ; elle s'adresse souvent à ces œuvres et leur confie de ses protégés. Elle place elle-même directement des enfants soit dans les établissements destinés à les recueillir, soit *dans quelques familles honorablement connues* ; elle les suit toujours avec intérêt. Quand les parents sont dignes, quand ils sont capables de garder l'enfant, la *Ligue préfère ne pas le séparer des siens* ; elle peut le secourir au foyer, et c'est toujours avec joie qu'elle exerce cette faculté. Grâce à son intervention, *des familles ont été nourries, vêtues* et ne se sont pas trouvées dehors, faute du paiement d'un terme.

A Paris, la Commission des secours aide chaque année 200 familles environ. La Commission de placement des garçons a à sa charge plus de 150 enfants pour lesquels elle dépense en moyenne 25.000 francs par an. La Commission de placement des filles a actuellement 114 pupilles. Enfin, la Commission du vestiaire distribue chaque année un millier de vêtements.

L'Œuvre familiale pour les orphelins de la Seine [1] a pour but de *placer chez d'honnêtes ouvriers* de jeunes enfants du sexe masculin, orphelins de père et de mère et domiciliés dans le département de la Seine, de leur assurer ainsi le pain de chaque jour, l'apprentissage d'un état, les conseils et l'affection d'une nouvelle famille.

La *Société de l'orphelinat de la Seine pour l'assistance et l'apprentissage des orphelins et des enfants abandonnés* [2] a pour but de recueillir, sans distinction de culte, le plus grand nombre possible d'enfants du département de la Seine, orphelins ou abandonnés, qu'ils soient légitimes ou naturels ; de leur assurer, sous une direction laïque, l'éducation, l'instruction, l'apprentissage d'une profession ; de les garder jusqu'à ce qu'ils soient en état de subvenir à leurs besoins et de leur faciliter, dans la limite de ses ressources, les débuts de leur carrière.

L'Œuvre de l'orphelinat de l'Enseignement primaire de France [3] a

[1] Siège social : au Ministère de l'Intérieur. Fondée en 1856 (sous le nom d'Orphelinat du Prince Impérial). Reconnue d'utilité publique la même année.

[2] Rue St-Lazare, 28. Fondée en 1871. Reconnue d'utilité publique en 1879.

[3] Rue Serpente, 28. Fondée en 1885. Reconnue d'utilité publique en 1890. Placée sous le patronage du Ministère de l'Instruction Publique.

pour objet d'assister les orphelins des deux sexes, enfants de membres de l'enseignement primaire, public ou privé, de France, d'Algérie ou des colonies. L'assistance donnée par l'Association consiste soit dans un secours annuel en argent, soit dans une bourse, ou une portion de bourse dans un établissement public ou privé d'instruction désigné par le Comité central sur l'avis du Comité local, soit dans le placement des pupilles dans un orphelinat.

A moins de circonstances exceptionnelles, les seuls orphelins de père et de mère peuvent être admis, entre 7 et 15 ans, dans les orphelinats, ou recevoir une bourse ou une portion de bourse.

Désirant toutefois que l'enfant privé de ses père et mère ait le bonheur de trouver chez des parents, chez des amis, dans la maison d'un instituteur par exemple, cette *éducation de famille si nécessaire à l'homme*, l'Association ne place ainsi que les orphelins ne pouvant trouver auprès d'eux ce foyer. Quand les enfants qu'elle adopte, n'ayant ni parents, ni amis en état de les recueillir, doivent être mis dans un internat, elle choisit cet internat aussi près que possible de leur lieu d'origine, afin d'entretenir en eux, avec *le culte de la famille, celui du sol natal.*

La *Société de l'orphelinat de la bijouterie, joaillerie, horlogerie, orfèvrerie et industries qui s'y rattachent* [1] a pour but de venir en aide aux enfants des membres titulaires, inscrits depuis un an (les membres titulaires doivent exercer l'une des industries indiquées ci-dessus et payer une cotisation mensuelle de 0 fr. 50 au moins), lorsqu'ils sont privés de leurs soutiens naturels ; de subvenir à leurs besoins, les mettre en nourrice, de leur faire donner l'instruction primaire, les mettre en apprentissage, d'exercer sur eux une active surveillance, de leur assurer sa protection jusqu'à la fin de l'engagement, et de leur conserver ensuite son appui moral ; toutefois, elle les laisse, autant qu'il est possible, à leur mère ou, à défaut de celle-ci, à leurs grands parents, afin *d'entretenir chez eux les sentiments de famille.*

La *Caisse des orphelins du 1^er^ arrondissement* [2] a pour but de venir en aide aux enfants du 1^er^ arrondissement de Paris, privés de leurs soutiens naturels, soit en les plaçant dans des maisons d'édu-

[1] Rue de la Jussienne, 2 (bis). Fondée en 1869. Reconnue d'utilité publique en 1884.

[2] Siège social : la mairie. Fondée en 1881. Reconnue d'utilité publique en 1892.

cation ou *chez des personnes de confiance*, soit en *secourant leur famille*.

La *Caisse des orphelins du XVI^e^ arrondissement* [1] a pour but de venir en aide aux orphelins de père et mère de l'arrondissement, de les placer dans des institutions ou dans des établissements agricoles jusqu'à ce qu'ils soient en état d'entrer en apprentissage.

La *Caisse des orphelins du XIX^e^ arrondissement* [2] a pour but de venir en aide aux enfants nés de parents français, habitant l'arrondissement et appartenant à l'une des catégories suivantes : enfants moralement abandonnés ; enfants indigents orphelins ou demi-orphelins ; enfants de veufs ou de veuves qui, quoique pouvant subvenir en totalité ou en partie à leur entretien, ne peuvent, en raison de leur profession, leur donner les soins maternels ou moraux dont ils ont besoin.

La *Société de secours et d'hospitalisation pour les orphelins des ouvriers et employés des chemins de fer français* [3] a pour but d'assister les orphelins des deux sexes de membres participants de la Société, de faire élever ces enfants dans des orphelinats, ou, s'ils restent dans leur famille, de leur servir une pension jusqu'à l'âge de 18 ans.

L'*Œuvre des orphelins des chemins de fer français* [4] a pour but de venir en aide aux orphelins de ses membres titulaires, soit en les plaçant dans des établissements offrant toute garantie, soit en accordant à la veuve des secours pécuniaires ; de veiller à ce qu'il leur soit donné une éducation chrétienne et une instruction sérieuse pendant l'âge scolaire et la durée de leur apprentissage.

L'*Œuvre de l'assistance chrétienne pour les enfants du premier âge*, dont le siège social est au château de La Roche, à Vaas (Sarthe), a pour but de rendre service aux parents qui habitent les villes, en plaçant leurs enfants dans de bonnes familles à la campagne, en les mettant dans un milieu plus favorable à leur développement physique et moral. L'assistance chrétienne est un intermédiaire officieux entre les parents et les nourriciers. Elle est administrée par un Comité d'hommes dévoués dont les services sont entièrement gratuits. Un inspecteur visite les nourriciers chaque mois, et dans chaque localité un représentant de l'assistance est chargé de

[1] Avenue Henri Martin, en 1879. Reconnue d'utilité publique en 1887.
[2] Rue d'Allemagne, 137. Fondée en 1880.
[3] Rue Fabert, 50. Fondée en 1895. Autorisée en 1806.
[4] Boulevard St-Marcel, 32. Fondée en novembre 1894.

veiller constamment au bien-être et à la bonne éducation des enfants.

L'œuvre exerce ainsi, sur les enfants qu'elle place, une surveillance consciencieuse au point de vue sanitaire, moral et religieux, tout en déclinant les responsabilités.

Une fondation des plus capables d'attirer notre attention est celle qui est due à l'initiative et au zèle d'un prêtre du Cantal, M. l'abbé Sarrauste. Dès 1868, il créa la *Famille de l'Orphelin* pour constituer un foyer rural aux orphelins délaissés dans les villes. Parmi les tentatives écloses du souffle ardent de la charité, disait déjà, en 1878, M. A. Delaire [1], c'est certainement une des mieux inspirées au point de vue social. Ce qui frappe tout d'abord dans cette œuvre, c'est *son caractère affectueux et paternel*. L'enfant s'y trouve comme *au sein d'une famille honnête*, il y jouit d'une vie saine et agréable, il oublie le ruisseau des villes pour s'attacher à son pays d'adoption. Il n'est pas tenu à l'écart d'une population dans laquelle il doit rentrer un jour, mais il grandit au milieu d'elle. Par le louage [2], il s'associe de bonne heure à ses travaux comme à ses coutumes ; il prépare les bases d'un établissement stable et d'une famille dont il sera le chef. Le frêle arbrisseau étiolé entre les pavés des villes devient, transplanté dans la terre du Cantal, un arbre sain et robuste. Il y a là une idée pratique, digne de trouver des encouragements et des imitateurs [3].

[1] *Bulletin de la Société internationale des études pratiques d'économie sociale*, tome VI. Conférence de M. A. Delaire, p. 90-91. — Cette conférence, qui comprend 55 pages du *Bulletin*, donne, grâce à des détails très vécus et à une description fort soignée, la physionomie exacte de l'œuvre de M. l'abbé Sarrauste. Successivement, nous assistons à sa fondation. Puis c'est la description du personnel : directeur, religieuses, orphelins, instituteur, chef de culture, jardinier, appâtureur, etc. ; la description de la maison : disposition des bâtiments, etc. Rien n'est oublié de ce qui concerne les enfants : leur existence frugale et laborieuse ; le régime auquel on les soumet ; ce qu'ils font et ce qu'on leur fait faire ; comment on les récompense en augmentant leur pécule ; leur parfaite santé ; l'amour qu'ils ont pour leur maison, etc.

[2] Bon nombre d'orphelins sont placés, pendant une partie de la belle saison, dans des familles bien choisies parmi les cultivateurs des environs. La maison de famille ne conserve guère, pendant l'été, que les plus petits, qui réclament des soins maternels et suivent surtout les classes..

[3] Au mois de juin 1901, M. l'Abbé Sarrauste adressait à un de ses amis qui lui demandait des détails sur son œuvre, une importante lettre reproduite par plusieurs journaux. En voici quelques très courts passages :

Ce n'est pas un pensionnat qu'il faut à l'orphelin, c'est une famille, c'est la famille qui est la lacune de sa vie.

Le Play vient nous montrer la famille modèle à rendre à l'orphelin indigent. C'est celle des petits cultivateurs, ouvriers ou commerçants qui, chargés de nom-

L'adoption familiale des orphelins a été comprise d'une manière originale, pratique et surtout fort avantageuse pour notre pays, par le cardinal Lavigerie, en Algérie.

En 1867, une affreuse famine ravagea notre colonie. On ne peut lire sans émotion ni épouvante, le récit navrant de ces calamités publiques dans les historiens du cardinal. Par suite, de nombreux orphelins étaient voués à une mort certaine. Il fallait les recueillir et remplacer la famille qu'ils avaient perdue ou qui les avait abandonnés. L'archevêque d'Alger voulut leur servir de père. Il n'en refusa pas un seul de ceux qui lui furent présentés directement à lui ou qui lui furent amenés par ses prêtres. Il en eut, un moment, jusqu'à 1800 à sa charge [1].

Après leur avoir sauvé la vie, l'archevêque se proposa de leur faire donner à tous, par les religieux et les missionnaires d'Alger, institués à ce moment et précisément à cette intention, le bienfait plus grand encore d'une éducation qui les rendît plus tard capables de suffire à leurs besoins, les attachât davantage à la France et leur permît d'opter en connaissance de cause entre la foi chrétienne et le mahométisme [2].

Mgr Lavigerie fit ensuite préparer ses orphelins, dans les deux établissements de Kouba et de Maison-Carrée, aux travaux de la vie agricole et aux arts qui s'y rapportent. Pour les enfants du peuple, et principalement pour les enfants abandonnés, la vie des champs, qui est vraiment celle de la nature, lui semblait à bon droit la plus propre à sauvegarder la santé du corps et celle de l'âme. Sous la direction des Frères et des Sœurs, à la hauteur de tous les dévouements, les orphelins et les orphelines s'appliquèrent, suivant leurs forces, à transformer en vignes, en pâturages, en champs de blés, les terres incultes où ils étaient établis [3].

On publia bien haut que c'était une entreprise chimérique de

breux enfants, les placent une partie de l'année, dès qu'ils peuvent rendre des services rétribués, mais chez lesquelles familles le foyer se transmet de génération en génération et est un asile dans les accidents de la vie.

C'est ce que je réalise, autant que je le puis, à Notre-Dame de Quézac, en me gardant de toute théorie *à priori*, sous prétexte de mieux faire, car c'est Dieu et non l'homme, qui a réglé la famille, et sans foyer, pas de famille.

Il faut que chaque enfant y soit personnellement connu et aimé, et que, par conséquent, l'agglomération soit peu nombreuse...

[1] Klein, *Le cardinal Lavigerie et ses œuvres d'Afrique*, 3e éd., Paris, 1893, page 101.

[2] Id. ibid., p. 103.

[3] Id. ibid., p. 104.

soumettre au travail des enfants jusque là habitués au vagabondage et à l'oisiveté. — Vous n'en garderez pas un seul, disait-on ; ils se sauveront tous dans leurs tribus. —

L'archevêque continua son expérience. Elle fut des plus heureuses. Bien qu'on les laissât tous les jours libres, en pleins champs, sans murs, sans barrières, un très petit nombre d'enfants retournèrent à la vie errante, presque tous restèrent volontairement et se formèrent avec un surprenant succès aux travaux qu'on leur indiquait [1].

Ces enfants, si bien disposés, mais dénués de toute expérience, on ne pouvait cependant les garder toujours dans leurs orphelinats. Faudrait-il donc les jeter sans appui, sans famille, soit au milieu des européens, soit au milieu des arabes. Celui qui avait sauvé leur enfance voulut assurer leur vie tout entière, les établir les uns près des autres dans la saine vie des champs, dans des conditions où ils développeraient leur initiative, sous l'inspiration discrète des religieux et religieuses qui les avaient élevés ; il voulut, tout en faisant lui-même les premiers frais de leur établissesement, les mettre à même de se suffire par un travail indépendant et personnel [2].

Dans ce dessein, il se rendit un jour dans la plaine du Chéliff, à peu près à égale distance de Milianah et d'Orléansville, pour choisir et acheter de vastes étendues de terrain. Il campa, la première nuit, sous une tente arabe, au bord du Tighzel, petit affluent du Chéliff ; dès le lendemain, il se mit en relations d'affaires avec les indigènes, qui faisaient paître leurs troupeaux dans ces plaines à moitié désertes, et bientôt l'on commença de construire la première maison du futur village pour y loger les Pères qui devaient diriger les travaux. Une seconde demeure s'éleva ensuite, où l'on fit venir huit orphelins ; puis ce fut le tour de la maison des Sœurs, où furent amenées quelques orphelines.

Pénitenciers, arabes, orphelins, tout le monde se mit à l'ouvrage ; la plaine inculte fut défrichée ; les broussailles d'aloès, de palmiers nains, de tamarins, de cactus et de jujubars sauvages, firent place à des champs de blé, à de bons pâturages ; enfin, les madones s'élevèrent, disposées régulièrement à quelque distance les

[1] Klein. *op. cit.* p. 105.
[2] Id. ibid., p. 108.

unes des autres autour d'une chapelle provisoire. Le nouveau village fut appelé St-Cyprien.

Tout était prêt pour recevoir les jeunes ménages d'arabes chrétiens. Mgr Lavigerie avait, en effet, commencé à unir ensemble ses orphelins et ses orphelines. Le premier mariage eut lieu le 2 juillet 1872. Par le contrat civil, qui avait été signé la veille, Mgr Lavigerie avait assuré aux époux un avoir modeste, mais suffisant : une dot de 500 francs, la petite maison, le jardin et les 25 hectares de terre où leur travail devait leur assurer désormais le pain nécessaire [1].

Au mois d'octobre suivant se célébraient 18 nouveaux mariages. La tribu chrétienne s'augmenta bientôt d'un nouveau village, créé à six kilomètres du premier, dans la même plaine du Chéliff, mais plus près du fleuve et des montagnes de la Kabylie de Cherchell. Il fut nommé Sainte-Monique. Les deux ensemble comptaient dès lors une quarantaine de familles.

Les résultats de cette colonisation intelligente méritent d'être signalés. Au bout de 18 ans, en 1890, la population des deux villages avait déjà quintuplé. On avait établi 22 ménages à Saint-Cyprien et 19 à Sainte-Monique ; il y avait alors 150 habitants dans le premier village et 112 dans le second. Cet accroissement s'est fait sans qu'un seul colon ou un seul indigène soit venu s'y installer, mais par l'unique excédent des naissances. Présentement, il y a par famille une moyenne de quatre à cinq enfants, et ce nombre s'augmente tous les ans [2].

Dans la *Quinzaine* du 1er septembre 1900, p. 118-123, M. Georges Grappe, a donné une monographie de l'orphelinat agricole créé par M. l'abbé Boisard, de Lyon, aux colonies.

Après avoir fondé l'œuvre lyonnaise des *Ateliers d'apprentissage*, ce prêtre tourna ses regards vers les colonies. Il rêvait d'une nouvelle œuvre, « destinée à des orphelins, aux petits enfants attristés dès l'abord de cette vie par la disparition de la famille ». Mais où trouver un emplacement assez vaste où construire et labourer. Heureusement, une société de la ville, au courant de son

[1] Klein, p. 109-118. Un trait caractéristique des habitudes d'ordre et de tempérance de cette population, c'est que dans les deux villages on ne rencontre pas un seul cabaret.

[2] Sur cette œuvre de colonisation on consultera avec fruit : Mgr Baunard, le cardinal Lavigerie, Paris, Poussielgue, 1896, t. I, p. 199-332 (ch. VII à XII).

dessein, mit à sa disposition une étendue de 500 hectares, jusque-là sans culture, sans floraison aucune. Cette nouvelle colonie se trouvait sur l'Enchir de l'Oued-Ramel, en Tunisie, à 68 kilomètres de Tunis, entre Zagouhan et Hammamet.

« En septembre 1892 partirent seulement les premiers colons de l'orphelinat agricole. Quinze enfants, de treize à vingt ans, formaient le noyau initial de la colonie, et deux prêtres, trempés à la rude école de leur fondateur, dirigeaient la petite troupe.....

De leurs *ateliers d'apprentissage*, ils emportaient « ferronnerie des portes et fenêtres, boiseries de ces mêmes ouvertures, en un mot toute l'ornementation indispensable à cette maison, qui n'avait encore que des murs.....

« La pioche au bras, la hache à la main, ces prêtres apprirent aux enfants à défricher. Ils aérèrent la brousse, traçant des clairières où commencer la culture. Un potager fut créé pour subvenir à la nourriture. Des arbres fruitiers furent essaimés. On planta des orangers, des grenadiers, des pommiers même. Des eucalyptus fournirent un lieu d'ombrage contre le soleil, dont l'incessante ardeur nécessitait en même temps une irrigation continuelle.

« Un puits voisin devait suffire à ce soin. Un éboulement vint le détruire, au moment même où l'on songeait à l'approfondir. Il fallut alors un labeur acharné et terrible pour retrouver sous ce sol durci, que la pioche fendait avec peine, un endroit propice où le rétablir, avec un débit plus abondant. Ce fut à 800 mètres seulement au-dessus de la maison, construite sur une élévation, que l'on put trouver une source. Heureusement, elle était d'un apport prodigieux et débita jusqu'à 120 mètres cubes d'eau par jour, même aux plus grandes sécheresses de la saison. Une pompe, actionnée par un moteur à vapeur, la répartit dans toute la propriété.

« L'inexpérience s'ajoutait à ces difficultés. La bonne volonté, renouvelée, fut assez persévérante pour vaincre les obstacles. Peu à peu le terrain, mis en valeur, rapporta suffisamment pour subvenir à tous les besoins. On s'accrut de troupeaux. On planta des vignes et le potager fut agrandi. En même temps, la colonie acquérait une influence heureuse sur les étendues lointaines qui l'encerclaient.....

« L'orphelinat de Sainte-Marie-de-Zit, est devenue un centre dont on tient compte à la Régence. Tout alentour, dans le réseau

de son influence, la civilisation fut infiltrée peu à peu. Ses produits sont goûtés et s'enlèvent volontiers, surtout en France où des maisons importantes leurs donnent la préférence. Les oranges, son miel et ses vins trouvent des débouchés relativement faciles. Puis, les jeunes colons ont fait leur éducation dans ce travail difficultueux, ont fortifié leur énergie, confiés à eux-mêmes sans y être abandonnés. Leurs successeurs, des générations qui peu à peu les remplaceront, lorsqu'ils se seront établis, leur devront de n'avoir plus la douloureuse désillusion de suivre à leur arrivée les pistes comme unique chemin. Grâce à ces aînés, des routes ont été établies. Un bureau de poste, confié à l'un des prêtres, relie Sainte-Marie à Zagouhan et, devant cette prospérité la Régence a tracé une route de Zagouhan à Hammamel. Des machines nouvelles favorisent les tâches et facilitent ou activent leur accomplissement. Les dernières méthodes sont appliquées aux laitages, aux fromageries et aux récoltes.

« Dans ce milieu favorable, où se sont développées les énergies de ces hommes, qui arrivèrent enfants en Tunisie, il y a là un des plus merveilleux champs de culture humaine que l'on puisse trouver. Des volontés et des consciences, voilà le bilan de l'œuvre fondée par M. l'abbé Boisard, dont la haute pensée demeure incessamment mêlée à tous ces actes. Il a transmis à l'œuvre agricole les mêmes principes que ceux de son œuvre ouvrière. Dans le domaine de l'activité moderne du travail, il a donné des modèles à ses deux grandes branches : l'agriculture et l'industrie.

« Son orphelinat agricole facilitera l'expansion agricole et coloniale de la France..... Sainte-Marie-de-Zit, bien longtemps avant l'admirable campagne de M. Gabriel Bonvalot, a réalisé un vaste plan d'éducation coloniale. Elle a aiguillé tout un groupe de jeunes gens vers les terres lointaines et prospères, qui sont les possessions de la France. Et plus, par la consécration, par la réalisation de ces idées que par le nombre encore très restreint de ses enfants, elle a ouvert la voie aux tentatives calquées ou indépendantes.

« Elle a mis l'enfant aux prises avec le fait, avec les choses elles-mêmes, selon la nécessité de notre temps. Dès l'âge de la vingtième année, à cette saison de la vie où rarement le jeune homme est un homme, elle a permis à ceux-là d'être de parfaits artisans de leur profession et de gagner largement leur existence.

Tous aujourd'hui se trouvent être des fermiers, des métayers et des gérants de grandes entreprises agricoles..... »

Assez récemment deux prêtres du midi, les abbés Cros ont conçu et commencent déjà à réaliser un vaste et magnifique projet d'une *œuvre de la colonisation par les orphelins.*

Leur but est « d'élever et de former les enfants, privés de leur père et de leur mère, en vue de les mettre à la tête d'une situation dans les colonies. »

Le plan de l'œuvre embrasse deux compartiments, l'un pour ce qui concerne la *formation* des enfants, l'autre pour ce qui concerne leur *dotation.*

La formation comprend trois choses : l'*Instruction*, les *Exercices professionnels*, l'*Education proprement dite.*

Comme un petit capital est absolument nécessaire pour un premier établissement aux colonies, chaque enfant aura, conformément à la nouvelle réglementation du travail dans les orphelinats, un capital garanti par son salaire quotidien placé en rentes sur l'Etat. En deuxième lieu, le Directeur constituera sur chaque enfant une assurance payable à sa majorité et dont il versera une prime garantissant un capital de mille francs au moins pour les garçons, de cinq cents francs pour les filles. Troisièmement, les bénéfices centralisés constitueront la réserve, laquelle, déduction faite des frais de chaque année, sera considérée comme capital collectif acquis à tous les orphelins. A leur majorité, l'orphelin et l'orpheline seront admis à un partage proportionnel, c'est-à-dire que la part revenant à chaque membre sera basée conformément à la justice et à l'équité, sur le travail et les bénéfices acquis par le travail; par conséquent le bénéfice sera plus élevé pour l'ouvrier de vingt ans que pour celui de quinze. Enfin le pécule de l'orphelin, à la sortie de la maison, se grossira de tout ce qu'aura pu y apporter la main inépuisable de la charité.

L'utilité de cette œuvre est manifeste. Ses fondateurs et organisateurs seront pour des enfants malheureux, privés de leurs parents, un vrai père et une vraie mère. Or, comme « les devoirs fondamentaux d'un père ne sont épuisés que lorsqu'il a donné à son enfant une compagne pour qu'il devienne à son tour chef dans une autre famille et qu'il commande sous un autre toit », l'objectif de cet orphelinat colonisateur sera le mariage ; « il mariera entre eux ses pupilles, en sorte qu'ils sortiront de ses murs avec

un ménage constitué, un pécule, un lieu de destination et un métier. »

Cette œuvre répond ainsi à l'objection qu'on fait « en disant que la lutte pour la vie dans nos sociétés modernes écraserait les jeunes ménages qui, comme une fleur, essaieraient de bourgeonner et de s'épanouir » ; elle les met « au grand air, au soleil, dans les vastes espaces que la France a su ajouter à son domaine ».

Le siège de l'*œuvre de la colonisation par les orphelins* est établi à Fabiargues, commune de Saint-Ambroix, dans le département du Gard. Là se trouve une propriété de soixante-dix hectares, de différentes cultures. Sur la propriété s'élève une construction assez vaste qui permet de recevoir dès le début un certain nombre d'orphelins. Les jeunes filles seront reçues dans un établissement séparé qui se trouve à quelques kilomètres de Fabiargues.

L'établissement n'exige point de pension. Aux protecteurs des enfants abandonnés il demande de verser sur la tête de leur pupille la prime annuelle exigée pour la constitution d'un capital de mille francs ou de cinq cents francs que l'enfant touchera à vingt-et-un ans révolus. Mais les orphelins ne jouiront de ce privilège qu'à leur arrivée dans la colonie dont ils auront fait choix.

On réserve bon accueil à tous les orphelins et orphelines, sans distinction de culte ni de nationalité, pourvu que leurs familles aient été établies en France et qu'eux-mêmes s'engagent, à la demande de leurs tuteurs ou de leurs répondants, à se fixer un jour dans nos colonies pour y fonder leur famille.

Cette œuvre a déja recueilli de bien précieuses adhésions, que les abbés Cros ont publiées dans une brochure. Citons quelques noms : M. de Ramel, député du Gard ; M. de Mahy, ancien ministre des colonies, député de la Réunion ; M. l'abbé Gayraud, député du Finistère ; M. Etienne, président du groupe colonial de la Chambre ; M. le docteur Hamon, ancien médecin de la marine et des Colonies ; M. Louis Brunet, député de la Réunion ; M. l'abbé Lemire, député du Nord ; Mgr Leroy, supérieur des Pères du Saint-Esprit ; Mgr Charmetant, directeur des œuvres d'Orient.

Un coup d'œil, même très rapide, sur quelques créations originales à l'étranger[1], ne peut qu'ajouter à l'intérêt des communications précédentes.

[1] Pour une étude approfondie de toutes ces œuvres, il faudrait consulter le volume de M. Albert Montheuil, couronné par l'Académie française et intitulé : *La charité privée à l'étranger*, in-8° Paris 1898 de 338 p. Le chapitre V est entière-

On lisait dans le journal *La Fronde* du 22 mai 1901, sous la signature Louise Péris :

L'heureux évènement attendu d'un jour à l'autre par la famille royale d'*Italie* va être l'occasion d'une œuvre utile. En souverain moderne, le roi ayant su qu'il était question d'offrir des présents à la reine Hélène, a fait savoir moyennant une lettre au président du Conseil, M. Zanardelli, qu'il n'accepterait aucune espèce de dons, qu'il valait mieux employer l'argent des souscriptions pour fonder quelque institution philanthropique.

Voici donc le projet lancé par la société vénitienne l'*Unione per il bene*, approuvé à Rome et expliqué dans un appel qu'adresse aux femmes italiennes un homme de bien et un écrivain apprécié des deux côtés des Alpes, le sénateur Fogazzaro de Vicence.

L'asile-famille recueillera dans quelque maisonnette à la campagne de six à douze enfants abandonnés qui y seront instruits et élevés sous la direction maternelle d'une femme d'expérience. Loin de la contagion des grandes villes, dans un milieu sain et affectueux, ces pauvres petits apprendront ainsi à aimer et à cultiver la terre tout en jouissant d'une vie de famille impossible dans ces espèces de casernes que sont trop souvent les orphelinats. Si la tentative réussit et si la souscription populaire — qui admet une contribution de quelques centimes pour permettre que le plus humble donne son obole — arrive à un chiffre suffisant, les orphelinats, probablement, seront peu à peu remplacés par ces nouveaux asiles, plus conformes à l'esprit de charité moderne[1].

La revue *l'Assistance* (15 septembre 1901, p. 281-287), pour fournir tous les détails nécessaires sur ces *asiles-familles* et leur organisation, a publié l'exposé de l'œuvre communiqué par M. le sénateur Fogazzaro de Vicence lui-même.

Il serait à désirer, dit l'éminent philanthrope, qu'on fondât des asiles-familles qui réalisent comme un milieu ambiant moral et comme train de vie matérielle courante, une famille bien ordon-

ment consacré aux *orphelins*. En voici le sommaire : L'internat. — Le placement chez les particuliers. — Système mixte. — Les orphelinats voués à la domesticité. — L'enseignement professionnel pour les garçons. — *The National Refuges* en Angleterre. — L'apprentissage en ville. — Le placement à la campagne discrédité. — Quelques types d'orphelinats : *Almanna Barnhuset*, à Stockholm ; *Seliefhaan Hovius Stichting*, à la Haye ; *Institut Auerbach*, de Berlin. — Recouvrement des dépenses d'entretien de l'orphelin sur son salaire. — Les patronages, p. 101-131.

[1] Cet article a été reproduit par la Revue *l'Assistance*, 31 août 1901, p. 280.

née ; on offrirait ainsi aux enfants abandonnés une véritable et bonne école de vie de famille, et avec elle les conditions les plus favorables à l'heureux développement du caractère, de l'individualité, de toutes les vertus familiales et sociales.

Ces nouvelles maisons d'éducation seraient comme de multiples cultures dans lesquelles viendraient se former de futurs maris et pères de familles consciencieux, de futures épouses et mères exemplaires, d'honnêtes ouvriers et paysans, de braves ménagères connaissant les travaux du ménage, du potager, du verger, etc. On pourrait ainsi espérer que la plupart des élèves garçons sauraient accomplir, plus tard, dignement leur rôle de chef de famille, et que les élèves jeunes filles, porteraient le bien-être et la bénédiction dans les familles dont elles seront appelées à faire partie. On aura, par là, enrichi la société de quelques bons sujets, mais, ce qui vaut mieux encore, de nombreuses familles saines, honnêtes et prospères.

Mais ceci ne suffit pas : on devrait élever des enfants dans l'amour de la Patrie, éveiller en eux l'ambition de contribuer à la rendre plus belle, plus riche, à travailler au bon rendement de ses terres incultes. On devrait éveiller en eux la passion de l'agriculture, le goût de la vie simple des champs, l'intérêt à tout ce qui est sciences naturelles, car elles sont utiles dans la vie pratique et offrent des distractions d'autant plus avantageuses qu'elles sont éducatrices.

M. le sénateur Fogazzaro fait ensuite observer que l'éducation ne consiste pas seulement, dans les enseignements théoriques et pratiques donnés méthodiquement par les éducateurs, c'est-à-dire les parents et les maîtres, soit à l'aide de la parole, soit par l'exemple. Selon lui, l'*école la plus efficace est celle de la vie réelle.* La formation du caractère et des convictions, ajoute-t-il, dépend beaucoup plus des impressions provenant du hasard, de l'influence inconsciente exercée par le milieu où l'on vit, par l'atmosphère morale et matérielle, par le jugement des camarades, plutôt que des enseignements directs donnés par les supérieurs. Très rarement, l'influence bienfaisante d'un éducateur arrive à contrebalancer l'influence fatale d'un milieu défavorable. C'est ce qui explique comment tant de fils de familles riches et bien pensantes tournent à mal, quoique soigneusement élevés par des éducateurs consciencieux et intelligents. Et voilà, aussi, comment on s'explique que, dans diverses institutions de bienfaisance, fondées

dans le but de diriger les tendances des enfants vers les travaux des champs, on ait complètement échoué. Le petit peuple de la cité rit du paysan et s'en amuse, et comme les enfants, surtout, craignent le ridicule, ils refusent de se faire agriculteurs. C'est pourquoi, en tenant compte de ces faits indéniables, on devrait faire grandir les enfants dans un milieu extérieur, très semblable à celui dans lequel ils sont destinés à vivre, lorsqu'ils seront adultes, et faire en sorte qu'ils restent en continuel contact avec le monde, bref, qu'ils vivent de la vie de famille et non pas de la vie peu naturelle des collégiens.

Après avoir examiné dans le plus minutieux détail le fonctionnement intime et l'organisation complète des asiles-familles, M. le sénateur Fogazarro, termine en disant : c'est ainsi que nos pauvées et humbles asiles-familles, s'ils étaient organisés intelligemment et avec amour, pourraient contribuer à relever la moralité d'un pays et à soulager bien des misères.

Rompant avec l'ancienne méthode qui consistait à recueillir les orphelins dans des orphelinats, l'*Allemagne* a adopté aujourd'hui, à peu d'exceptions près, le système de *placement dans les familles*. Hambourg est une des rares villes qui aient recouru au *système Mettray* ou *Cottage*, si répandu dans d'autres pays et particulièrement en France.

En revanche, la *bienfaisance privée* qui, parallèlement à l'Etat, prête aux orphelins une large protection, en est presque exclusivement restée au principe des *établissements fermés*, fort probablement parce que les fondations anciennes consacrées à l'assistance des orphelins n'avaient prévu que cette forme de la dispenser. Ses institutions, sur ce domaine particulier, ont, pour la plupart, une origine confessionnelle : c'est, en effet, à 251 avec 10,000 places, que la statistique de la mission intérieure évalue leur nombre. Parmi les nombreux établissements de cette catégorie, tous richement dotés et installés, de la société catholique Charitas, ont figuré, en dessins, à l'Exposition de 1900 : l'*Orphelinat diocésain « Fondation Edouard »* (64), *l'Orphelinat pour enfants d'anciens soldats à Cauth* (l. 13), *l'Orphelinat de Landstuhl* (l. 14) et la *Maison Saint-Vincent à Oberhausen* (l. 15-17).

Parmi les institutions nées des efforts de la *philanthropie* sur ce terrain spécial, nous devons citer le « *Deutsche Reichsfechtschule* » fondée en 1880 avec siège social à Magdebourg. Elle a pour but la fondation, dans l'Empire, d'orphelinats ouverts à toutes les con-

fessions ; elle accepte, au profit de son œuvre, les dons d'argent les plus menus, les dons en nature qu'elle peut revendre, les objets collectionnés par une charité prévoyante, tels que : déchets de cigares, timbres-poste périmés, capsules métalliques de bouteilles, etc. Le capital ainsi recueilli s'élevant en 1899 à plus de 1.500.000 marks, a déjà quatre orphelinats (Reichswaisen haüser) construits à *Lahr* en Bade, à *Magdebourg*, à *Schwabach* en Bavière et à *Salswedel* (60 et I, 12) offrent un total de 250 places aux orphelins de l'Empire.

Au nombre des fondations de toutes sortes vouées par la charité privée à l'enfance orpheline et que nous ne saurions énumérer ici, faute d'une statistique suffisamment complète, celle de M. *Rodolphe Mosse, Maison d'éducation pour garçons et filles à Deutsch-Wilmersdorf, près de Berlin,* vient occuper une place à part. Elle comprend 100 places et est réservée aux enfants des classes *instruites* ; ils y sont entretenus de six à seize ans et les garçons y reçoivent une instruction qui, une fois acquis le certificat d'études leur permettant de ne servir qu'un an, leur ouvre la voie du commerce, de l'agriculture, de la technique, du fonctionnarisme ou d'un métier quelconque. Le fondateur de cet établissement est parti de la juste idée que la misère amenée dans les classes instruites par la mort, la maladie ou d'autres coups de la destinée est souvent doublement cruelle, parce qu'elle sèvre les jeunes générations des biens de l'esprit dont ont joui les parents.

Les industriels enfin, ont, eux aussi, quoique dans une faible mesure, porté leur activité sur ce terrain spécial de la bienfaisance. Parmi les entreprises industrielles qui entretiennent des orphelinats pour les enfants de leur personnel décédé, nous citerons : la *société par action des mines de Mechernich, à Mechernich* (Province du Rhin), la *Tisserie mécanique de Meyer-Kauffman à Nieder-Wuestegiersdorf*, district de Waldenbourg (Silesie), la *maison Laurenz Frères à Ochtrup* (Westphalie), dont l'orphelinat a été fondé par madame *Clara Laurenz*[1].

Au congrès international d'assistance publique et de bienfaisance privée de 1900, M. Gilbert, a analysé le rapport manuscrit de M. Merrill, surintendant du district de la *Children's home society of Wisconsin* (Etats-Unis), sur cette société. Elle a pour but le placement familial des enfants abandonnés. C'est une société des

[1] OEuvre de salut social en Allemagne. Berlin 1900, p. 23-24.

plus considérables, une sorte de service des enfants assistés, créé et dirigé par des particuliers. Fondée, il y a quinze ans, par un pasteur de l'Illinois, les principes qui ont présidé à sa fondation et qui président encore à sa direction sont les suivants :

1° Tout enfant doit être élevé dans une famille, car tout enfant sans famille est un fardeau et une menace pour la société ; et accessoirement.

2° Toute famille doit avoir des enfants, car toute famille sans enfants est un fardeau et une menace pour la société.

M. Merrill appuie ces propositions, et particulièrement la première, d'une courte démonstration. Les arguments qu'il invoque, d'ordre moral, politique, social, financier ou religieux sont ceux qui ont fait prévaloir en France et ailleurs le système du placement familial.

La *Children's home society* opère actuellement dans 27 Etats de l'Union. Elle fait appel à toutes les personnes charitables, sans distinction de confession. Elle est organisée d'après le principe fédératif, c'est-à-dire que chacune de ses sections, qui a pour champ d'action un Etat, a ses statuts propres, sa direction, ses membres et la responsabilité de ses actes devant l'autorité publique. A la tête de chacune d'elles se trouve un conseil de direction dont les membres se réunissent tous les trimestres. Une délégation de ce conseil forme un comité exécutif chargé de l'administration dans l'intervalle des réunions. Les agents actifs de la société sont un premier surintendant et des surintendants de district. Les frais d'organisation, dit M. Merrill, sont des plus modiques.

Le fonctionnement de la société est à peu près celui du service des enfants assistés en France, avec les modifications imposées par le caractère privé de l'œuvre et la différence des mœurs et des lois. Il comporte : la recherche des enfants sans domicile ; l'obtention de la tutelle légale de ces enfants ; des enquêtes chez les parents nourriciers, le placement, le déplacement au besoin, et la surveillance des pupilles ; la protection de leurs intérêts matériels ; enfin, la recherche et l'encaissement des cotisations et subventions. C'est aux surintendants que sont confiées la plupart de ces tâches multiples.

Des détails sont donnés en ce qui concerne les enquêtes au sujet des parents nourriciers. Les conditions exigées sont les suivantes : ils doivent être justes et humains, avoir une position

sociale, et des moyens d'existence réguliers. Les enfants leur sont confiés d'abord à titre d'essai ; le terme de ce premier placement est de 90 jours, au bout desquels les nourriciers doivent déclarer s'ils entendent conserver l'enfant ou non. Quant un nourricier a l'intention de retourner un enfant à la société, il doit l'en avertir 30 jours d'avance. Il va sans dire qu'il n'a pas le droit de confier l'enfant à autrui. M. Merrill fait remarquer qu'il est beaucoup plus facile qu'autrefois de trouver des nourriciers.

Les résultats obtenus par la *Children's home society* sont considérables. Voici les chiffres fournis par le rapporteur : la société a déjà recueilli environ 30,000 enfants abandonnés. En outre, l'opinion publique s'étant déclarée en sa faveur, la société a retiré des établissements officiels d'assistance, et placé dans des familles, un nombre égal d'enfants. Par suite, plusieurs établissements officiels ont dû être réduits, ou même fermés. Des dépenses énormes, que M. Merrill évalue à plusieurs millions de dollars, ont été épargnées à la bienfaisance et à l'assistance publique. Quant aux résultats moraux, ils sont également excellents [1].

Dans son mémoire sur les enfants trouvés de Notre-Dame de Péra (Constantinople) présenté au Congrès international d'assistance publique et de bienfaisance privée, M. le Dr Zavitzianos décrit une œuvre de placement familial. Après avoir exposé dans quelle situation déplorable se trouvèrent jusqu'en 1889, les enfants abandonnés, à la communauté grecque de Constantinople et comment à cette date il créa le service des enfants trouvés de Notre-Dame de Péra, il donne des renseignements détaillés sur le fonctionnement de l'œuvre. Ceux qui concernent les cas d'adoption sont particulièrement instructifs :

« Les enfants, je l'ai déjà dit, sont élevés chez leur nourrice : ils reçoivent les mêmes menus soins que les enfants de la nourrice qu'ils aiment et ne se trouvent pas dans le triste cas de ne voir autour d'eux que le vide, le doute, le mépris et la haine.

« Ce que nous souhaitons, c'est de les voir adopter, ce qui se fait souvent. Notre contentement est encore plus grand, lorsque nous voyons les nourrices elles-mêmes adopter leur nourrisson. Dans ces cas leurs liens d'affection ne sont pas rompus et ils

[1] Recueil des travaux du *Congrès international d'assistance publique et de bienfaisance privée*, tenu du 30 juillet au 5 août 1900. t. III. Première section (Enfance), p. 303-305.

continuent à vivre dans cette heureuse illusion qui leur fait croire que les enfants de la nourrice sont leurs propres frères, et la nourrice leur mère.

« Le peuple grec qui est porté par sa nature à la bienfaisance, considère comme un acte charitable celui d'adopter un enfant trouvé.

« J'ai dit plus haut que parmi les nourrices qui élèvent des enfants de l'église, il y en a qui sont des enfants trouvées, adoptées par leur nourrice. J'en connais qui sont des institutrices et qui par leur travail et avec le fruit des leçons soutiennent leurs familles adoptives. Ainsi, bien souvent, nos nourrices adoptent leur nourrisson, qu'elles aiment quelquefois plus que leurs propres enfants.

« Dois-je parler de la peine réelle qu'elles ressentent lorsqu'elles sont forcées de s'en séparer, lorsque l'enfant est adopté, ou encore lorsqu'il est enlevé par la maladie ? Je regrette que ma plume ne soit pas assez habile pour retracer les sentiments d'affection et d'attachement qui se développent entre nourrice et nourrisson.

« Jusqu'à présent pour qu'une personne put adopter un enfant, elle devait présenter des papiers émanant de l'autorité ecclésiastique dont elle relève établissant son état de fortune et surtout sa moralité et la considération dont elle jouit. Au moment de l'adoption l'usage est de faire un cadeau pécuniaire à l'église comme pour la dédommager des frais qu'elle a supportés. Depuis l'année passée les parents adoptifs doivent au moment de l'adoption signer un papier par devant l'autorité ecclésiastique par lequel ils déclarent reconnaître à l'enfant adoptif les mêmes droits qu'à leurs propres enfants, sans en excepter les droits d'héritage. Ils déclarent que cet enfant adoptif recevra la même éducation que ses frères, les propres enfants des parents adoptifs.

« Il y a pas mal d'adoptions par an ; il n'est pas rare d'en voir le chiffre atteindre le 50 p. 100 des enfants recueillis [1] ».

Dans diverses villes belges, à Bruxelles, à Anvers et à Liège notamment, il existe des sociétés d'enfants martyrs. Elles ont pour but de combler une lacune de la loi belge qui oblige les administrations de bienfaisance publique à s'intéresser aux enfants matériellement abandonnés, les orphelins, les enfants dont les

[1] Actes du *Congrès d'assistance publique et de bienfaisance privée*, 1900. t. III. Première section (Enfance). p. 331-332.

parents sont inconnus, par exemple, mais qui n'a pas prévu jusqu'ici, ce que l'on devait faire des enfants moralement abandonnés.

L'œuvre liégeoise des enfants martyrs a été créée en juin 1893. Elle a eu naturellement, comme toute chose nouvelle, des débuts assez difficiles ; mais l'accroissement sensible des dépenses, qui sont corollaires des recettes, montrera que l'on a fait du chemin depuis la première année de l'existence de l'œuvre.

En 1893 on a dépensé la modique somme de	148 fr.
En 1894	1.700 fr.
En 1895	4.900 fr.
En 1896	7.800 fr.
En 1897	10.000 fr.
En 1898	17.500 fr.
En 1899	29.275 fr.

Le nombre des protégés qui était de onze en 1894, a augmenté successivement et a passé à 27 en 1895, à 32 en 1896, 42 en 1897, 51 en 1898. Actuellement, en comprenant les enfants de l'Ecole ménagère et ceux de la colonie, l'œuvre a à sa charge 72 enfants des deux sexes.

Au début de l'œuvre, tous les protégés étaient placés à la campagne, chez des nourriciers. On a eu l'heureuse chance de trouver dans une même localité un choix suffisant de familles où l'on a pu placer tous les enfants secourus par l'œuvre. De cette façon, l'organisation administrative était beaucoup plus facile ainsi que la surveillance, qui y était exercée par de nombreuses personnes de la localité et par plusieurs membres du comité de l'œuvre.

Il y a deux ans, la société s'est butée à une grande difficulté : un certain nombre des petites filles assistées avaient atteint l'âge où elles doivent quitter l'école primaire, âge auquel elles ne se trouvaient naturellement pas en état de gagner leur vie. Il fallait absolument les protéger ; c'est alors que l'on prit la décision de suivre l'exemple de nombreuses administrations publiques et de créer pour l'œuvre une école ménagère.

Celle-ci fonctionne actuellement à l'entière satisfaction de tous. Elle comporte pour le moment vingt-deux enfants, une directrice, deux institutrices. Il y a vingt-deux enfants dans l'école, mais on pense que successivement le nombre augmentera encore. La direc-

trice est une jeune fille qui s'appelle M^lle^ de Haulleville. L'âme de cette œuvre, à Liège, est un industriel du plus grand mérite, M. Burnay, qui occupe de hautes fonctions dans une grande société industrielle [1].

Nous inspirant de cet exposé nécessairement incomplet, essayons de tirer quelques conclusions.

L'idéal, assurément, serait de travailler à reconstituer la famille sur ses bases naturelles. Puisque cet idéal peut sembler presque chimérique, usons, du moins, de tous les remèdes propres à atténuer, autant que cela se peut, un état de choses regrettable et anormal.

Autre principe à affirmer : nous ne devons point aimer l'internat. Admettons-le seulement à titre d'exception et lorsqu'il devient impossible de faire autrement [2].

Cette adoption familiale à laquelle nous voudrions gagner des sympathies et des concours, pour qui est-elle nécessaire ?

Pour les orphelins ;

Pour les enfants trouvés ;

Pour les enfants moralement abandonnés et dont les parents abusent, soit de leur faiblesse pour les martyriser, soit de leur innocence pour les exploiter. Il faut arracher aux familles indignes ces orphelins dont les parents sont encore en vie, et leur trouver une autre famille capable de les élever [3].

Pour les demi-orphelins, dont la famille est incomplète ou disloquée [4].

[1] Détails empruntés à un article de la *Justice sociale* du 13 octobre 1900, signé : *Gabriel Ardant*.

[2] « Nous n'admettons les internats que dans la mesure strictement nécessaire ». M. Gaufrès, Rapport sur la situation de l'œuvre de l'orphelinat de la Seine en 1899, assemblée générale du 4 mars 1900. p. 12.

« Je ne suis pas grand partisan des orphelinats. » M. Monod, Discours pour l'inauguration des nouveaux bâtiments de l'orphelinat de la Seine, 10 mars 1899.

[3] D^r^ Léon-Petit. Conférence à l'assemblée générale du 5 mai 1901 de la société de l'orphelinat de la Seine p. 27.

[4] « Il reste encore un nombre considérable d'enfants qui ne sont ni des orphelins, ni moralement abandonnés, puisqu'ils ont une famille, mais dont souvent la situation est plus grave que s'ils n'en avaient pas. Car cette famille ne peut les protéger efficacement parce qu'elle est incomplète ou disloquée.

« Sans parler, ni des amours illégitimes, ni des lâches abandons du père, ni du divorce si fréquent aujourd'hui dans la classe ouvrière, ni même de la disparition de la mère, il suffit de jeter un coup d'œil sur les milieux ouvriers pour y découvrir, presque dans chaque maison, des enfants en détresse physique et en danger moral.

« Le père est au travail, mais les bouches à nourrir sont trop nombreuses et son salaire ne suffit pas ; la mère part à son tour pour l'usine. A dater de ce moment

A qui incombe le soin de cette adoption ?

MM. Hamel et Davodet, inspecteur et sous-inspecteur des enfants assistés de la Manche ont préconisé au dernier Congrès international d'assistance, « l'organisation d'une assistance cantonale, en érigeant le canton en association ou syndicat des communes, avec le concours du département, de l'Etat et de la bienfaisance privée. Cet organisme charitable étendrait son action à tous les indigents valides, de l'enfant au vieillard ; le secours serait donné sous les formes les plus variées avec l'aide de la bienfaisance privée ; le budget serait alimenté par des souscriptions volontaires des communes, des cotisations, donations et legs des particuliers, le concours financier des départements et des communes et les subventions du pari mutuel.

« Les auteurs indiquent, dans leur projet, la composition et les attributions du conseil d'administration, le mode de fonctionnement à adopter pour dresser la liste des indigents, établir un système d'enquête et assurer le contrôle.

le foyer est détruit, la famille désorganisée et l'enfant exposé à la misère et au vice n'est plus qu'un demi-orphelin. Il y en a en France plus de cent mille dans ce cas. » Dr Léon-Petit, ibidem.

Les nécessités de la vie, l'organisation industrielle, entraînent au dehors le père et la mère. L'un part pour l'atelier, l'autre pour le lavoir ; que peut alors devenir l'enfant sommairement surveillé par quelque voisine ? Il ne sera pas long à découvrir qu'il peut se soustraire à un contrôle si superficiel et, à l'âge des escapades, il préfèrera souvent la libre école de la rue à celle qui l'assujettit à des devoirs maussades. La maraude, le vol, pis que cela pour les filles, lui auront bientôt appris le chemin du vice qui ne connaît guère les retours. A ce point de vue les demi-orphelins du monde ouvrier sont de vrais orphelins, les nécessités présentes de l'industrie leur enlevant en fait leur unique parent.

Gaufrès, l'Assistance aux demi-orphelins d'âge scolaire, Congrès international d'assistance de 1900. t. III p. 148.

La famille est la grande protection de l'enfance, la famille complète et honnête. Est-elle honnête seulement, mais incomplète, elle ne suffit plus aujourd'hui à sa tâche. Les trois quarts des enfants qui tournent mal n'ont que des familles partielles. Gaufrès, Congrès d'assistance de 1900 t. III p. 151.

Dans les milieux pauvres et surtout dans les grandes villes, la famille est souvent désorganisée. Le divorce entré dans les mœurs et trop facilement prononcé par les tribunaux, atteint cruellement l'enfance ; l'union libre prend de plus en plus la place du mariage régulier. Quel spectacle pour l'enfant que celui de ces unions sans lendemain ? l'alcoolisme fait des progrès incessants ; la misère, fruit de l'inconduite et parfois aussi de la maladie et du chômage, est mauvaise conseillère ; nombreux sont les parents qui exploitent l'enfant et le dressent à l'exercice de métiers interlopes. L'atelier enfin et les nécessités de l'industrie moderne éloignent simultanément du foyer le père et la mère et même dans d'honnêtes ménages, l'enfant se trouve, pendant de longues heures, exposé à tous les dangers de l'oisiveté. Feuilloley, avocat général, Discours prononcé le 16 octobre 1901 à l'audience de rentrée de la Cour de Cassation.

« Ils estiment que, grâce à cette organisation, on pourrait resserrer les liens de famille, combattre l'émigration des campagnes dans les villes et supprimer la mendicité.

« Nous ne pouvons que rendre hommage aux intentions généreuses et philanthropiques des auteurs de ce mémoire, ajoute M. Sabran, auquel nous avons emprunté le résumé qui précède, mais sans parler des inconvénients et des complications multiples que ne manquerait pas de susciter un nouvel organisme d'assistance établi légalement à côté des organes existant déjà : commissions hospitalières, bureau de bienfaisance, bureau d'assistance, il nous semble que le principe même de cette organisation pourrait difficilement recevoir une application. Tout le système repose sur le groupement, le syndicat des communes au siège du canton. Or, s'il nous paraît certain que les communes pauvres accepteront volontiers de faire partie du syndicat projeté, il nous paraît non moins certain que les communes riches qui peuvent subvenir en grande partie à leur devoir d'assistance, refuseront absolument de faire partie d'un syndicat qui serait de nature à créer des charges nouvelles. L'attitude adoptée par un grand nombre de communes, pour l'application de la loi sur l'assistance médicale gratuite, peut laisser supposer avec quelle défaveur serait accueillie une proposition de syndicat par la plupart des communes disposant de ressources d'une certaine importance[1] ».

Malgré ces critiques, MM. les docteurs Hamel et Davodet maintiennent et défendent leur projet. Ils disent dans leur rapport sur l'*assistance familiale* destiné à ce congrès :

« A notre avis, l'organisation projetée devrait avoir pour base la commune ou, quand il s'agit de petites communes rurales, organismes trop faibles, le canton, érigé en syndicat ou association de communes...

« Le budget de l'institution à créer serait alimenté par les souscriptions des communes, auxquelles viendraient s'ajouter les cotisations, donations et legs des bienfaiteurs, et le concours financier du département et de l'Etat, dans une proportion qui serait basée sur les ressources et les charges de chaque organisation communale ou cantonale intercommunale... [2] ».

[1] Congrès international d'assistance publique et de bienfaisance privée de 1900, compte-rendu tome I p. 71-72.

[2] Revue *l'Assistance*, 31 août 1901, p. 267 et 268.

Réflexion faite, nous nous rallions au projet des docteurs Hamel et Davodet. La commune nous paraît, en effet, un centre naturel tout indiqué. Son rôle au civil peut être assimilé à celui de la paroisse au point de vue religieux.

Du reste, en pensant ainsi, nous pouvons nous appuyer sur l'autorité de M. Emile Rey, député, qui, au Congrès international d'assistance, a fait adopter les vœux qui accompagnent son rapport sur « l'assistance aux enfants des familles indigentes quand les parents sont dans l'impossibilité de subvenir à leurs besoins. »

Voici l'ensemble de ces vœux :

« Des secours doivent être accordés aux enfants des familles indigentes, pendant les premières annnées de leur vie, lorsque les parents sont dans l'impossibilité de subvenir à leurs besoins.

« *Cette assistance est d'essence communale.* A défaut d'un domicile de secours communal, elle incombe à la collectivité administrative supérieure chez laquelle les parents ont acquis le domicile de secours : la collectivité chargée de cette assistance doit être aidée par les collectivités supérieures dans une proportion d'autant plus forte qu'elle est plus pauvre, pour la part de la dépense qu'elle est obligée de demander à des ressources provenant de l'impôt [1]. »

A l'appui de ce qui vient d'être dit, il est intéressant de citer l'exemple de l'Allemagne.

Dans un ouvrage qui a pour titre : « OEuvres de salut social en Allemagne », publié à l'occasion de l'Exposition universelle de 1900, nous lisons :

« L'Allemagne a reconnu en principe l'obligation pour l'Etat ou pour les communes d'assurer un minimum d'existence aux pauvres totalement ou partiellement incapables de tout travail rémunéré... » Introduction, p. 1.

Et par conséquent de ne pas se désintéresser non plus du sort des enfants. Ce qui suit nous en convaincra :

« En Allemagne, comme dans la plupart des autres pays civilisés, a été reconnue en principe l'obligation pour le procréateur de subvenir de ses deniers à l'entretien de son enfant. L'assistance publique ou privée n'intervient que là où les parents sont, par

[1] Congrès international d'assistance publique et de bienfaisance privée de 1900, compte-rendu, tome III, p. 471-472.

suite d'indigence temporaire ou définitive, provisoirement ou pour toujours, hors d'état de remplir leurs devoirs envers l'enfant.

« Cette intervention se produit nécessairement sous sa forme extrême, quand les parents sont décédés, que leurs infirmités physiques ou morales les gênent dans l'exercice régulier de leurs obligations paternelles, ou qu'une moralité défectueuse les y rend inaptes. La protection, dans ce cas, en tant qu'il s'agit d'enfants en bas âge, échoit à l'institution publique des orphelinats.

« Il peut, en outre, se présenter toute une série d'autres circonstances, concernant les parents, qui amènent l'abandon momentané ou définitif de l'enfant, et rendent indispensable une assistance toute particulière. S'agit-il uniquement d'indigence des parents, il appartient alors à l'assistance publique ou à la bienfaisance privée de mettre le père et la mère en état de pourvoir aux besoins de l'enfant, grâce au secours prêté. Par opposition à cette assistance indirecte il doit s'en exercer une directe là où certaines circonstances particulières mettent le père et la mère dans l'impossibilité momentanée ou définitive de remplir leur devoir. » Pages 13-14.

Mais si l'Etat et les communes ont une mission à remplir, un concours absolument nécessaire, c'est celui des particuliers. Chaque citoyen, oubliant ses préférences et ses opinions personnelles, doit être animé d'une sainte émulation et faire prévaloir, en toute occasion, son unique désir de soulager l'humanité souffrante [1]. Sur le terrain de la charité, comme l'a fait remarquer M. Monod [2], une collaboration constante et efficace du maire, du curé, des voisins, de l'instituteur, du médecin, du magistrat, les uns et les autres « précieux auxiliaires », est indispensable. Plus d'une fois des efforts personnels de tel ou tel particulier ont produit des merveilles [3].

[1] Au Congrès de la Charité, qui s'est tenu à Berlin en 1900, et qui avait été organisé par les catholiques, le ministre des cultes prussien s'y fit officiellement représenter et diverses associations charitables protestantes y envoyèrent des délégués. Ce qui permit au président, l'abbé Werthmann, de Fribourg, de faire la déclaration suivante :

« Sur le terrain de la charité chrétienne, il n'y a pas de place pour les luttes confessionnelles ; il faut, au contraire, s'unir pour combattre l'ennemi commun, à savoir, la misère matérielle et morale. » *Justice sociale* du 28 juillet 1900.

[2] Rapport déjà cité, du directeur de l'assistance et de l'hygiène publiques au ministère de l'intérieur, t. I, p. CXVI-CXXX.

[3] A titre d'exemple remarquable d'une initiative privée vraiment intelligente

Les écoles publiques et libres, qui sont « un centre unique de renseignements sur les enfants », devraient, elles aussi, être utilisées au point de vue de l'assistance.

M. Gaufrès s'est fait, au dernier Congrès international d'assistance, le courageux et presque audacieux apôtre de cette belle et féconde idée. Laissons-le s'expliquer lui-même :

« L'usage tend à s'établir, dit-il, de doter chaque école d'une commission de surveillance et de patronage. On a commencé par celle des degrès les plus élevés, dont la direction est la plus délicate et la plus difficile ; mais l'école du peuple, celle qui reçoit les pauvres et les humbles, dont l'éducation sera l'unique héritage, mérite plus que toute autre la bienveillance attentive de l'administration et le dévouement des bonnes volontés privées. C'est une Commission analogue, une sorte de *Conseil de famille* que je voudrais voir établir dans chacune des écoles primaires, conseil réclamé déjà par de bons esprits et se rattachant à cet ensemble d'œuvres auxiliaires de l'école qui vont se créant partout aujourd'hui.

« Le conseil de famille scolaire devrait être la famille de ceux qui n'ont pas de famille. Il assurerait leur protection à l'école et autour de l'école, les confierait au besoin à de braves ménages d'ouvriers qui les garderait moyennant rétribution avec leurs enfants. S'il fallait absolument les éloigner de leur milieu, refaire leur tempérament, leur inculquer des habitudes d'ordre et de discipline, il les placerait dans un internat. Cet internat serait, non un orphelinat, établissement où les enfants sans famille sont ordinairement laissés jusqu'à leur majorité, mais une institution aidant temporairement la famille dans l'accomplissement d'une

et courageuse, qu'on nous permette de reproduire en partie un article du *Relèvement social* du 1er octobre 1901 :

Il existe, aux environs de Paris, une œuvre unique en son genre.

Une jeune fille noble, instruite et distinguée sous tous les rapports, a eu l'héroïsme de braver tous les préjugés de castes ou de religion, pour vivre d'une manière plus utile que ne le font bien des jeunes personnes de sa situation.

Elle s'est dévouée complètement aux jeunes ouvrières en danger moral, les a recueillies et vit avec elles, comme une mère avec ses filles. Son but est d'en faire des femmes honnêtes et indépendantes, en leur donnant un métier. Elle s'est installée avec elles dans une modeste maison où elles travaillent ensemble à la confection des vêtements (spécialement pour garçonnets) pour les grands magasins et pour les particuliers. Elles mettent en commun tous leurs gains, hélas ! souvent négatifs, et c'est souvent la misère noire ! car elles ne sont pas connues, ne voulant pas qu'on fasse de la réclame. Les jeunes filles restent dans la maison jusqu'à ce qu'elles soient établies ou mariées.

tâche trop difficile pour elle. Cette idée de venir en aide à la famille est si naturelle qu'une Société dite du *Patronage familial*, vient de se fonder « pour aider dans leur lourde tâche les parents qu'une première faute de l'enfant a avertis du danger ». Notre objet à nous est de devancer la première faute en utilisant à cet effet les organisations existantes.

« Le point principal serait que chacun de ces demi-orphelins fût confié à un patron spécial, à un membre de la commission protectrice qui deviendrait son parent moral, son conseiller et son guide. Il suivrait le travail de l'écolier, s'assurerait de son assiduité, prendrait connaissance de ses notes, s'intéresserait à ses progrès. A la fin des études primaires, il ne le perdrait pas de vue et, s'aidant des associations d'anciens élèves, des patronages, des cours du soir, etc., il lui créerait un milieu bienfaisant, une famille morale qui l'aiderait à traverser sans encombre la dangereuse période qui va de l'école au régiment. Ces soins persévérants auraient leurs récompenses : l'école et l'apprentissage bien employés, tout ou peu s'en faut, serait sauvé. L'orphelin aurait cessé de l'être [1]. »

Pour ce qui concerne la réglementation du placement chez les particuliers, nous n'avons pas l'intention de nous étendre longuement. C'est à l'Etat, aux communes et aux particuliers à se concerter pour délimiter les conditions du placement et exercer une surveillance suffisante. Le choix du pays lui-même n'est quelquefois pas indifférent, surtout lorsque l'adoption familiale prend les proportions d'une maison de famille, comme pour l'œuvre de l'abbé Sarrauste [2].

D'après ce dernier, une institution de ce genre ne peut être établie que loin des grandes villes afin d'en fuir la séduction ; dans une contrée pauvre afin que la terre soit à bon marché ; sur un sol fertilisable afin que les améliorations soient productives ; au milieu d'un pays aux coutumes traditionnelles afin que l'esprit de famille qu'on veut créer chez l'orphelin soit soutenu par les exemples placés sous ses yeux [3].

En fait de réglementation, l'Allemagne peut nous servir de modèle. Qu'on en juge par les lignes suivantes :

[1] Gaufrès, l'assistance aux demi-orphelins d'âge scolaire. Congrès international d'assistance de 1900, t. III, p. 153-155.
[2] Voir page 43 du présent rapport.
[3] Conférence de M. Delaire page 46.

Dans nombre d'Etats allemands, tels que la Bavière, le Wurtemberg, la Hesse, la Saxe-Weimar, la Saxe-Altenbourg, le placement est réglé par une législation spéciale. Dans d'autres, comme la Prusse, le duché de Bade, il a été octroyé aux autorités le droit de prendre à cet égard, telles mesures locales que décideraient les circonstances et les lieux. Il est cependant une prescription commune à la plupart de ces règlements : c'est l'obligation pour les personnes ayant ces enfants en garde de faire la déclaration de l'entrée et de la sortie des nourrissons, et l'amende dont est puni tout manquement à cette ordonnance. En général, les autorités font dépendre la permission de prendre des enfants en garde, de certaines conditions portant sur la moralité des pétionnaires et sur l'état de leur logement ; plus tard, elles les ménacent de leur retirer la concession, en cas de mauvais traitements infligés aux nourrissons ou de garanties insuffisantes sur l'hygiène.

C'est justement alors que la protection de l'enfance s'exerce avec le plus d'efficacité et qu'un champ fertile s'offre tout particulièrement à l'activité bienfaisante des sociétés de femmes. Aussi, est-ce spécialement à l'exercice de ce mode de philanthropie que se sont vouées, sur une grande échelle, la *Société des Dames de Bade*, la *Société « Albert » en Saxe*, la *Société « Olga » dans les Wurtemberg*, la *Société « Alice » des Dames de Hesse*, la *Société de Dames d'Elberfeld*, la *société pour l'instruction de la femme à Posen*, et bien d'autres. En beaucoup d'endroits, il existe des associations dont l'unique but est de prêter leur concours aux autorités pour le placement des enfants. Telles sont par exemple : La *Société protectrice des enfants placés, d'Altona ;* la *Société Berlinoise pour la protection des enfants ;* à Bonn, la *Société pour l'assistance des enfants en nourrice ;* à Breslau, la *Société de surveillance des enfants en nourrice ;* à Stuttgard, la *Société de sauvetage des petits enfants*, etc., etc. Dans plusieurs villes comme *Berlin, Kiel, Posen* entres' autres, il existe des institutions thérapeutiques spécialement destinées à seconder les pouvoirs publics et le dévouement privé, combinant leurs efforts pour la surveillance des enfants donnés en placement.

C'est surtout à Leipzick que cette branche de la protection de l'enfance s'exerce sous une réglementation minutieusement détaillée : tous les enfants confiés à des soins mercenaires y sont soumis à une tutelle générale (Generalvormundschaft) exercée par les membres en fonction de l'administration de l'assistance publique.

Entre autres avantages, cette tutelle a particulièrement celui de sauvegarder plus efficacement devant le père naturel les droits de l'enfant. Un médecin délégué à cette fin surveille, avec des gardes professionnelles, les lieux de placement [1].

Les avantages de l'adoption familiale sont fort nombreux. Signalons-en quelques-uns.

Sans vouloir trop insister sur les économies que réalise ce mode d'assistance, impossible pourtant de ne pas en dire un mot.

La dépense dans une famille, avoue M. Monod [2], même quand le taux de la pension est largement suffisant, ne représente guère que la moitié de la dépense dans un établissement.

L'assistance familiale, en dehors de ses avantages matériels et moraux pour la société et pour l'individu, est plus économique que toute autre assistance ; elle permet de secourir plus de personnes que tout autre moyen [3].

L'assistance familiale, utilisant des locaux disponibles dans des ménages modestes existants, a dit M. le Dr Marie, évite la première mise de constructions hospitalières, pour tout le personnel, le matériel et l'entretien consécutif inhérent à une institution agglomérée [4].

L'adoption familiale s'impose pour lutter efficacement contre le vice.

C'est l'absence de famille, constate M. Gaufrès, ou, ce qui revient presque au même, d'une famille complète qui laisse tomber les enfants dans le vice, qui les fourvoie, les rend parfois criminels [5].

Un enfant se perd quand il n'a pas de père ou de mère pour veiller sur lui [6].

Je conclus, — c'est encore M. Gaufrès qui parle, — que les enfants qui n'ont pas l'entourage familial sont, d'une part, prodigieusement exposés à mal tourner ; mais, d'autre part, que les enfants auxquels on rend un entourage familial se trouvent dans d'excellentes conditions morales [7].

[1] OEuvre de salut social en Allemagne, p. 15.
[2] Rapport, déjà cité, au ministère de l'intérieur, t. I p. XX.
[3] Dr Jardet, compte-rendu du congrès international d'assistance publique et de bienfaisance de 1900 t. IV, p. 191.
[4] Revue *l'Assistance*, mai 1901, p. 193.
[5] Gaufrès, rapport sur la situation de l'OEuvre de l'orphelinat de la Seine en 1899 p. 11.
[6] Gaufrès, Revue *l'Assistance*, avril 1900, p. 161.
[7] Ibid. p. 163.

Combien seraient restés honnêtes de ces petits incorrigibles de 10 à 15 ans, que nous voyons tous les jours défiler devant les tribunaux, si un foyer fait d'affection et de fermeté morale les avait entourés, si la promiscuité des grandes agglomérations ouvrières n'avait pas placé auprès d'eux l'influence fatale.

M. le Dr Léon-Petit, citant ces paroles de M. Albanel, juge d'instruction, ajoute comme conclusion :

La cause du mal, c'est la désorganisation de cette force morale sans laquelle il n'est point d'enfant sain ni de société bien portante et qui s'appelle la Famille [1].

Que voulez-vous, disait un accusé en cours d'assises, depuis l'âge de sept ans je me suis trouvé seul sur le pavé de Paris ; je n'ai jamais rencontré personne qui se soit intéressé à moi ; ma vie s'est passée entre la prison et le bagne ; je n'avais d'autre perspective que le vol ; j'ai volé ; j'ai fini par tuer. Triste et trop commune destinée, s'écrie M. A. Delaire, qui, de l'abandonné fait un criminel. Aussi, parmi les causes nombreuses auxquelles, dans un rapport sur la statistique judiciaire, M. Dufaure attribuait, dès 1872, l'accroissement continu de la criminalité, faut-il mettre au premier rang celles qui concourent à augmenter le nombre des vagabonds et des délaissés, c'est-à-dire la désorganisation croissante de la famille par la corruption des mœurs et l'agglomération chaque jour plus grande de la population dans les villes [2].

Par l'adoption familiale des orphelins on pourrait également réagir contre la dépopulation des campagnes.

N'y a-t-il pas un extrême intérêt à combattre ce mal au moins dans une faible mesure, en rapatriant dans les campagnes les petits malheureux qui, abandonnés dans les villes, ne voient s'ouvrir devant eux que la plus déplorable destinée [3].

[1] Assemblée générale du 5 mai 1901 de l'œuvre de l'orphelinat de la Seine, page 26.

[2] *Bulletin de la Société d'économie sociale*, t. VI, p. 41.

Dans l'état de nos mœurs et de notre législation, l'enfant ne peut passer directement de l'école à l'atelier ; trop souvent alors la rue le recueille, il prend des habitudes de vagabondage et de paresse, et ce n'est point une instruction rudimentaire qui lui donne la force morale de résister aux entrainements du vice, s'il ne trouve pas dans la famille les bons exemples, l'autorité, la surveillance, l'éducation en un mot, qui est pour les parents un commandement de la loi civile aussi bien que de la morale. Feuilloley, avocat général, Discours prononcé le 16 octobre 1901 à l'audience de rentrée de la Cour de Cassation.

[3] Delaire, ibid. p. 46. Plus loin, le même conférencier nous fournit d'intéressants détails sur les services que la fondation de l'abbé Sarrauste rend au pays où est établie la *Maison de famille*. Reçu d'abord avec la réserve prudente

Il est incontestable qu'une assistance locale bien organisée contribuera efficacement à enrayer l'inquiétant mouvement de dépopulation des campagnes, l'exode vers les villes des fils de paysans espèrant y trouver plus de facilités de vivre, alors qu'ils n'y rencontrent le plus souvent que misère physique et morale [1].

L'adoption familiale procurerait aux enfants qui en bénéficieraient les conditions nécessaires de bonne santé, de parfait développement physique et intellectuel, et de formation professionnelle.

Une amélioration du sort des enfants de la classe ouvrière, notamment en ce qui concerne une alimentation plus substantielle et un travail mieux approprié à leur âge et à leurs forces aurait, au point de vue de l'avenir de la race, de son développement physique intellectuel, en un mot, des destinées de la Patrie, des conséquences qu'il suffit d'indiquer pour en saisir toute la portée [2].

L'apprentissage de la vie se fait sans difficulté, si l'enfant est placé jeune dans une famille, une ferme où il retrouve d'autres enfants de son âge : avec le premier argent qu'il gagne, naît chez lui le sentiment de la prévoyance. Ce dernier point est important pour les orphelins qui doivent compter sur eux-mêmes. Aussi, a-t-on trouvé avantage, à tous égards, à louer les orphelins dès que leur instruction scolaire ou professionnelle le permet sans inconvénient. Placés là dans le milieu même où ils sont appelés à vivre, ils s'acclimateront sans peine à la vie des champs, parce que tout jeunes, ils auront joué des mêmes jeux que les enfants du pays, parce qu'eux aussi auront mangé le pain et la soupe de ferme, grandi parmi les animaux, couché dans l'étable et dans la grange [3].

Reçus isolément dans de bonnes familles, les orphelins subissent sans y songer la même discipline paternelle que les enfants

qui accueille dans les campagnes toute chose nouvelle, le louage des orphelins a été vite justifié par leur bonne conduite et leurs habitudes laborieuses. Les cultivateurs ont compris de quelle utilité serait pour eux ce personnel de travailleurs dociles, instruits et toujours surveillés.... La maison de famille ne fournit pas seulement de bons élèves, aptes à répandre son enseignement agricole, il donne aussi l'exemple du défrichement des landes, de la culture perfectionnée et des assolements méthodiques, p. 65-66.

[1] MM. Hamel et Davodet, Revue *l'Assistance*, 31 août 1901, p. 267.

[2] Id. ibid. p. 268.

[3] Delaire, *loc. cit.* p. 57.

de la maison ; ils prennent l'habitude de la vie des champs, et des amitiés durables qui facilitent plus tard leur placement ou leur mariage [1]. D'apathiques et d'insouciants ils deviennent rapidement actifs et soigneux. Ils se montrent économes de leurs effets, car l'entretien en est laissé à leur charge ; désireux de contenter leur maître afin d'augmenter pour la saison suivante le prix de leur louage ; enclins à l'épargne dès qu'ils ont un pécule à garder [2].

Nous avons vu plus haut de quelle souveraine utilité il était de préparer et de former des orphelins en vue de la colonisation. Donc inutile d'insister davantage sur ce genre de bienfaits de l'adoption familiale [3].

En terminant, nous faisons appel à l'intervention du législateur et de la charité privée en faveur des orphelins abandonnés et délaissés. Sans doute, « la loi a de tout temps protégé l'enfance ; elle a établi en sa faveur la tutelle chargée de prendre soin de sa personne et de ses biens. Elle a fait plus : elle a élargi et épuré cette tutelle : elle en a retiré les droits aux parents indignes auxquels elle a substitué des administrations et des personnalités bienfaisantes. Elle a doté les enfants sans parents d'une véritable paternité nationale et leur a trouvé à la campagne une famille et un foyer. Elle a ouvert l'école à tout enfant pour lui donner ce que l'état complexe de notre société exige aujourd'hui de savoir et de lumières, elle a constitué la surveillance des enfants en nourrice et la surveillance aussi des enfants plus âgés dans l'industrie. Elle a interdit avant un certain âge l'entrée dans les professions ambulantes, elle a pris des précautions contre les sévices des parents et

[1] Celui dont l'enfance n'a pas reçu toutes les caresses qu'il eut souhaitées peut se dire qu'un jour, par son travail, par sa bonté, il fera vivre une famille nouvelle et qu'il trouvera la consolation de toutes ses peines dans le bonheur qu'il répandra autour de lui. Allocution de M. Maurice Bouchor, à l'assemblée générale de l'Œuvre de l'orphelinat de la Seine du 4 mars 1900.

[2] Delaire, loc. cit. p. 64.

[3] Dans le bel établissement *Childen's Home*, fondé par le révérend Stephenson et installé à Londres, les enfants sont divisés en groupes. Chacune de ces familles, gouvernée par une mère adoptive, a sa vie propre, ses fêtes intimes et ses anniversaires de naissance. Le don d'une propriété de cinquante hectares, située à Bolton et dans le Lancasture, permet de dresser une partie des enfants à la vie rurale pour être placés chez des fermiers du voisinage. Mais Londres est encore trop près et la plupart y reviennent. Le révérend Stephenson a eu recours alors à l'émigration vers le Canada. Lui-même conduit les enfants qui acceptent cette expatriation ; il les place et retourne plus tard les visiter. Une maison à Hamilton (Ontario) les reçoit à l'arrivée, les garde provisoirement et leur sert d'asile en cas de malheur. Delaire, loc. cit. p. 79.

tuteurs dénaturés [1] ». Mais il reste quand même bien des modifications et bien des améliorations à introduire dans notre législation française. Ce sera l'œuvre de demain. M. l'avocat général Feuilloley, dans son discours, prononcé le 16 octobre 1901, à l'audience de rentrée de la Cour de Cassation, signalait ce mouvement d'opinion qui va chaque jour grandissant :

« Les questions relatives à l'enfance abandonnée ou coupable, disait-il, sont à l'ordre du jour. Elles ont, dans ces dernières années, vivement et à juste titre, préoccupé les pouvoirs publics ; des lois témoignant de la sollicitude du législateur pour l'enfance ont été votées, d'autres sont en préparation et viendront prochainement combler les lacunes signalées par l'expérience dans la législation actuellement en vigueur. »

Quant à la charité privée, « aux enfants non couverts par la protection légale elle a ouvert des orphelinats, des refuges, des écoles spéciales, des cours d'éducation professionnelle et pratique ; des institutions protectrices pour la période qui va de l'école au régiment ou au mariage. Elle a entrepris de rendre la santé aux enfants malades, de donner le grand air aux fils anémiés des grandes villes [2] ». Mais comme les trésors de son cœur et de son intelligence sont inépuisables, elle ne s'arrêtera pas en chemin ; elle voudra de plus en plus contribuer à des créations nouvelles appropriées aux besoins de l'heure présente.

S'il en était ainsi, — et il en sera ainsi, — tout orphelin français se reconnaîtrait dans ce bien consolant portrait tracé par Lamartine dans son fameux discours sur les enfants trouvés. L'orphelin « a grandi avec toute la génération contemporaine du pays ; il a été au travail, aux champs, à l'école, à l'église avec elle. L'instituteur l'enseigne, le curé le catéchise ; il mange à la table de son père nourricier ; il est riche de sa récolte ; il se marie dans le pays, soit avec une de ses sœurs de lait, soit avec la fille d'un cultivateur du hameau voisin, à laquelle il apporte en dot la richesse du paysan, un métier appris, ou des bras exercés au travail de la terre. Il recrute ainsi cette race saine et forte des cultivateurs, dont l'insatiable cupidité de nos villes manufacturières dépeuple de plus en plus nos campagnes, et, d'une source impure ressort ainsi une

[1] Gaufrès, l'assistance aux demi-orphelins, Congrès d'assistance de 1900, t. III, p. 160.
[2] Gaufrès, ibid. p. 160.

population rajeunie, laborieuse qui rend chaque année douze ou quinze mille laboureurs à notre agriculture épuisée d'hommes [1] ».

Et alors cette belle parole du même Lamartine [2] aurait son entier et magnifique accomplissement :

« L'enfant a retrouvé tout ce que la nature lui avait refusé : un père, une mère, des frères, des sœurs, une famille, un enseignement, une patrie [3] ».

[1] Cité par M. Monod, dans son rapport au ministre de l'Intérieur, t. I p. XLIV.
[2] Discours sur les enfants trouvés, 30 avril 1838.
[3] Sur le sujet qui fait l'objet de ce rapport, on pourrait utilement consulter, en outre des ouvrages et articles de revues précédemment cités :

Histoire des enfants abandonnés, par L. Lallemand, Picard, 1885 ; du même auteur : La question des enfants abandonnés au XIX^e^ siècle, de l'assistance des classes rurales au XIX^e^ siècle, 1889. — La charité avant et depuis 1789, dans les campagnes de France par Hubert-Valleroux, Guillaumin 1890. — Les enfants assistés en France par L. Lagrange, Giard, 1892. — Régime et législation de l'assistance publique et privée en France, par L. Béquet, Dupont, 1885. — L'état actuel de la question des enfants assistés, à propos de la récente loi sur la protection des enfants du premier âge, par Emile Laurent, Guillaumin. — De l'assistance sociale, ce qu'elle a été, ce qu'elle est, ce qu'elle devrait être, par Hubert-Valleroux. — Nouvelles études sur la législation charitable, par Lamothe. — Histoire de l'assistance publique dans les temps anciens et modernes, par Alexis Monnier, 1856. — La colonie d'essai du val d'Yèvre et la théorie de l'amendement de l'enfant par la terre et de la terre par l'enfant par M. K. d'Olivecrone. conseiller à la cour suprême du roi de Suède. — L'indigence et l'assistance dans les campagnes, depuis 1789 jusqu'à nos jours, par G. Saunoir de Chevert, Guillaumin, 1889. — De l'assistance dans les campagnes, indigence, prévoyance, assistance, par Emile Chevalier, Rousseau, 1889, etc., etc.

CAHORS, IMPRIMERIE TYPOGRAPHIQUE A. COUESLANT. — 6,070

L'ASSISTANCE FAMILIALE DES TUBERCULEUX

EN FRANCE

Par le Dr G.-E. PAPILLON (de Paris)

Ancien interne des hôpitaux de Paris
Ancien médecin consultant de l'hôpital Lariboisière
(Délégué de la Société Protectrice de l'Enfance de Paris)

Historique. — Supériorité du Traitement Familial sur le Sanatorium pour tuberculeux. — L'Utopie des Sanatoria Populaires en France.

Le problème de l'assistance aux tuberculeux par le placement familial a été posé pour la première fois au Congrès d'Assistance Familiale tenu à Paris au mois d'octobre 1901. Ceux de nos collègues qui ont assisté à ce Congrès n'ont peut-être pas oublié les vives discussions auxquelles donna lieu le rapport dont j'avais assumé la charge périlleuse sur « l'Assistance Familiale aux Tuberculeux. » A cette époque, où le dogme du Sanatorium allemand s'affirmait avec une autorité encore presque incontestée, — où la science officielle, partant d'idées théoriques peut-être un peu trop absolues, était presque arrivée à faire considérer dans le public les tuberculeux comme des pestiférés qu'il fallait enfermer avec leurs congénères jusqu'à guérison complète, — et nous allons retrouver l'écho de ces doctrines pessimistes jusque dans des circulaires administratives françaises parues il y a quelques semaines à peine — ; il y avait quelque témérité à oser proposer de placer des tuberculeux avec leur famille à la campagne, — ou même, à défaut de famille propre, dans des familles de paysans, suivant la pratique en usage pour les aliénés inoffensifs à Gheel depuis près d'un siècle, et importée en France par M. le Dr Marie, avec le merveilleux succès que l'on sait.

Aujourd'hui la tentative que je renouvelle est moins audacieuse, moins inattendue : l'observation plus impartiale des hygiénistes a permis de constater que certains tuberculeux pouvaient être inoffensifs pour leur entourage ; l'opinion publique commence à comprendre qu'en séquestrant le tuberculeux pour un temps (fût-ce même jusqu'à guérison complète), on ne modifie pas les dangers du foyer et de l'atelier insalubres où il se trouvera ensuite replongé, ...que le chômage, l'alcoolisme et la misère qui l'attendent trop souvent à la sortie du sanatorium en feront une proie facile pour une nouvelle phtisie plus grave que la première. Et le dogme du sanatorium peut être battu en brèche sans qu'aussitôt s'élève une réprobation unanime comme celle qu'eut l'honneur de soulever il y a quatre ans une brève communication que je présentais au Congrès de l'Association Française pour l'Avancement des Sciences sur « l'Utopie des Sanatoria Populaires ».

Tout récemment (16 mars 1904) l'un des deux éminents et sympathiques savants qui avaient au Congrès d'Assistance d'octobre 1901 combattu avec la plus courtoise, mais aussi la plus irréductible énergie mon projet d'Assistance Familiale aux tuberculeux, — et qui l'avait combattu au nom de l'hygiène prophylactique, — vient d'écrire dans la *Presse Médicale* : « Les » tuberculeux nécessiteux se divisent en deux groupes distincts : » les *contaminants*, c'est-à-dire ceux qui ont des tuberculoses » ouvertes, et les *non-contaminants*, c'est-à-dire ceux qui n'ont » pas de bacilles dans les produits expulsés hors de leur orga- » nisme [1] ».

Je suis heureux de cette concession : car c'est là en effet la base de la classification entre tuberculeux : les *non-contaminants* justiciables du traitement familial, et les *contaminants* qui doivent être mis dans l'impossibilité de nuire à leurs concitoyens et sont par conséquent justiciables des sanatoria, des services d'isolement dans les hôpitaux et autres léproseries diverses.... — exception faite cependant pour les malades qui, grâce à l'éducation hygiénique et à la surveillance sanitaire, cessent d'être un danger pour leur entourage et rentrent ainsi pratiquement dans la classe des non-contaminants.

Or, c'est précisément de ces malades à tuberculoses ouvertes

[1] Dr Letulle. — *Presse Médicale*, 16 mars 1904.

que les sanatoria ne veulent pas : faut-il croire que c'est pour ne pas charger leurs statistiques dans un sens défavorable... ? ou bien plus simplement parce que l'expérience a permis de constater — comme il fallait s'y attendre d'ailleurs — que moins le tuberculeux est avancé dans ses lésions, plus rapide est le bénéfice qu'il retire du traitement ; c'est du reste là tout le secret des succès apparents des sanatoria allemands.

Les sanatoria populaires allemands sont presque tous des créations des caisses d'assurances ouvrières destinées à recevoir par voie de *placement d'office* tout assuré, tuberculeux ou simplement en imminence de tuberculose, que le médecin de la caisse d'assurance estime pouvoir retirer un bénéfice d'une cure d'aération, de repos et de suralimentation. Le sanatorium allemand rentre donc dans le plan général de cette vaste et merveilleuse organisation des assurances ouvrières qui, en développant l'esprit de prévoyance obligatoire, ont fait faire un grand pas dans la voie des réformes sociales et allégé d'autant le budget de l'assistance publique.

Le point de départ de cette lutte gigantesque contre toutes les misères ouvrières, qui englobe la lutte contre la tuberculose, fut une visée politique : il s'agissait, suivant la conception du prince de Bismarck, d'intéresser, d'incorporer dans une même loi d'Empire des unités disparates et divergentes. L'ensemble de ces lois d'assurances a coïncidé avec un remarquable effort de l'industrie allemande, et aujourd'hui il n'est pas sûr que leur fonctionnement puisse continuer. Et pour aboutir à quel résultat ? Prenons les documents officiels rédigés par l'Office impérial des assurances sociales en Allemagne et qui résument l'œuvre accomplie depuis le fameux message de feu Bismarck au Reichstag le 17 novembre 1881.

D'après la partie de ces statistiques afférente au traitement des tuberculeux aux frais des caisses spéciales d'assurance, la durée moyenne du traitement dans les établissements clos a oscillé, selon les années et selon les sexes, entre 73 et 87 journées de traitement continu, soit moins de 13 semaines. Et par conséquent, puisqu'il s'agit là d'une moyenne, il est vraisemblable que bien peu de ces traitements continus avaient atteint le chiffre de 26 semaines. Ces chiffres de 13 et de 26 semaines ont leur importance.

La 13e semaine est, d'après les lois impériales des 13 juin 1883

et 10 avril 1892, la limite du traitement gratuit pour les assurés malades. Quant à la 26e semaine, c'est la durée exacte d'incapacité continue de travail après laquelle le droit à la pension d'invalide est acquis, aux termes des lois des 22 juin 1889 et 13 juillet 1899.

Ajoutons que pour être considéré légalement comme incapable de travailler, il faut (loi du 13 juillet 1899) ne plus pouvoir gagner *le tiers* de son salaire quotidien normal. Ainsi donc, ce que les statistiques allemandes nous présentent comme le tuberculeux guéri, c'est l'individu qui, après 13 semaines de séjour en milieu salubre, de repos et d'alimentation, a pu reprendre son travail suffisamment pour gagner *le tiers de son salaire normal*. Et du moment qu'il a repris son travail, la période fatidique de 26 semaines est interrompue, et les intérêts de la caisse d'invalidité sont saufs.

Résultat effectif : parmi les tuberculeux (hommes) traités en 1897 dans les sanatoria populaires allemands, 28 p. % seulement travaillaient en 1899, ...et les statistiques officielles ne disent pas combien, parmi les malades qui forment ces 28 p. %, n'étaient que des surmenés ou des prétuberculeux qu'un peu d'hygiène — de l'air, du repos et une nourriture suffisante — eût suffi à remettre sur pied.

Et cette statistique de guérison, qui était en 1899 au chiffre déjà bien bas de 28 p. %, serait, d'après le professeur Grancher tombée actuellement à 15 à 10 p. %[1].

En France, les essais n'ont pas manqué : quelques succès, — amplifiés d'ailleurs par des voix intéressées, — obtenus dans les sanatoria pour malades riches, qui trouvent dans les établissements fermés et surveillés le seul facteur de traitement qui leur manque ailleurs, à savoir la discipline — ont fait naître le désir bien naturel de créer des sanatoria pour indigents. Et puis l'exemple de l'Allemagne et de ses sanatoria populaires était un puissant argument : on oubliait et on paraît oublier trop souvent que le sanatorium pour indigents ne pouvait être comparé au sanatorium ouvrier : ils s'adressent à deux clientèles absolument différentes. Le sanatorium français pour indigents est destiné fatalement à abriter surtout les professionnels de la charité. En voulez-

[1] Grancher. — *Tuberculose pulmonaire et Sanatoriums.* — Paris 1903, p. 32 et 33.

vous la preuve ? Je la prends dans un document officiel : le rapport général de la 5e Commission du Conseil Municipal de Paris sur le buget de 1904.

Il s'agit (pages 61 et 62) du sanatorium créé à Angicourt par l'Administration de l'Assistance publique de Paris. « On compte environ 120 alcooliques sur les 150 tuberculeux d'Angicourt.... les tuberculeux d'Angicourt absorbent de l'alcool — et beaucoup d'absinthe — introduit en cachette, ou vont le chercher au dehors... il faudrait ne recevoir que les hommes qui moralement et physiquement peuvent profiter d'un traitement coûteux. Peut-on comprendre par exemple que, faute d'un domicile avouable, l'Administration soit obligée d'envoyer ses communications poste restante à certains candidats... ? Un certain nombre de malades envoyés à Angicourt en sortent très rapidement car toute discipline leur pèse et on est obligé de les renvoyer. Une enquête devrait précéder les admissions. Il faut en effet éviter à tout prix que des éléments de désordre s'introduisent dans un établissement destiné au repos, troublent les malades sérieux qui se soignent, les découragent même, car il en est qui ont quitté Angicourt pour éviter certains contacts..... » Et c'est pour cette clientèle si peu digne d'intérêt que l'Assistance Publique prodigue des dépenses hors de toute proportion avec les résultats obtenus, car il résulte des calculs effectués par la 5e commission que chaque cure effective reviendrait à plus de trente mille francs !

Pourquoi donc ce lamentable échec du sanatorium d'Angicourt ? Pourquoi l'ouvrier travailleur qui forme la clientèle du sanatorium populaire allemand, fait-il à peu près complètement défaut dans la clientèle d'Angicourt ? Je ne vois à cela que deux explications plausibles : l'ouvrier français a l'esprit de famille, et il a horreur du caporalisme. Aussi n'est-ce qu'à la dernière extrémité que l'ouvrier — je parle du véritable ouvrier, de celui qui cherche dans le travail quotidien le pain de sa famille, se résout à aller à l'hôpital ; le traitement familial aura toujours toutes ses préférences : bon père de famille, il se prêtera volontiers à toutes les mesures raisonnables dont on lui aura fait comprendre la nécessité pour pouvoir se soigner chez lui sans danger pour sa famille. Le tout est de lui en fournir les moyens et de faire son éducation. Les moyens, c'est le logement salubre et aéré, c'est quelquefois le jardin ouvrier qui lui fournira l'espace, l'air et le soleil, le change-

ment d'occupation, la détente salutaire, qui permettra à l'anémié, au prétuberculeux de résister victorieusement à l'infection tuberculeuse. Le moyen, c'est encore, pour le tuberculeux, l'alimentation reconstituante, la chambre propre et isolée ; les facilités de repos, de cure d'air et de soleil ; — c'est encore, pour le tuberculeux qui crache, le crachoir hygiénique, la désinfection méthodique, l'hygiène corporelle et de l'habitation qui, grâce à l'éducation donnée par le dispensaire, par le centre de surveillance quel qu'il soit (sanatorium-école, dispensaire antituberculeux, ou simplement bureau sanitaire régional sous la direction du médecin-inspecteur rural), permettra à maint tuberculeux *contaminant* (suivant la classification de M. Letulle) de passer dans la catégorie des *non-contaminants*, et d'être ainsi justiciable du traitement familial.

On voit quel rôle bien défini, bien limité doit être réservé au sanatorium : celui d'une école de traitement et d'hygiène, où le tuberculeux ne devra séjourner que le temps strictement nécessaire à son éducation : il y apprendra l'usage du crachoir, les règles de l'alimentation raisonnée, l'horreur de l'alcool et du tabac, la nécessité de l'aération continue, etc. Or toute cette éducation spéciale doit-elle être le monopole du sanatorium ? Pour un malade en poussée d'accidents aigüs (hémoptysies, poussées fébriles, etc.) le sanatorium — ou le service spécial d'hôpital ou d'infirmerie — a sa raison d'être ; mais en dehors de ces phases aigües, le *dispensaire antituberculeux*, complété par un service d'inspection à domicile, un « out-door department » et par un service de désinfection, peut, amplement — et plus économiquement — suffire à la tâche d'enseigner au tuberculeux comment il devra se soigner dans le milieu familial.

Les Mutualités et la lutte anti-tuberculeuse. — L'hôpital et le Dispensaire antituberculeux

Grâce aux progrès de l'idée de mutualité en France, grâce aux caisses d'assurances, — soit officielles comme en Allemagne, soit privées, mutuelles, avec ou sans collaborations patronales — qui commencent à se développer, nous pouvons espérer voir en France s'organiser la lutte antituberculeuse pour et par les travailleurs, qui pourront être traités sans tomber à la charge de l'Assistance publique ou des institutions charitables. Ce mouvement mutualiste antituberculeux vient de se dessiner à Paris par la création de trois centres dits Dispensaires *antituberculeux mutualistes* : l'un fondé par les employés des Postes, Télégraphes et Téléphones a été ouvert en octobre 1903, à quelques pas de l'Hôtel des Postes ; deux autres sont sur le point d'être inaugurés : le Dispensaire antituberculeux de l'Enseignement primaire de la Seine, et le Dispensaire antituberculeux des mutualités ou fondation Emile Loubet, qui a reçu comme première subvention un don de 12.000 fr. de M. le Président de la République, et de la ville de Paris, un magnifique terrain dans le XIII[e] arrondissement. Au début, ces dispensaires ne seront, comme ceux fondés par Malvoz à Liège et Calmette à Lille, que des centres sanitaires, où les tuberculeux trouveront conseils et soins médicaux, avec toutes facilités pour la désinfection du linge et des crachoirs, etc ; ce sont des rouages permettant le traitement des tuberculeux dans leur famille, à Paris même — ce qui n'est qu'un pis aller. — Mais le jour où le placement familial avec « exparisianisation » (Berthod) sera organisé, le rôle de ces Dispensaires antituberculeux se doublera d'une fonction de bureau de répartition et d'expédition des tuberculeux et de leur famille dans les régions rurales, forestières ou maritimes appropriées ; ils auront à se tenir en correspondance avec les centres sanitaires situés dans les différentes circonscriptions de placement, et à leur passer les malades « en consigne ».

Mais qu'il s'agisse de l'indigent ou du nécessiteux secouru par la bienfaisance publique ou privée, ou bien des malades traités par les soins d'une caisse d'assurance-maladie, les rouages sont les mêmes : traitement et établissement clos (sanatorium ou hôpital) ou traitement dans le milieu familial.

Nous venons de faire le procès du sanatorium tel qu'il existe actuellement à Angicourt. Quant à l'hôpital il doit être comme nous l'avons vu une infirmerie pour les aigus. On tend actuellement à recommencer, par la création de services spéciaux dans les hôpitaux des grandes villes, l'expérience faite à Paris dans l'hôpital Lariboisière. Cette expérience était pourtant concluante : il semble que par le rapprochement des tuberculeux en salles, si bien ventilées qu'elles puissent être, il se produise une exaltation de la virulence des bacilles ; ces services spéciaux sont de véritables dépôts pré-mortuaires où les malades n'entrent qu'avec terreur comme dans l'enfer du Dante en laissant à la porte toute espérance. Je ferais peut-être une exception pour le service spécial de l'hôpital Boucicaut qui, grâce à l'installation d'abris avec chaises-longues, grâce surtout à la haute main que le personnel médical a su maintenir sur tout ce qui touche aux malades — fort peu nombreux d'ailleurs et soumis à un triage méthodique — a cessé d'être un service d'hôpital pour devenir un coquet et assez coûteux petit sanatorium. Le service spécial de Boucicaut ne peut donc guère être cité comme service d'hôpital... si ce n'est au point de vue des dépenses.

En revanche toutes les fois que chez un tuberculeux en traitement familial éclateront des accidents aigus que le médecin estimera ne pouvoir être traités dans le milieu ordinaire, il faudra qu'il y ait à proximité, avec des moyens de transport faciles et rapides, une infirmerie où le malade sera admis *d'office* sans aucune formalité préliminaire sur la simple réquisition du médecin — médecin qui pourrait d'ailleurs, par une simplification de rouages qui éviterait au malade de changer de direction médicale, être chargé à la fois du service d'inspection à domicile et du service de l'infirmerie. A cette infirmerie de circonscription, pourrait être adjoint, et sous la même direction, un bureau médical et administratif chargé de toutes les distributions de secours en nature.

Annexons à cette infirmerie un outillage rudimentaire de laboratoire — et non pas un coûteux laboratoire — : microscope, quelques objets de verrerie et les réactifs indispensables, ce qu'il faut en un mot pour l'examen bactériologique des crachats (qui devrait être fait périodiquement pour tout malade qui crache)..., et nous aurions ainsi dans chaque circonscription de placement familial une station, dirigée par le médecin de la circonscription

et où les malades et les familles s'adresseraient directement sans avoir besoin de suivre une filière administrative.

On voit que nous sommes loin des tendances actuelles de l'Administration française. Il est de tradition dans tous les pays d'Europe — et je crois que les peuples d'Orient n'ont rien à envier à l'Europe à ce point de vue — que les Administrations d'Etat retardent de quelques années sur les progrès de l'opinion publique. Aussi, sans injustice vis-à-vis des Administrations françaises, puis-je faire remarquer que la circulaire de M. le Ministre de l'Intérieur du 15 janvier 1904 prescrivant l'isolement — je devrais dire la séquestration — des tuberculeux dans les hôpitaux spéciaux ou, à défaut d'hôpitaux-spéciaux, dans des quartiers distincts — reconstitution des léproseries du Moyen-Age, — ainsi que les décisions prises, en exécution de cette circulaire Ministérielle, par diverses administrations hospitalières de France, répondent parfaitement à l'état d'esprit qui régnait en France en 1900 et 1901, et dont la fidèle expression se trouve dans la circulaire de M. Waldeck-Rousseau du 15 juin 1901 qui provoqua de la part de la « *Commission permanente de préservation contre la tuberculose* » constituée au Ministère de l'Intérieur, une série de desiderata où la *phobie* de la tuberculose semble avoir été la seule et unique idée directrice.

Comme l'a fait remarquer le Dr Letulle, les circulaires ministérielles du 15 juin 1901 et 15 janvier 1904, ainsi que les mémoires présentés par M. Mesureur, l'actif Directeur de l'Assistance Publique de Paris, les 4 février et 2 mars 1904, réduisent la question de l'hospitalisation des tuberculeux à une mesure de police hygiénique intérieure, mesure simple en apparence, mais dont l'application serait « des plus complexes et entourée d'énormes difficul- » tés variant avec les besoins hospitaliers des diverses régions de » la France et qui sont encore très insuffisamment étudiées par » l'Administration supérieure. » Du vaste projet présenté il y a 3 mois au Conseil de surveillance de l'Assistance Publique de Paris, je ne veux retenir qu'un point : c'est la création de Dispensaires antituberculeux, installés dans un hôpital réservé aux tuberculeux, formant ainsi de ces groupes sanitaires centraux (comprenant dispensaire, station de désinfection et un certain nombre de lits pour les malades en période aiguë), en un mot des modèles de centres sanitaires avec infirmerie qui doivent être créés — mais plus mo-

destes et moins coûteux — au milieu de chaque région où se trouvent des tuberculeux en traitement familial.

Quant aux malheureux phtisiques arrivés aux ultimes périodes, ceux qu'on voit se traîner d'hôpital en hôpital à la recherche d'un lit pour y mourir en paix, ils gréveraient inutilement le budget... et la statistique des sanatoria, aussi ces établissements les refusent-ils. Bornons-nous à donner à ces malheureux ce lit qu'ils demandent pour y mourir ; adoucissons leurs derniers moments, tout en évitant leur contact avec les tuberculeux encore aux périodes de début. Point n'est besoin de coûteux hôpitaux pour le phtisique moribond : il faut des hospices où il pourra s'éteindre doucement sans contagionner ses concitoyens, — de même qu'il y a, à la Salpétrière à Paris, par exemple, des divisions réservées aux cancéreuses qui viennent y mourir en paix.

Encourageons à ce point de vue l'initiative privée, qui seule a déjà tenté quelque chose dans ce but en France : ainsi l'Œuvre de Villepinte qui réserve un de ces pavillons à cet effet [1], et quelques petites œuvres privées dont les tentatives n'ont pas toutes été heureuses : il en est dont l'établissement a dû être fermé, soit pour cause d'insuffisance d'isolement, soit, a-t-on prétendu [2], pour des motifs étrangers à la lutte antituberculeuse.

D'ailleurs, — et c'est là un axiome tellement banal que je m'excuse de le répéter, — plus on traitera et on guérira de tuberculeux *au début* de leur maladie, moins il y aura de phtisiques, et plus cette classe de malades à peu près sans espoir ira en diminuant.

[1] Dr Gouel. — L'œuvre de l'hôpital de Villepinte. Bordeaux 1896.
[2] Dr Sersiron. — Thèse de Doctorat, Paris 1898, p. 74.

La cure d'air et le placement familial

C'est donc, en règle générale, aux tuberculeux encore aux PÉRIODES DE DÉBUT, à lésions encore fermées que doit être réservée l'assistance familiale. — N'oublions pas que c'est d'ailleurs aux mêmes catégories de malades que sont réservés les Sanatoria populaires... C'est ce qui explique les statistiques... relativement satisfaisantes de ces établissements.

Il est très rare que la tuberculose éclate d'emblée dans les poumons d'un individu bien portant. En général, c'est à la fin de la convalescence d'une maladie grave, ou bien après une période de surmenage, de débilitation quelconque, qu'apparaissent les premiers symptômes. Le terrain a été préparé, la graine — quelques bacilles flottant dans l'air ambiant (il y en a presque toujours) — s'ensemence ; mais avant qu'elle se développe, il s'écoule une période plus ou moins longue de germination — la période dite *pré-tuberculeuse*[1]. C'est cette période qui procure les plus beaux succès thérapeutiques : un peu de repos, d'hygiène bien entendue, d'alimentation suffisante.., et l'organisme, dont on renforce ainsi la résistance, sort vainqueur de sa lutte contre l'agent pathogène, qui n'a pas encore pris racine profonde dans l'économie. Ce sont ces pré-tuberculeux qui fournissent l'appoint des statistiques des sanatoria. Mais voici où nous avons bien mal à propos négligé notre habitude d'imiter ce qui se passe Outre-Rhin : tandis que là-bas le surmené, le convalescent suspect de pré-tuberculose, est envoyé d'office au repos et à l'air, chez nous d'impitoyables mesures administratives[2] lui interdisent — en théorie du moins — l'entrée des asiles de convalescence suburbains de Vincennes et du Vésinet.

Que l'on crée, si on craint une contagion bien invraisemblable, des baraquements spéciaux dans les vastes parcs de ces établissements pour les convalescents ne pouvant trouver dans le milieu

[1] Dr G.-E. PAPILLON. — La Neurasthénie prétuberculeuse, Paris 1900. — Réaction du système nerveux à l'intoxication bacillaire (*Congresso por la lotta contra la tubercolosi*. Naples, 26 avril 1900).

[2] Décision du Président du Conseil, Ministre de l'Intérieur, portée à la connaissance des directeurs d'hôpitaux : circulaires des 27 janvier et 14 février 1900.

familial l'air et le repos nécessaires ; la dépense sera modérée ; en tout cas, elle sera inférieure à celle qu'eût coûté ultérieurement le traitement de ces pré-tuberculeux qui, faute de repos à temps, auront eu le loisir de devenir tuberculeux en activité.

Pour cette catégorie de convalescents, il est à peine besoin de parler de placement familial à la campagne, ou au bord de la mer ou dans les montagnes : les dépenses seraient peut-être hors de proportion, avec le but à atteindre. Ce placement serait cependant à réserver pour quelques sujets pour lesquels le médecin — seul juge en l'affaire — estimerait nécessaire un séjour prolongé ou même définitif. En revanche, quand il s'agirait de familles de citadins, dont plusieurs membres seraient suspects, il y aurait lieu de les encourager et de les aider, soit à un exode définitif à la campagne, soit (ce qui bouleverserait moins leur existence et leur permettrait la continuation de certains métiers) à une installation dans des conditions hygiéniques meilleures. Je ne puis qu'indiquer ici le rôle que sont appelés à jouer dans la prophylaxie de la tuberculose la multiplication des logements salubres à bon marché dans les quartiers peu peuplés et dans les banlieues des grandes villes, le développement des moyens de communication rapides et économiques, la création de jardins ouvriers, la limitation du nombre des cabarets, etc.

Il y a un an à peine, en France, s'inspirant des résultats merveilleux obtenus par certaines œuvres philanthropiques, émanant, les unes de la bienfaisance privée, d'autres des Caisses des écoles : œuvres des trois semaines, du rayon de soleil..., œuvres des colonies scolaires, des villas scolaires..., etc. M. le Dr Grancher a jeté les bases d'une œuvre de placement familial, dans des familles rurales soigneusement choisies, des enfants de tuberculeux des grandes villes, pour les arracher à la contagion et en même temps désencombrer le foyer du malade. Pourquoi dissocier la famille ? Pourquoi ne pas s'efforcer de transplanter aussi le tuberculeux, encore curable, avec sa famille, loin de la grande ville où il s'étiole et marche vers la phtisie incurable ?

Les tuberculeux sont des malades ; leur maladie est de celles qui sont curables spontanément ; et à part quelques médications correspondant à des symptômes ou à des complications passagères, le traitement curateur se résume en trois facteurs dominants : *l'air, le repos, l'alimentation.* Cette formule est absolue pour tous

les tuberculeux chroniques ; elle est plus rigoureuse encore, quand il s'agit de tuberculeux appartenant aux classes laborieuses ou nécessiteuses : prenons un tuberculeux chronique, insuffisamment nourri, surmené et vivant dans des conditions hygiéniques très défectueuses ; mettons-le au repos absolu ; qu'il passe ses jours et ses nuits en milieu salubre et largement aéré, et tout son temps, à manger et à se reposer, et il aura toutes chances de s'améliorer et beaucoup de chances de guérir. C'est le programme que s'efforcent de réaliser les promoteurs des sanatoria populaires. Mais, en outre de toutes les objections sociales et économiques que j'esquisse dans ce rapport, remarquons que l'engouement pour les sanatoria populaires a trop fait perdre de vue les indications climatériques, variables à l'infini selon les sujets qui, dès le début de leur maladie, réagissent différemment selon leurs tares héréditaires[1] à l'infection tuberculeuse. Le placement familial permettrait de tenir compte de ces indications climatériques.

Le tuberculeux trouvera dans une famille de pêcheurs le climat marin, — climat ou plus exactement milieu qui n'est pas le même au bord de la Manche, ou de l'Océan, ou sur les rives de la Méditerranée.

Aurait-il besoin de l'air des sapins, du climat et de l'altitude alpestres, il pourrait être placé dans des familles de montagnards ou de bûcherons.

Chez les paysans de la Touraine, par exemple, il trouverait un climat calme à écarts modérés.

S'agit-il de formes torpides, on pourra le placer chez des paysans de la Provence, à peu de distance de la mer, de Hyères à Menton, où s'échelonnent tant de variétés de milieux climatériques.

Et combien ce choix du climat ne sera-t-il pas encore plus facile, si le tuberculeux peut être transplanté avec sa famille !

Voilà pour nos tuberculeux de France ; mais tous les pays d'Europe n'ont-ils pas des climats aussi salubres variés, répondant à un certain nombre d'indications différentes, ...la gamme pouvant être complétée par des colonies salubres, colonies de peuplement

[1] Dr G.-E Papillon Prétuberculose et hérédité. (*XIIe Congrès international de Médecine*, Paris 1900.)

comparables à ce qu'est l'Algérie pour les Français : un prolongement tempéré — et édenique — de la mère-patrie ?

En résumé, sans discuter ici les indications particulières de tel ou tel climat, ce qui nous entraînerait sur un domaine trop exclusivement médical, nous pouvons constater que grâce au placement familial, nous pouvons procurer, aux tuberculeux des classes laborieuses ou nécessiteuses, la même variété de cures climatériques qu'aux favorisés de la fortune. Le nécessiteux pourra même y trouver un avantage de plus : tandis que le malade riche, et même le malade *aisé* plutôt que riche, a hâte de terminer sa cure pour retourner à ses occupations, à ses travaux ou à ses plaisirs. nous tâcherons au contraire d'amener le tuberculeux nécessiteux à prendre définitivement racine dans le pays où il aura trouvé la guérison ; du citadin tuberculeux, exposé aux rechutes s'il retourne dans son foyer malsain, nous voudrions faire un paysan, un montagnard, ou un colon d'Algérie. Et s'il est chef de famille tous nos efforts devraient tendre à attirer la famille dans son nouveau pays d'adoption, à l'y faire prendre racine. Et que la formule du poète : « *Ubi bene, ibi patria,* » soit traduite ainsi par le tuberculeux guéri : « J'y ai retrouvé la santé et la vie, ce sera désormais mon pays ».

Les grandes villes se dépeupleront ? Tant mieux : elles ne sont que trop peuplées d'enfants chétifs qu'il y aurait tout avantage à transformer en petits paysans robustes.

Pouvons-nous attendre des sanatoria des résultats analogues ? Supposons le tuberculeux guéri après quelques mois de séjour au sanatorium : il rentre à son foyer — en admettant qu'il retrouve son foyer, que la misère n'ait pas disloqué ce foyer, envoyé la mère à l'hôpital et les enfants à la rue ; — il rentre à l'atelier, au bureau, au magasin — si sa place n'est pas déjà prise depuis longtemps ; et même s'il retrouve foyer et travail, il retombe dans les mêmes conditions hygiéniques déplorables et a toutes chances de récidive. Souvent le chômage et l'ivrognerie le mèneront droit à la misère et à une phtisie plus grave que la première.

Transplanté avec sa famille en milieu salubre, et là, à son foyer, soumis au traitement hygiénique, le tuberculeux peut et doit guérir. S'il n'a pas de famille, ou bien s'il ne peut pas trouver dans sa famille, même au prix d'une transplantation de toute la famille, les conditions nécessaires pour le traitement hygiénique, il est

justiciable du *placement familial*. L'objection principale faite au traitement dans la famille du tuberculeux, même non contagieux, — objection qui a été reproduite dans la discussion au sein des Conseils généraux de quelques départements français[1] — est que les secours alloués aux malades soit par l'Assistance ou la bienfaisance soit par des caisses d'assurance-maladie seront, de fait, répartis à toute leur famille.

Le gaspillage... si gaspillage il y a... serait en partie pallié par la délivrance des secours exclusivement en nature ; quant aux secours alimentaires — également distribués en nature — ils seraient certainement partagés entre le malade et sa famille ; et si l'on veut que le tuberculeux soit réellement suralimenté, il faudra suralimenter toute la famille.

Les dépenses augmenteront sans doute ; mais la femme et les enfants du tuberculeux ne sont-ils pas candidats possibles à la tuberculose ? Et ne vaut-il pas mieux, par la suralimentation et le logement salubre, les mettre en état de résister à la tuberculose ? Thérapeutique préventive vaut mieux et coûte encore moins cher que thérapeutique curative.

D'ailleurs, les œuvres qui nous ont précédés dans cette voie, l'œuvre Liégeoise par exemple, n'ont-elles pas jugé opportun d'augmenter le taux de secours du tuberculeux proportionnellement au chiffre de sa famille ?

Le placement familial idéal serait celui qui transplanterait à la campagne, à la forêt, au bord de la mer, non seulement le tuberculeux, mais toute sa famille : comme l'écrivait M. Henri Monod, directeur de l'Assistance et de l'Hygiène publique au Ministère de l'Intérieur, dans une belle page de ses instructions : « Ce n'est « qu'en cas de nécessité absolue qu'il faut soustraire le malade à « son milieu naturel et dispenser la famille des soins qu'elle lui « doit[2] ».

En résumé : un tuberculeux est reconnu non contagieux pour son entourage ; il pourrait être soigné dans sa famille ; le médecin — ou si l'on veut une commission médicale, mais exclusivement

[1] Conseil général du Loir-et-Cher, 21 août 1901.

[2] H. Monod. — Instructions pour l'exécution de la loi sur l'Assistance médicale gratuite — Mai 1894. — Cette formule est celle qui avait été adoptée par le premier Congrès d'Assistance de 1889.

médicale — décide de son envoi à la campagne : pays de plaines ou de vallées, soit dans un pays forestier, soit au bord de la mer, soit même en Algérie ; une fois le choix fait, tous les efforts de l'assistance ou de l'assurance et surtout les efforts moins officiels mais plus persuasifs de leurs auxiliaires bénévoles... et ici Mesdames, c'est à vous surtout que je m'adresse, à vous qui savez si bien apporter dans le taudis du malheureux les encouragements et les consolations ; tous vos efforts doivent dès lors tendre à convaincre le malade et toute sa famille que le séjour de la grande ville ne peut plus apporter que la mort au malade et la maladie aux siens, et que seule la vie au grand air, dans le climat indiqué, peut rendre la santé au tuberculeux et mettre ses enfants à l'abri de la phtisie future !

Une fois transplanté, malade et famille passent sous la surveillance du médecin officiel de la circonscription dont nous allons avoir à fixer le rôle, à la fois médical, hygiénique et administratif.

Et ici nous devons scinder notre programme en deux sections bien distinctes : L'une à laquelle je m'étais limité lors du Congrès de 1901, parce que seule elle correspondait à une classe existante de malades : c'est le traitement du tuberculeux à la charge de la bienfaisance, publique ou privée, c'est l'assistance aux tuberculeux, dans laquelle nous voudrions voir substituer l'assistance familiale au traitement dans les hôpitaux ou sanatoria toutes les fois que l'état sanitaire du malade le permettra, et cela dans un triple but d'économie budgétaire, de relèvement moral et de ruralisation des victimes de la lutte pour l'existence.

L'autre chapitre de ce programme aura trait aux tuberculeux appartenant à la catégorie, nouvelle en France, des mutualistes, c'est-à-dire des travailleurs, employés, petits fonctionnaires, qui, par prévoyance, se sont assurés mutuellement contre l'invalidité et ont intérêt à traiter et à guérir leurs malades le plus rapidement et le plus économiquement possible — or, la tuberculose est de beaucoup la maladie qui coûte le plus cher aux mutualités.

Je commence par l'assistance aux déshérités indigents ou nécessiteux.

L'Assistance aux Tuberculeux indigents et nécessiteux

Au point de vue administratif, l'assistance familiale présente deux échelons :

Le plus simple est l'assistance au malade traité dans sa famille et dans son logis : c'est le *traitement à domicile*, avec son organisation si complexe à Paris et dans les grandes villes de France, mais réduite à peu de chose dans nos campagne, où la principale préoccupation de beaucoup de municipalitées semble être de se débarrasser au plus vite des malades à la charge de la commune : que de fois, dans les hôpitaux de Paris situés près des gares de chemin de fer, ne voyons-nous pas arriver et demander à être admis d'urgence de malheureux chroniques — quelquefois même des malades aigus en état très grave — qui descendent du train où les avait embarqués, en leur payant leur voyage, le délégué du maire d'une petite commune située quelquefois à plusieurs centaines de kilomètres de Paris ! Si je fais allusion à ces irrégularités véritablement criminelles, c'est que souvent j'en ai été témoin, à la consultation de l'hôpital Lariboisière, pour de malheureux phtisiques, souvent déjà parvenus aux périodes ultimes parce qu'on a négligé de les traiter à temps ; et ce voyage est inquiétant si on pense au nombre prodigieux de bacilles qu'ils ont dû semer sur leur parcours à travers une partie de la France !

Actuellement, le tuberculeux traité dans sa famille peut devenir — et devient à un moment donné — un danger pour cette famille : l'entassement dans un logis étroit et malsain — trop souvent dans une pièce unique — rend impossible toute mesure prophylactique. Quant au traitement lui-même, il se trouve limité aux sirops et potions diverses que le médecin prescrit pour calmer au moins les symptômes les plus pénibles ; il ne saurait être question du traitement rationnel : *air*, *repos*, *alimentation*. Il suffit d'avoir pénétré dans ces logis de nécessiteux des grandes villes pour savoir quel air on y respire : l'air d'une ruelle fétide ou d'une courette mal entretenue. Point de repos dans ce taudis, où tous vivent entassés dans la pièce unique où tous dorment, mangent, etc. Quant à l'alimentation... c'est peut-être ce qui paraîtrait le plus facile à

procurer ; mais est-ce en attribuant à la mère de famille tuberculeuse deux ou trois côtelettes ou une livre de viande en supplément qu'on obtiendra la suralimentation ? Que fera-t-elle de ces suppléments ? Elle les partagera entre ses enfants.

Le rôle de l'Administration doit être autrement vaste : elle doit *décentraliser* et « désentasser » les tuberculeux et leur famille : encourager — je n'ose pas dire en prendre l'initiative — la construction de logements à bon marché, vastes et salubres, à la périphérie des agglomérations, remplacer les cités surpeuplées par des maisonnettes entourées de jardins ouvriers... Et alors seulement on pourra tenter le traitement rationnel du tuberculeux à domicile : donnez lui une chambre isolée, aérée et ensoleillée, et alors vous pourrez utilement lui imposer le repos à l'air et la suralimentation : avant de lui donner une chaise-longue pour la cure d'air, donnez-lui un local pour faire cette cure d'air ; avant de lui distribuer des supplèments alimentaires, assurez-vous qu'il a le nécessaire.

J'arrive à la question des SECOURS. Les secours médicaux se réduisent le plus souvent à un rôle de surveillance et de direction hygiénique. Plus importante est la question des secours matériels ; doivent-ils être distribués en argent ou en nature ? Actuellement, les tendances administratives sont aux secours en argent : dans les hôpitaux parisiens, quand un malade traité à la consultation externe se déclare dans l'impossibilité d'acheter des médicaments prescrits, la direction de l'établissement lui délivre un secours en argent, au lieu de lui remettre un bon de médicaments à délivrer par les pharmaciens, qui seraient ensuite remboursés par l'Administration, comme cela se passe pour les médicaments prescrits par les médecins des Bureaux de Bienfaisance dans les arrondissements de Paris non encore pourvus de pharmacies municipales. Faites — comme je l'ai fait faire — une enquête discrète chez les marchands de vins installés aux abords des hôpitaux en question, et vous apprendrez où va le plus souvent le secours en argent reçu par le malade.

Dans certains Bureaux de bienfaisance, les « secours de lait » destinés aux malades sont délivrés en argent ; et on s'étonnera de trouver, le lendemain de la distribution des secours, le malade ou ses proches en état d'ivresse.

Une œuvre privée, bien que semi-officielle en réalité, à l'esprit

pratique des organisateurs de laquelle je suis heureux de rendre hommage, le Dispensaire antituberculeux de Lille, a adopté un précepte tout opposé : celui des secours exclusivement en nature : secours de loyer payé *directement au propriétaire*, prêts de linge, de literie, de crachoirs. etc., bons de viande, de lait, de pain. Il y a là une idée générale que nous devrions nous approprier.

Les secours de loyer ne seront naturellement accordés que quand le malade et sa famille s'installeront dans le local salubre qui leur aura été assigné (dans les limites du possible, on s'efforcera de tenir compte des préférences du malade pour tel ou tel logement vacant) ; les secours de loyer ne seront jamais remis au malade ni à sa famille, mais seront soit versés directement au propriétaire, soit établis sous forme de mandat au nom de ce dernier et encaissables chez les percepteurs.

Les distributions de vêtements, de linge, de literie, parfois même d'ustensiles de ménage, ne devraient jamais être faite qu'à *titre de prêt*, avec une estampille spéciale et ineffaçable sur tous les objets prêtés : cette précaution a pour but d'empêcher les ventes, saisies, ou mise en gage de ces objets.

Quant aux bons d'aliments, de lait, etc., ils devraient être délivrés et ne pouvoir être utilisés que dans des conditions déterminées afin de réduire au minimum les chances de revente à des intermédiaires peu scrupuleux. Quelques œuvres privées sont entrées dans cette voie, et l'une d'elles, qu'il me sera permis de citer ici, bien que j'aie l'honneur de faire partie de son Conseil d'Administration et de la représenter à ce Congrès — la Société Protectrice de l'Enfance de Paris — a adopté résolument le système de la *livraison à domicile* du lait qu'elle fait distribuer aux nourrices : en même temps qu'elle remet à la mère un certain nombre de bons de lait, la Société avise le fournisseur de la livraison qu'il aura à faire à domicile contre remise des bons.

Enfin il faudrait simplifier les rouages administratifs et centraliser dans la main du médecin l'attribution et la répartition des secours en nature.

Ce rôle administratif du médecin chargé du traitement familial du tuberculeux va nous apparaître plus considérable encore quand la tuberculose sera traitée dans une famille étrangère, dans le *placement familial* proprement dit. Car le médecin, et le médecin *seul*, peut intervenir avec compétence dans les différentes phases

du placement familial, et ce placement ne peut donner son maximum de résultats que si les tuberculeux en traitement restent toujours sous la main du même médecin qui les a placés et les suit durant tout le cours de leur traitement : le corollaire inévitable du placement familial seront l'autorité et l'*inamovibilité* du médecin de l'Assistance, qui doit être à l'abri de toute ingérence administrative, comme de toute influence politique ou électorale.

C'est au médécin de désigner les tuberculeux qui *peuvent* et *doivent* être placés à la campagne, d'indiquer le climat qui convient à chacun d'eux, de prendre vis-à-vis de la famille des malades les mesures nécessaires, soit pour la mettre à l'abri du danger et aussi du besoin, soit pour l'envoyer rejoindre son chef à la campagne ; c'est à lui de transmettre — de « passer en consigne » le malade à un confrère chargé de la circonscription où il est envoyé. A partir de ce jour, c'est au médecin de circonscription de placer son malade — qu'il devra rapidement connaître à fond — dans les familles de paysans, de montagnards ou de pêcheurs de la région, dont il aura fait une étude appropriée ; au médecin de fixer la nature et la quotité de secours à allouer; de surveiller l'emploi de ces secours ; de veiller à ce que le malade ait *sa* chambre, réunissant toutes conditions requises : le médecin doit avoir le droit de déplacer d'office un malade et de le changer de famille ou même de le faire transporter à l'hôpital — hôpital dont il sera, autant que possible, le médecin lui-même ; — il doit avoir le droit de prendre et d'imposer toutes les mesures qu'il jugera nécessaires et même de retirer à une famille tous pensionnaires ; et ses décisions devraient être immédiatement exécutoires : il ne faut pas que des considérations politiques ou électorales puissent susciter des obstacles ou majorer les dépenses.

Voilà pourquoi, dans l'intérêt des tuberculeux auxquels nous devons la guérison et dans l'intérêt des populations que nous devons préserver de la tuberculose, nous réclamons l'inamovibilité de médecin de circonscription.

Hâtons-nous cependant de rassurer ceux qui craignent la création de toute une armée de nouveaux fonctionnaires : ces fonctionnaires existent déjà pour la plupart : A Paris et dans presque toutes les villes de France, il existe un corps médical de l'Assistance : médecin de l'assistance médicale à Paris, médecins des pauvres ou du bureau de bienfaisance ailleurs ; dans les campagnes,

n'existe-t-il pas un cadre très complet de médecins-inspecteurs de l'enfance ? Mais actuellement, si un grand nombre de ces fonctionnaires (à Paris et dans les campagnes) dépendent de l'administration de l'Assistance Publique, d'autres, ceux des villes, des départements, dépendent des communes. Il faudrait donc, dans l'intérêt du bon fonctionnement des services, faire de l'Assistance Publique une institution d'Etat ; ou bien, rendant aux œuvres d'assistance un caractère nettement et uniquement municipal, élargir et fortifier le rôle de ce rouage central qui constitue la Direction de l'Assistance et de l'hygiène publiques du Ministère de l'Intérieur.

Le seul système qui nous semble incompatible avec l'organisation du traitement familial est le système qui fonctionne actuellement en France : une grande administration dite « de l'Assistance publique à Paris », dont dépend une partie du service des enfants en bas âge dans les départements ; organisme hybride : municipal de nom et de budget, départemental de fonctionnement, étatique de direction ; et à côté de cette colossale administration, une trentaine de mille de petites administrations municipales, à peu près autonomes sous le contrôle préfectoral, mais dont beaucoup n'aspirent qu'à se décharger sur leur grande voisine, l'Assistance de Paris, de toutes les charges qui devraient leur incomber, glissant leurs malades dans ses hôpitaux, exploitant ses pupilles. Ces assistances communales, autonomes de par la loi, sont dirigées par des conseillers municipaux élus par les votes des assistés : ce qui rend très difficile un fonctionnement budgétaire économique. Il en serait de l'organisation du placement familial comme il en est trop souvent, paraît-il, du placement des enfants en nourrice : les familles des électeurs acceptent volontiers les allocations et indemnités ; mais elles s'opposeront à toutes les mesures prises dans l'intérêt de leurs nourrissons ou pensionnaires. Et leur élu, le maire de la commune, n'a quelquefois plus toute l'indépendance nécessaire pour agir au mieux de l'intérêt général. Il y aurait donc indication à enlever aux maires la direction de l'assistance et à la confier au corps médical.

En résumé, pour le traitement des tuberculeux à la charge de l'Assistance :

1° Utilisation du cadre médical actuellement existant, mais en unifiant et en augmentant ses pouvoirs et son indépendance ;

2° Créations de petits hôpitaux cantonaux ou de circonscription, sous la direction et à la disposition du même cadre médical ; annexion à ces hôpitaux d'une station sanitaire et d'un bureau médical et administratif chargé de la distribution des secours ;

3° Secours en nature, toutes les fois que les circonstances le permettront ; le secours en argent devant en principe être limité à l'allocation versée à la famille où est placé le malade : vêtements, literie, etc. seront fournis — toujours à titre de prêt — par la station sanitaire de la circonscription.

Le traitement familial pour les assurés et mutualistes. — Les coopératives et la lutte antituberculeuse.

Voilà pour les tuberculeux à la charge de la bienfaisance publique ou privée. Restent les autres. Longtemps ces « autres » n'étaient que les tuberculeux riches, pouvant se soigner soit dans de coûteux et luxueux sanatoria où ils trouvaient le seul facteur thérapeutique qui leur manquât, une discipline de traitement — soit dans de confortables installations sous des cieux plus cléments ; c'est la clientèle des riches et fameux sanatoria d'outre Rhin ou des stations de la Riviera. Quant au tuberculeux de condition moyenne, l'ouvrier aisé, l'employé, le petit fonctionnaire, le petit commerçant, il ne se décide à se soigner que le plus tard possible, après avoir essayé beaucoup de spécialités diverses toutes plus réputées et plus vantées les unes que les autres pour tâcher de guérir, sans médecin, son « rhume négligé ». Le jour où il ne peut plus travailler, la misère n'est pas loin, et pour peu que la mort se fasse attendre, voilà un phtisique de plus qui tombe à la charge de l'Assistance.

Depuis le Congrès de 1901, l'esprit social des travailleurs de toutes conditions a commencé en France à subir une évolution qui, bien conseillée, bien orientée, peut aboutir à une transformation des mœurs d'assistance. La loi du 9 avril 1898 sur les accidents du travail est entrée dans sa période pratique d'application : cette application a révélé bien des défectuosités qui s'applaniront peu à peu, mais elle a aussi réveillé, non seulement chez les patrons, mais aussi chez les employés et les ouvriers, l'idée de prévoyance et d'assurance. Et il n'est pas douteux que ce réveil a contribué au développement considérable que prend en France l'idée mutualiste : il y a là un relèvement de la dignité humaine du travailleur : il tend à renoncer à l'imprévoyance séculaire dont le résultat était, à la moindre invalidité (accident, maladie, vieillesse) de le faire tomber à la charge de la bienfaisance publique ou privée. — Il tend maintenant à s'assurer lui-même contre les risques d'invalidité pour se constituer ainsi un droit régulier à un secours fixé d'avance.

Est-ce à dire que nous évoluons en France dans le sens des institutions allemandes, des assurances obligatoires sous le contrôle de l'Etat ? Non pas ; l'esprit du travailleur français le porte plutôt vers les associations indépendantes du pouvoir et de l'autorité quelle qu'elle soit : le développement des sociétés de secours mutuels, des coopératives, et aussi des syndicats ouvriers indépendants le prouve surabondamment. Et déjà on a vu des associations d'ouvriers, d'employés etc. réunir à la fois les trois caractères de syndicat indépendant, de coopérative et de société de secours mutuels. Pourquoi ces associations ne joueraient-elles pas un quatrième rôle, celui de ligues hygiéniques, qui, par la puissance qu'elles tiendraient du nombre de leurs adhérents et qu'elles pourraient accroître par la *fédération*, pourraient imposer bien des réformes hygiéniques, à commencer par l'assainissement des habitations.

N'est-ce pas ici, dans cette Grande-Bretagne qui est, depuis le Moyen-Age, la patrie de la liberté individuelle et de la liberté d'association, qu'ont pris naissance des associations libres qui, sans autre mandat que celui qu'elles tiennent de la volonté et du nombre de leurs adhérents, ont imposé aux propriétaires de maisons insalubres des mesures d'assainissement qu'ils ont dû exécuter sous menace de boycottage ? Pourquoi nos associations ouvrières de France n'auraient-elles pas la même puissance et les mêmes exigences ? Et au besoin — sociétés de secours mutuels ayant tout intérêt à soigner leurs tuberculeux dans les conditions les plus hygiéniques ; coopératives de consommation, ne pourraient-elles pas devenir coopératives d'habitation salubre, ne demandant à l'Etat, aux communes, et même aux puissantes Compagnies industrielles, d'autre subvention que des concessions de terrain à long bail (la loi française permettant des baux de 99 ans). Les essais faits dans le Nord de la France, à Mardick, à Rosendaël, et dont les résultats ont été exposés au Congrès des Jardins Ouvriers de Paris en 1903, ont montré qu'il est possible dans ces conditions de concession à long terme d'édifier des maisons avec jardins à des prix de revient extrêmement minimes. — Et même un essai pratiqué à Rosendaël a donné comme résultat la « maison remboursable », les produits du jardin procurant en plus des légumes nécessaires à la famille, un bénéfice notablement supérieur au montant du loyer..... ou de l'amortissement des dépenses de

construction et d'installation. Et si je rappelle ces essais de maisons ouvrières salubres extrêmement économiques, c'est qu'ils ont été faits sur des terrains non loin de la mer, comme on pourrait en trouver à bon compte le long de toutes nos dunes maritimes ; ..... c'est-à-dire dans une des variétés de conditions climatériques où nous voudrions voir édifier des logements salubres pour les familles de tuberculeux transplantées en milieu marin ou rural.

Voilà qui coûterait moins cher aux coopératives et mutualités que les sanatoria des caisses d'assurances ouvrières allemandes ! D'ailleurs nous verrons peut-être bientôt les premières tentatives de constructions hygiéniques ou d'assainissement par les associations ouvrières. N'est-ce pas une de nos « Universités Populaires » de Paris — c'est-à-dire en somme un cercle ouvrier — qui vient de créer en plein bois de Boulogne une villa de repos et de cure d'air pour ses adhérents et leur famille ? Ce n'est là qu'un premier pas pour permettre aux ouvriers et employés, et à leurs enfants, de profiter de leurs instants de loisir pour se reposer au grand air. Pour les tuberculeux, et surtout pour les candidats à la tuberculose, que les nécessités de l'existence et l'absence de toute organisation de placement familial forcent à rester dans la grande ville, il y a là un adjuvant — qui n'est qu'un pis-aller provisoire, j'en conviens — mais cependant un adjuvant précieux pour le traitement familial.

Mais surtout c'est là un premier pas que les associations ouvrières ont fait dans la voie de l'assainissement et de la propriété, et en même temps que du traitement de la tuberculose par ce que nous pourrions appeler le « traitement à l'anglaise » selon l'humoristique définition du Dr Grancher : « L'Allemand lutte contre la tuberculose par le sanatorium, l'Anglais par le beefsteak et le tennis ! »

Ainsi donc :

1° Logements salubres dans les grands centres avec villas de cure d'air à proximité, pour leurs assurés surmenés, anémiés, prétuberculeux ou même tuberculeux au début, ne pouvant s'éloigner immédiatement de la grande ville ;

2° Construction de villages clairsemés de maisons salubres avec jardins, d'un prix de revient presque nul, pour les tuberculeux et leurs familles, qui seraient ainsi transplantés en autant de « home-sanatorium » ;

3° Pour leurs tuberculeux sans famille ; organisation de placement familial comparable à celui que nous préconisons pour les tuberculeux indigents, et qui fonctionne déjà en France pour les enfants, les aliénés inoffensifs et les vieillards ; voilà ce que peuvent organiser dès maintenant les associations ouvrières ou de secours mutuels.

Mais il faut une direction à ce mouvement :

Une direction sanitaire pour l'assainissement ;

Une direction médicale pour avertir *à temps* les candidats à la tuberculose, expédier et répartir les tuberculeux et leur famille au mieux des indications climatériques ;

Une surveillanee médicale et sanitaire pour les tuberculeux qui restent *provisoirement* en traitement dans les grands centres ;

Une surveillance non moins paternelle et attentive pour les tuberculeux ruralisés, traités à la campagne, dans leur famille ou dans des familles étrangères.

Tous ces rôles multiples de direction et de surveillance incombent à des rouages médicaux aussi simplifiés que possible, mais comportant, aussi bien dans la grande ville que dans les centres de placement familial et de colonisation sanitaire, des éléments indispensables : cabinet médical, bureau de distribution, station de désinfection. . . . c'est le *dispensaire antituberculeux mutualiste* dont nous avons étudié plus haut le fonctionnement et signalé les premières créations à Paris.

Problèmes économiques

Le traitement dans nos sanatoria populaires est très coûteux : nous avons en France un luxe administratif qui surcharge les frais de journée ; il suffirait de relater les dépenses du sanatorium modèle d'Angicourt, l'unique sanatorium populaire suburbain dont dispose jusqu'à présent l'Administration de l'Assistance publique de Paris.

A Angicourt, elle a voulu édifier un sanatorium modèle, un sanatorium incomparable tant en dépenses d'établissement qu'en dépenses d'entretien, et assurément cet établissement semble tenir le record. Toujours est-il que de l'aveu de fonctionnaires qui savent, les chiffres produits par M. Sersiron seraient au-dessous de la réalité. Or, d'après cet auteur le prix de revient du lit s'élèverait à quatorze mille francs et la journée de malade à 4 fr. 13 [1].

D'après ces données il ne faut plus s'étonner des évaluations présentées à l'Académie de Médecine pour le traitement en sanatorium de *tous* les tuberculeux pauvres : dépense de premier établissement : *1 milliard 800 millions* ; plus une dépense annuelle de 328 millions [2]. Quelle que puisse être encore, et même quelle qu'aurait pu être encore il y a peu d'années l'élasticité de notre budget national, il ne se serait pas trouvé un ministre des finances pour accepter d'y incorporer pareille dépense. Et il ne faut pas songer à répartir cette formidable dépense sur une longue série d'exercices successifs : si le principe de l'internement obligatoire de tous les tuberculeux en sanatorium est admis, il faut les interner *tous* jusqu'à guérison ou décès, sinon on laisserait des foyers de contagion qui s'étendraient vite dans la population et ainsi augmenteraient indéfiniment le nombre des tuberculeux à interner. Et puis cette contrainte est inadmissible et elle serait impraticable en France.

L'initiative privée, sous une forte impression, a un grand élan qui peut suffire à *créer* un établissement, mais qui ne soutiendra pas l'effort continuel qu'exigeraient les dépenses annuelles.

[1] *Sersiron* — Les phtisiques adultes et pauvres en France, en Suisse et en Allemagne. — Paris 1898, p. 98.

[2] *Presse Médicale*, 4 mai 1901.

Mais, peut-on objecter, n'y a-t-il pas l'exemple de l'Allemagne qui nous montre l'action efficace des caisses d'assurances ouvrières dans la création des sanatoria populaires ? De cette donnée est sorti le projet de MM. Letulle et Roux[1] : création de caisses d'assurances mutuelles contre la maladie ; je n'entrerai pas dans le détail de ce projet, que la Commission de la tuberculose a cru devoir recommander en 1901 à l'attention du Gouvernement : moyennant un versement de 8 francs par mois, par exemple, le sociétaire toucherait 8 francs par jour en cas de maladie, c'est-à-dire qu'en cas de tuberculose, il pourrait payer 4 à 5 francs par jour dans un sanatorium populaire, et laisser ainsi 4 ou 3 fr. à sa famille. On remarquera le taux élevé de la prime : 8 fr. par mois, soit 96 francs par an, chiffre qui suffira à éloigner tous les prolétaires et à peu près tous les ouvriers, surtout quand ils compareront les primes à verser avec celles que versent les ouvriers allemands ; *en moyenne* 14 marks 95 (soit 18 francs 70) par an, d'après les documents officiels publiés par l'Office impérial des assurances à l'occasion de la dernière exposition universelle ; et, pour cette prime, l'ouvrier allemand est assuré non seulement contre la maladie, mais encore contre les accidents et l'invalidité : il a une retraite assurée pour ses vieux jours et a même droit à des frais funéraires fixés à vingt fois son salaire journalier[2]. Dans ces conditions, croyez-vous que l'assurance de MM. Letulle et Roux ait grand'chance de succès ? d'autant plus qu'elle resterait facultative !

A ce dernier inconvénient a voulu parer le projet de M. Guieyesse[3], qui voudrait rendre, comme en Allemagne, l'assurance ouvrière obligatoire, faite par l'Etat, comportant des versements faits à la fois par l'ouvrier et par le patron, plus le produit de taxes sur la main-d'œuvre étrangère,... en un mot tout le mécanisme propre à fasciner les ouvriers et à capter les électeurs.

En France, les conditions sociales sont tout autres qu'en Allemagne : l'indigent qui fait partie de droit de la clientèle hospita-

[1] Letulle et Roux. — Prophylaxie dans les collectivités. — *Commission de la tuberculose.* — Paris 1900.

[2] *Guide pour l'Assistance Ouvrière de l'Empire Allemand.* — Publication de l'Office Impérial, pour l'Exposition Universelle de Paris (1900).

[3] Paul Guieyesse. — Rapport fait au nom de la Commission d'assurance et de prévoyance sociale. — Chambre des Députés, Paris 1900.

lière, pas plus que l'ouvrier malade, et qui, dans l'état actuel d'insuffisance de l'assurance-maladie, tombe du fait de sa tuberculose au même rang que l'indigent — n'ont ni l'un ni l'autre la docilité de l'ouvrier allemand qui lui — je tiens à le rappeler une fois de plus — forme la base de la clientèle du sanatorium populaire allemand.

Qu'il me soit permis de rappeler un passage de mon rapport au Congrès d'Assistance Familiale de 1901 à propos de l'ouvrier parisien [1] :

« Ce qu'il est le plus facile de lui inculquer, c'est la consigne de se reposer à l'air et de bien manger... surtout s'il est isolé ou à peu près ; personne n'est plus docile que l'ouvrier français — et surtout l'ouvrier parisien — à l'état isolé ; de même personne n'est plus turbulent et indiscipliné que lui quand il est en nombreuse compagnie. Et la tuberculose ne le change pas à ce point de vue ; allez visiter par surprise un sanatorium populaire et vous aurez peut-être le spectacle qu'il m'a été donné de voir à Augicourt : le malade qui occupait seul une chambre tenait sa chambre en bon ordre et faisait largement sa cure d'air, tandis que les habitants des chambres à trois ou quatre lits formaient des groupes bruyants, fumant, jouant aux cartes, etc..... Rien qu'au point de vue médical, nous voyons qu'il faut chercher ailleurs qu'au sanatorium le changement de milieu nécessaire au traitement de l'ouvrier français tuberculeux. »

Du reste c'est le principe qu'avait adopté pour l'assistance familiale aux tuberculeux nécessiteux français la 3e section du Congrès d'Assistance familiale de Paris dans sa séance du 28 octobre 1901 sur ma proposition. Je rappelle ces conclusions adoptées par la section :

1° Les tuberculeux peuvent être justiciables de l'assistance familiale.

2° Cette assistance familiale devra surtout se faire à la campagne, en tenant compte des conditions climatériques.

3° Elle est à préférer au traitement en sanatorium qui est plus onéreux et moins immédiatement réalisable.

4° Hôpitaux, stations sanitaires, bureaux de distribution de-

[1] Dr G.-E. Papillon. — Rapport au Congrès d'Assistance Familiale. Paris 1901.

vraient être groupés sous la direction du médecin chargé de la surveillance des malades en traitement dans la région. Ce médecin pourrait être en même temps l'inspecteur des enfants en bas-âge, le médecin de l'assistance médicale gratuite, etc.

5° L'internement dans un sanatorium ou dans un hospice doit être réservé aux malades contagieux et qui constituent un danger *réel* pour leur entourage.

Ce sont d'ailleurs les mêmes conclusions que je vous proposerai d'adopter, en faisant remarquer qu'elles ne sont nullement réservées aux cas de tuberculeux indigents ou nécessiteux ; mais peuvent, et avec plus de chances de réussite encore, s'adresser au traitement des tuberculeux de toutes les classes laborieuses et même des classes aisées : qu'est-ce que la « villa-sanatorium », qu'il est du dernier genre d'installer sur les bords de la Riviera, et où le tuberculeux riche va se soigner, *au milieu de sa famille, sous la surveillance de médecins* aussi éclairés qu'illustres,..... sinon un luxueux essai du traitement familial ? Cet essai, pourquoi en refuser le bénéfice, et à bien meilleur compte, aux tuberculeux de condition aisée ou modeste : petit employé, instituteur, ouvrier...?

Au Congrès de Paris de 1901, j'avais, me basant sur les calculs présentés à la 5e Commission du Conseil municipal, ainsi que par diverses œuvres privées, telles que : Société Protectrice de l'Enfance de Paris (que j'ai l'honneur de représenter à ce Congrès), Dispensaire Calmette de Lille, Œuvre Liégeoise de M. Malvoz, essayé d'établir approximativement le prix de revient de la journée du tuberculeux :

Soit assisté dans sa famille, sous le contrôle du dispensaire, et à ce point de vue les dispensaires antituberculeux qui se sont multipliés depuis trois ans pourraient peut-être fournir des évaluations plus exactes.

Soit transplanté en milieu rural avec sa famille ou dans une famille étrangère et ici les chiffres approximatifs pourraient être établis en nous basant sur l'expérience du placement familial, déjà existant en France pour les enfants, les aliénés et les vieillards.

Ici, dans ce Congrès International, ces chiffres n'offriraient qu'un intérêt très restreint, vu l'impossibilité d'en tirer les évaluations s'appliquant à des pays différents.

Conclusions

Comme conclusion de ce trop long rapport, je tiens à faire remarquer une fois de plus qu'actuellement la question de l'assistance familiale aux tuberculeux, comme d'ailleurs aux vieillards et aux incurables, ne se limite plus comme il y a trois ans aux indigents et nécessiteux, qu'appliqué en pratique aux tuberculeux riches, le traitement familial doit être accordé à toutes les classes sociales de tuberculeux, l'établissement fermé, — qu'on l'appelle sanatorium, maison de santé, ou hôpital — ne devant être qu'un rouage d'exception.

Et au vœu adopté dans la séance solennelle du Congrès de 1901 sous la présidence de M. Landouzy, sur la proposition de MM. Cheysson et Papillon et ainsi conçu : « l'assistance à la famille, et le placement familial, désirables pour les tuberculeux, méritent d'être étudiés dans leur principe comme dans leur délicate application par tous ceux qui ont le souci de la défense contre la tuberculose. »

A ce vœu, qui n'envisageait que les tuberculeux nécessiteux et qui ne répond plus à notre état social actuel, maintenant que le mouvement mutualiste va permettre de réglementer la lutte antituberculeuse dans toutes les classes de la société, comme le montre l'exemple que viennent de donner à Paris deux puissants groupements de fonctionnaires : les instituteurs de la Seine et les employés des Postes et Télégraphes qui, comme premier pas, ont créé des dispensaires antituberculeux pour permettre à leurs membres de se soigner à Paris en attendant mieux ; — à ce vœu de 1901 je vous propose de substituer le vœu que M. Marie et moi aurions voulu voir adopter et que je vous rappelle en terminant :

« Le Congrès émet le vœu :

« Que parallèlement au développement du sanatorium qui devrait n'être qu'une école de discipline de traitement et un établissement d'isolement momentané, il soit procédé pour favoriser le développement du traitement familial de la tuberculose :

1° A la fois à la transformation des Dispensaires urbains et des hôpitaux ruraux et à la création *dans les centres régionaux de placement familial* de petits sanatoria économiques comportant bureau

de distribution et station sanitaire dans le but de mettre à la portée des tuberculeux en traitement soit dans leur famille soit dans des familles rurales étrangères (soigneusement choisies et surveillées) les secours médicaux, les secours en nature, et au besoin le lit d'hôpital ou d'infirmerie que pourrait exiger un incident passager.

2° Au développement de *colonies de santé à la campagne* pour les enfants de tuberculeux, et de toutes les mesures propres à faire apprécier par les candidats à la tuberculose les avantages de la vie rurale, et à favoriser ainsi l'exode à la campagne, de tous les déracinés qui s'étiolent dans les grandes villes et y sont sous la menace permanente de la tuberculose. »

J'y ajouterai une troisième organisation, sur laquelle notre Congrès international est particulièrement apte à statuer : une entente internationale entre les comités qui dans les différents pays se chargent d'organiser l'assistance familiale aux tuberculeux, entente qui aurait pour but le rapatriement des étrangers tuberculeux, qui pourraient trouver dans le pays natal le climat propice et la guérison de la tuberculose contractée dans le pays où les nécessités de leur existence les avaient incités à venir chercher du travail.

CAHORS, IMPRIMERIE TYPOGRAPHIQUE A. COUESLANT. — 6299

ASSISTANCE FAMILIALE COMPARÉE

Par M. le Dr MARIE

A la veille du Congrès international d'Assistance familiale en terre Ecossaise, d'où partirent les premiers cris de délivrance du régime suranné répressif de la folie, nous avons cru intéressant de résumer, en un tableau d'ensemble très bref, l'état actuel de la Colonisation familiale des aliénés en Europe.

— En Ecosse, Sir John Libbald, dans son exposé général, a donné des chiffres édifiants dont nous rappellerons seulement ceux concernant l'assistance des aliénés :

Commencée méthodiquement en 1860 l'assistance Ecossaise, en dépit des pronostics fâcheux, s'est progressivement développée depuis, en voici d'ailleurs le tableau des moyennes par décades :

1860-70.....	1946	placements
1870-80.....	1487	—
1880-90.....	1998	—
1890-1900.....	2724	—

elle atteint, à ce jour le chiffre de 3,000 placements, (sans parler des placements payants) répartis en 20 centres de colonisation correspondants aux principaux Comtés, d'après le rapport que j'ai établi à la suite de la mission d'études dont je fus chargé en 1891.

Le caractère particulier de l'assistance familiale écossaise, consiste dans l'absence d'infirmeries locales dans la plupart des centres de placements rarement groupés au-delà de 100. — Les médecins locaux en assurent les soins grâce à l'enseignement psychiâtrique général exigé de tous les médecins écossais.

— En Belgique, dont le précédent Congrès d'Anvers et celui, plus récent, de psychiâtrie à Bruxelles, nous ont permis la visite après 10 ans écoulés depuis notre 1re étude, nous avons trouvé les colonies

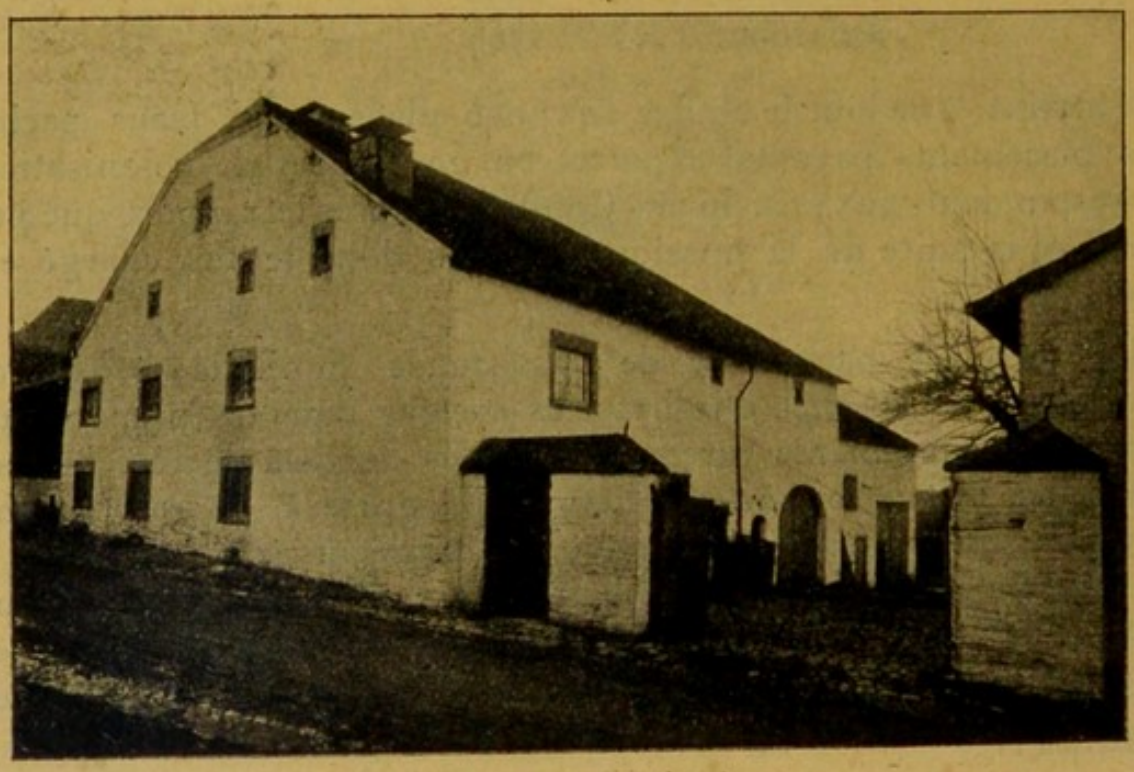
de Gheel et de Lierneux, pleinement florissantes, l'une et l'autre sous l'habile direction de ses savants médecins, MM. Peters et ses collaborateurs à Gheel, M. Depéron à Lierneux.

Gheel possède aujourd'hui 1834 malades de toutes catégories, sans compter les places libres de vieillards et de débiles non aliénés. En réalité, Gheel représente quatre colonies formées par ses différents secteurs groupés sur une surface de plusieurs kilomètres carrés autour d'une infirmerie importante pourvue de tout l'outillage psychiâtrique moderne.

A Gheel, les malades sont placés directement ; alors qu'en Ecosse, ils viennent des asiles. Aussi Gheel doit-il être à lui-même son propre asile d'admission et de triage. On comprend, dès lors, l'importance de son infirmerie et la proportion assez grande de ses transfèrements aux asiles fermés, qui en échange lui adressent peu de malades par élargissement consécutif à l'internement. Trop peu, pourrait-on dire même, parce que ces mutations prescrites par l'intérêt des malades sont contraires à celui des établissements privés qui les retiennent.

— A Lierneux cependant la colonisation n'a cessé de prospérer depuis sa fondation en 1884.

M. le Dr Deperon a aujourd'hui 557 malades répartis entre les

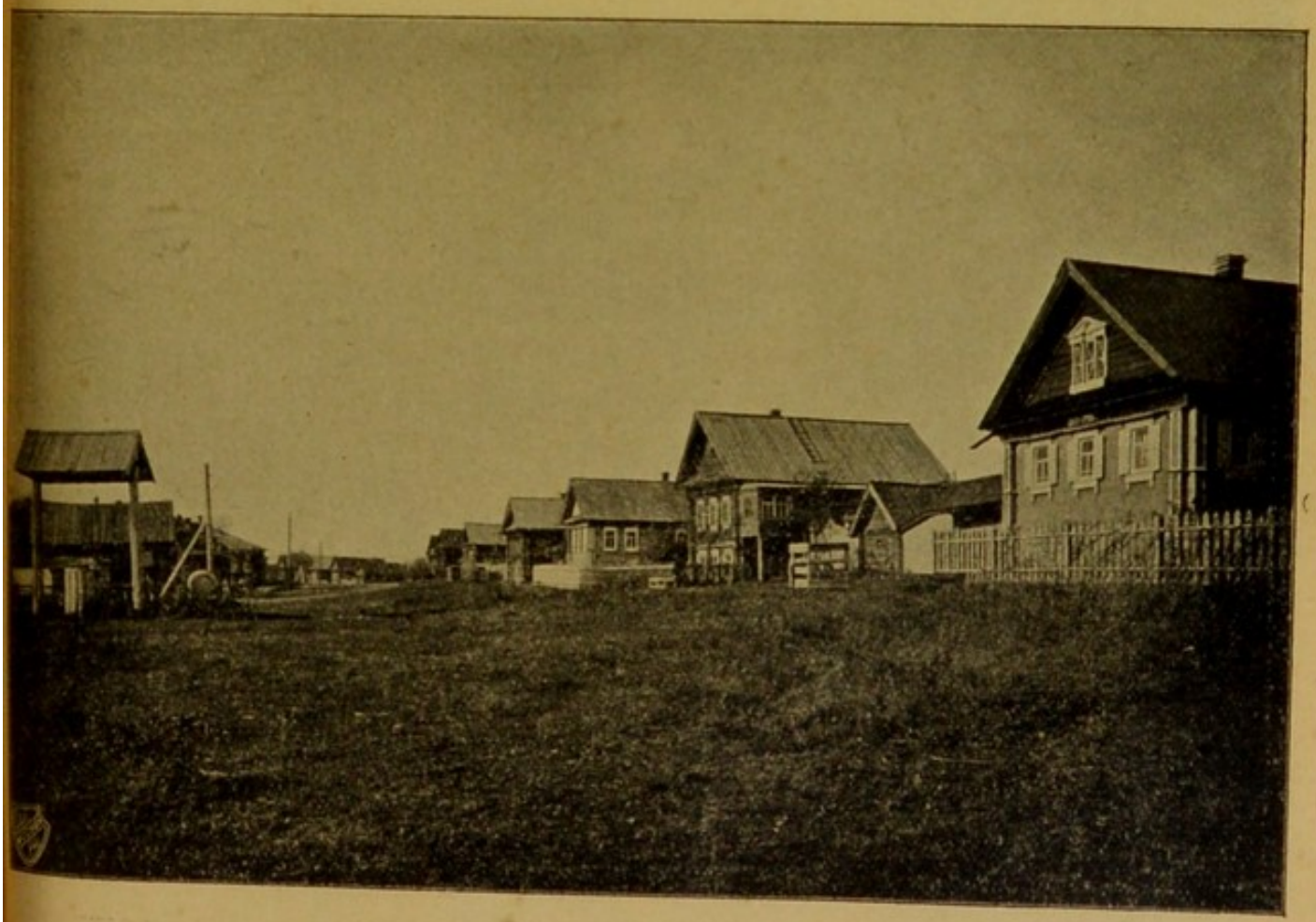


communes diverses, groupés autour d'une infirmerie centrale qui remplace aujourd'hui l'infirmerie primitive, simple demeure de nourriciers dont nous donnons une vue.

— En Russie, la colonisation familiale a été développée tout d'abord au voisinage de l'asile Alexeieff, près Moscou, par M. le Dr Bagenoff, puis à Ekaterinoslaer dans les villages de Kaminka et Krasnopolië, par M. le Dr Gowseef.

J'ai eu le plaisir de visiter les uns et les autres avec leurs fondateurs et j'ai pu juger de l'avenir qu'auraient ces créations malgré un pays plus agreste et des milieux paysans plus pauvres. Malheureusement, là comme en bien d'autres endroits les difficultés proviennent moins des malades et des nourriciers que de certains pouvoirs administratifs que ne peuvent comprendre la portée pratique et humanitaire de ces tendances.

N'a-t-on pas vu déplacer et supprimer une de ces colonies, parce que le régisseur d'un château princier voisin l'a dénoncée comme un danger possible pour ses maîtres, et comme menaçant la sécurité d'une voie ferrée proche de la colonie !



Néanmoins M. le Dr Kachenko de Nijni-Novogorod a pu créer depuis à Bala Kna une colonie familiale nouvelle, en pleine prospérité depuis 1899, nous en donnons les vues dues à l'obligeance extrême de nos collègues et amis, leurs fondateurs et directeur.

— En Allemagne, M. le Dr Alt a lumineusement exposé le développement rapide et complet de l'assistance familiale, qui commencée récemment, a bien vite multiplié les centres de placements au nombre actuel de 32 et dont ci-joint la liste : 1. Allenberg. 2. Aplerbeck. 3. Berlin. 4. Blaukenhain. 5. Brême. 6. Brieg.

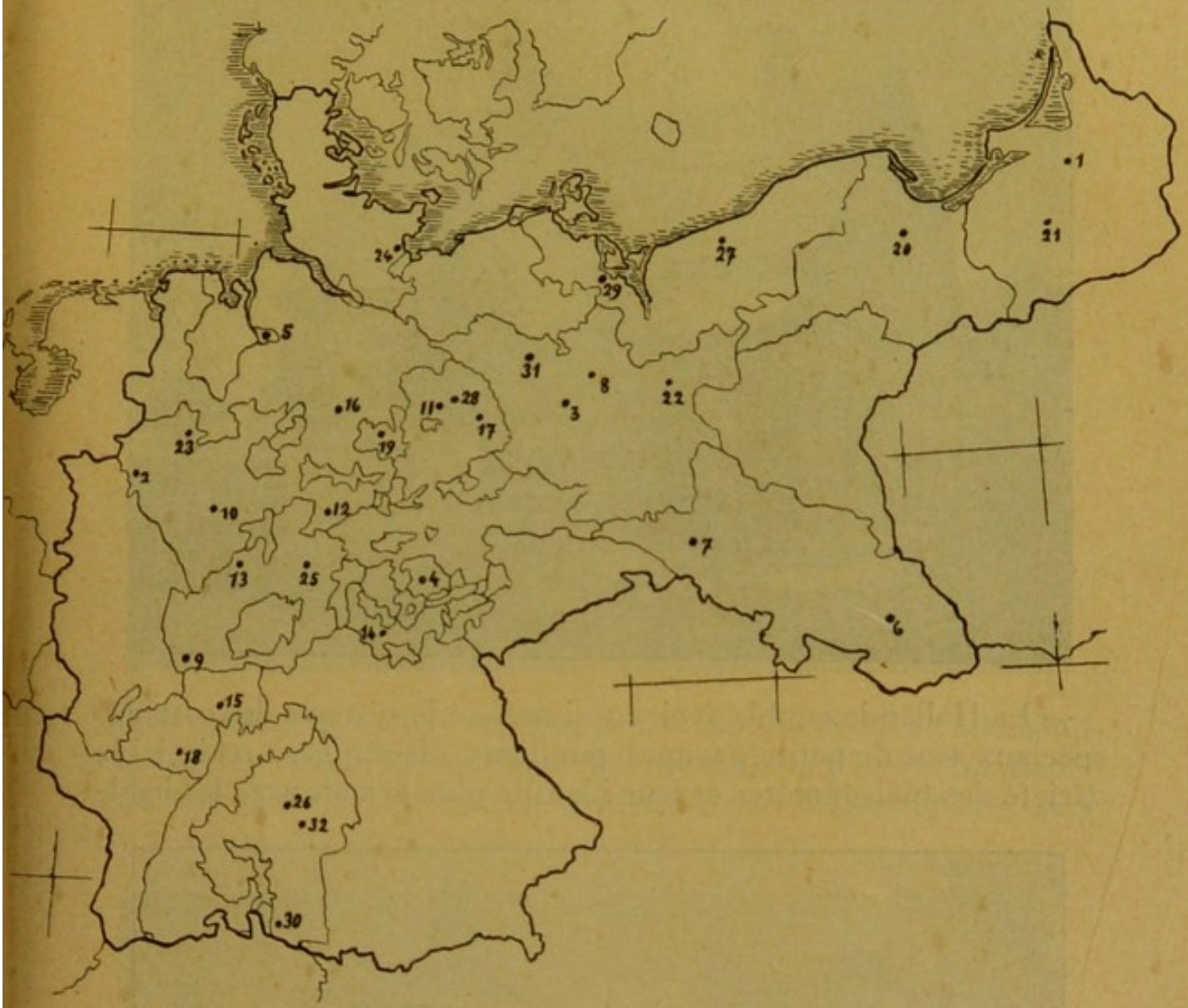
7. Bunzlau. 8. Eberswalde. 9. Eichberg. 10. Eickelborn. 11. Gardelegen. 12. Göttingen. 13. Haina. 14. Hildburgausen. 15. Ilten. 16. Hofheim. 17. Jéricho. 18. Klingemmurster. 19. Konigslutter. 20. Konradstein. 21. Kortau. 22. Landsberg. 23. Lengerich. 24. Lübeck. 25. Menxhausen. 26. Pfullingen. 27. Treptow. 28. Ucht-

springe. 29. Uckermünde. 30. Weissenau. 31. Wittstock. 32. Zwiefalt.

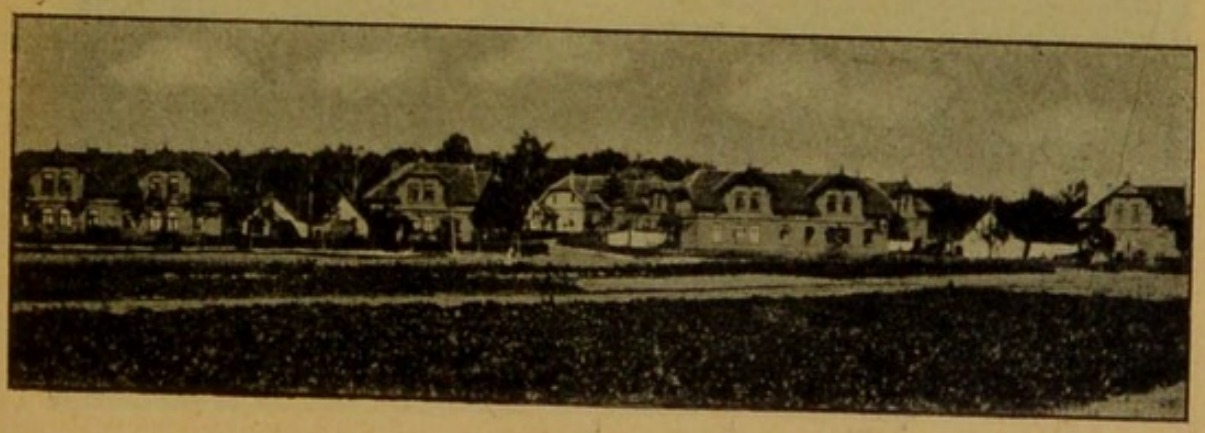
On peut voir par la carte empruntée au travail de M. Alt la dissémination de ces divers centres de colonisation dans toute l'Allemagne.

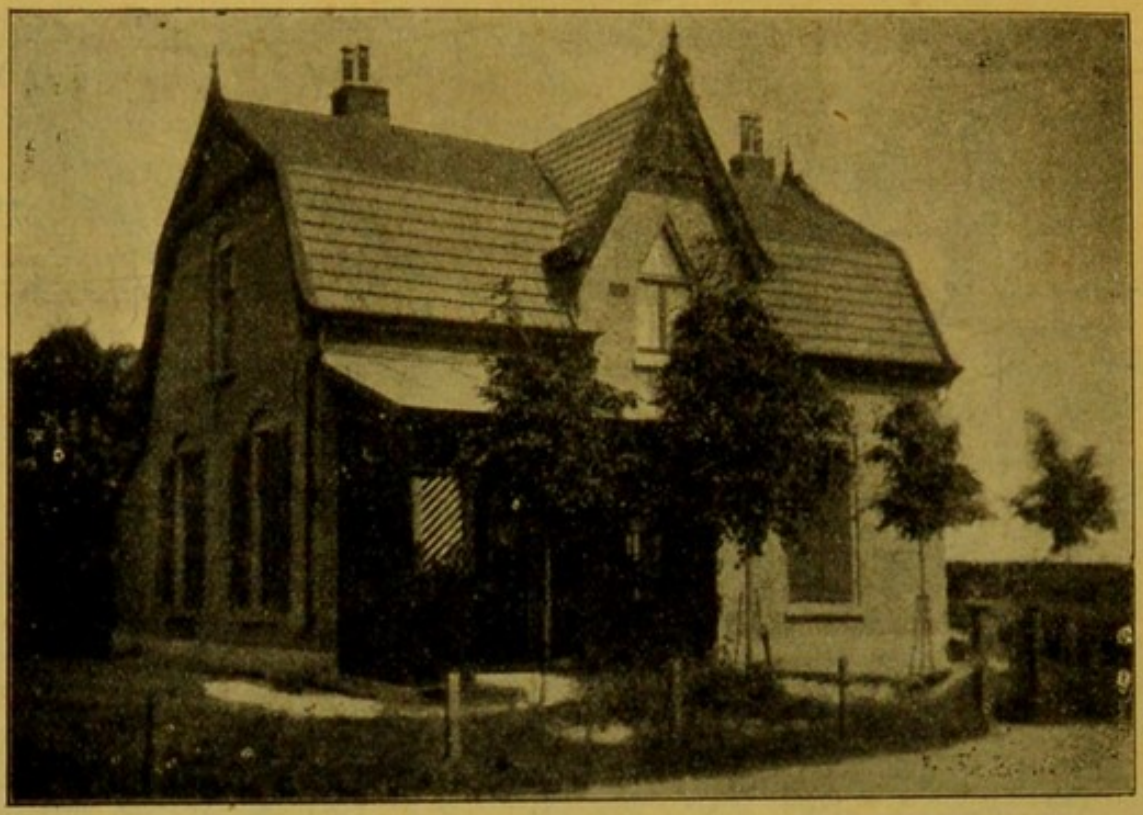
L'Allemagne, après avoir envoyé sa mission d'études à Dun, où j'ai eu l'honneur de la recevoir, puis à Gheel, a choisi un type de colonie basée sur un groupement faible comme en Ecosse, mais rappelant parfois l'asile, par les constructions économiques établies par l'administration sous forme de village artificiel, en quelque sorte, avec escouades de malades confiées par cottage à raison de 5 à 6 par ménage d'infirmiers.

Nous joignons les plans de ces cottages à la colonie de Wilhelmsache.

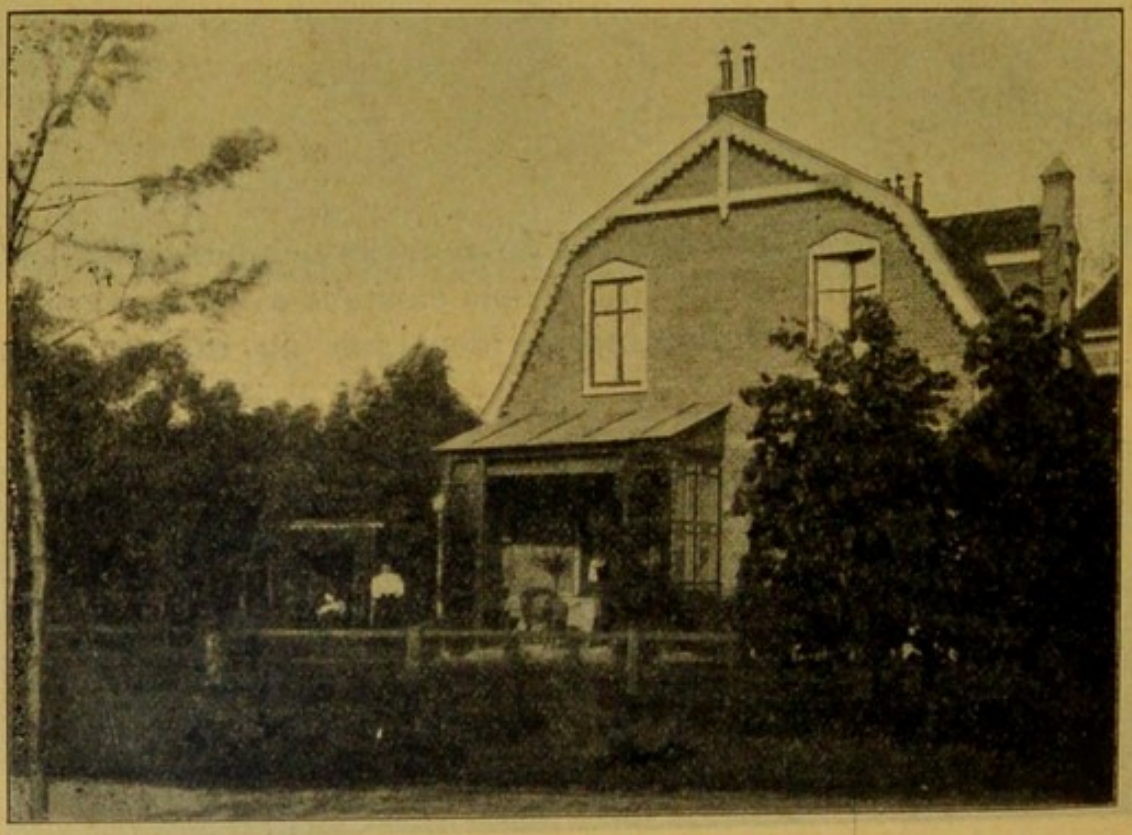


On le voit, c'est un type distinct du nôtre et de ceux précédemment décrits qui utilisent un village déjà existant avec ses variétés multiples d'habitats véritable milieu identique au milieu social ordinaire.





— La Hollande semble avoir aussi préféré le système des cottages spéciaux avec de petits groupes familiaux disséminés, mais ici la variété des maisonnettes et leur identité plus grande avec les habi-



tations ordinaires en fait une transition entre le système allemand et les autres, on en pourra juger par les vues de placements familiaux de la colonie Hollandaise principale que nous avons visitée à Ermelo, sous les auspices de M. le Dr Van Dale.

— En Italie, prévaut le système des placements familiaux annexés à un grand asile, pour lequel ils servent à la fois de placement traitant la convalescence et de moyen de désencombrement des chroniques tranquilles.

Nous donnons le tableau établi d'après le travail de M. le professeur Tambourini de Reggio Emilia en 1902.

Placements familiaux d'aliénés en Italie

Florence	950
Reggio et Modène	68
Lucca	171
Arezzo	65
Pérouse	119
Pise	55
Ancône	56
Pesaro	30
Ascoli	5
Milan	2
Bergame	36
Crémone	1
Naples	50
Forli	15
Gênes	2
Turin	5
Sienne	80
Aversa	56
Autres	349
Total	2115

DOCUMENTS ANNEXES

SITUATION ACTUELLE

DE LA

COLONIE DE GHEEL

par le Dr J. AL. PEETERS, Médecin-Directeur.

J'ai décrit, en 1888, dans le *Bulletin de la Société de Médecine Mentale de Belgique*, la situation de la Colonie, en même temps que la situation du patronage familial à cette époque ; je suis revenu à la charge en 1894. L'évolution, j'allais dire la révolution, que je signalais à ce moment, s'est manifestée non pas par des écrits et des discussions simplement, mais surtout par des faits.

Je puis le répéter : l'application du système de Gheel tend à se généraliser. Après les essais tentés dans l'Amérique du Nord, après l'installation et la réussite de la Colonie de Lierneux, des Colonies françaises de Dun-sur-Auron, d'Ainay, de Levet ; après les projets formés en Hollande et qui commencent à se réaliser, voici que la Russie est entrée dans le mouvement, que l'Allemagne multiplie ses spécimens de Colonies familiales, et que l'Autriche prépare l'installation administrative et médicale du système belge. Le congrès tenu à Anvers en 1902, et qui comptait parmi ses membres des aliénistes de tous les pays, acclama le vœu formulé par le professeur Tamburini : « Le Congrès émet le vœu » que l'assistance familiale des aliénés soit appliquée sous toutes » ses formes et dans la plus large mesure. »

Ainsi, malgré toutes les critiques souvent non fondées, parfois même déloyales, à l'adresse de l'institution où le patronage familial fonctionne depuis des siècles, le principe a été trouvé juste et bientôt tous les pays du monde possèderont des asiles ouverts à l'instar de Gheel. Car, notre colonie pourrait s'en glorifier, tous ceux qui se sont occupés de l'assistance des Aliénés ont visité Gheel ; tous lui ont emprunté quelque chose en modifiant d'après

les conditions du milieu et en perfectionnant dans la mesure du possible.

Qu'est-il advenu de Gheel dans ce grand mouvement humanitaire et scientifique ? Notre Colonie est-elle restée stationnaire au milieu des progrès réalisés partout ? Nous allons répondre brièvement à ces questions dans les pages qui suivent.

Et d'abord, nous croyons pouvoir affirmer que les traits caractéristiques de notre institution : la vie de famille et la liberté, ont été intégralement maintenus. On sait que des médecins français, Jules Falret, entr'autres, voyant construire l'infirmerie, se demandèrent si la Colonie n'allait pas se transformer. « L'infirmerie, disait le célèbre aliéniste, n'est destinée qu'à cinquante malades, mais elle pourrait facilement en contenir une centaine, et il est certain que, lorsqu'elle sera ouverte, malgré les prévisions des médecins et des administrateurs, et malgré les conditions expresses qui ont présidé à sa formation, elle ne tardera pas à renfermer ce nombre de malades. »

En d'autres mots, l'infirmerie allait se peupler aux dépens de la colonie et devenir insensiblement un asile fermé.

Plus de trente ans se sont écoulés ; la population de la colonie s'est élevée de 730 à 2000 aliénés ; la population de l'infirmerie ne s'est pas accrue dans la même proportion. En 1865, il s'y trouvait régulièrement de 20 à 30 malades ; dix ans plus tard, on allait de 30 à 40 ; en 1885 on se rapprochait de 50 ; enfin, aujourd'hui la moyenne est de 60 à 65 aliénés. Généralement le nombre des hommes devrait l'emporter sur celui des femmes, puisque les écarts de conduite, le penchant à l'évasion se rencontrent plus fréquemment chez ceux-là ; mais nous gardons à l'asile quelques aliénées qui assistent les sœurs à la buanderie, à la cuisine, et dans les autres services, ce qui fait que le quartier des femmes est plus peuplé.

Il y a donc une augmentation et il est impossible qu'il en soit autrement ; l'hôpital a reçu plus de malades à mesure que la population qu'il est appelé à desservir est devenue plus considérable. Sur plus de 1800 malades que nous avions le 1er février 1904, 28 hommes et 36 femmes se trouvaient à l'infirmerie ; 1750 jouissaient de la liberté et de la vie de famille.

Nous pouvons ajouter que les malades se fondent de mieux en mieux dans le milieu qui les entoure, que leur liberté est plus complète.

Grâce à une surveillance plus minutieuse, l'aliéné a été plus généralement mis sur le même pied que les membres de la famille qui le soigne : il mange toujours à la même table, quand cela est possible ; il se rend avec eux à l'église ; il travaille à côté d'eux et plutôt moins qu'eux, et le dimanche le chef du ménage lui accorde, comme à ses fils, une rétribution plus ou moins élevée. Pour que les aliénés ne soient pas placés d'un côté, la famille de l'autre, le règlement ne permet pas que plus de deux malades soient confiés à un nourricier. Je ne connais qu'une exception à cette règle et elle est parfaitement justifiée.

La séquestration à l'asile est restée l'exception, nous venons de le voir ; outre cela, l'application des moyens de coercition est réduite au minimum. La vue de certains appareils employés à Gheel a fait autrefois pousser de hauts cris aux adversaires de la Colonie ; on oubliait que la contrainte sévissait dans les asiles entourés de hauts murs qui semblaient devoir la rendre moins rigoureuse.

Voici la pratique suivie dans notre Colonie en ce moment. Les entraves, les ceintures, les camisoles sont absolument supprimées. L'instrument de coercition le plus redoutable, qui arrête les fonctions organiques et paralyse les muscles, le fauteuil de force, aura bientôt complètement disparu. A l'infirmerie, son usage est absolument proscrit.

Le nourricier n'a pas le droit d'enfermer un malade dans sa chambre. Si, dans des cas exceptionnels, il a été obligé de recourir à cette mesure, le médecin et le garde de section doivent être avertis. Pour certains malades qui se livrent à l'onanisme, qui se déshabillent, qui déchirent leurs effets, nous tolérons l'emploi d'un ou de deux gants en toile ou en cuir ; c'est là le seul moyen de coercition qui soit encore officiellement reconnu. Il n'est pas étonnant que, dans une population de près de 2000 malades, il se rencontre parfois des individus violents, agressifs, intraitables, dangereux pour eux-mêmes ou pour les autres, et dont le séjour chez le nourricier ne peut se prolonger. Ces aliénés sont internés à l'infirmerie, en attendant le transfert dans une maison fermée ; et il n'est pas toujours possible d'éviter la coercition, ce qui fait que, quand on visite notre asile, on voit parfois pratiquer une contrainte qu'on ne rencontre plus au dehors.

Nous avons dit plus haut que la Colonie compte aujourd'hui

plus de 1800 aliénés, ce qui représente certainement plus du huitième de tous les aliénés du pays. Le chiffre exact, pris au 1er janvier 1904, est de 1834 dont 1014 hommes et 820 femmes : celles-ci sont donc moins nombreuses que les hommes. Jusqu'en 1885, le chiffre des femmes l'emportait sur celui des hommes. La diminution de la population féminine est certainement due à l'organisation plus complète de l'assistance des femmes aliénées en Belgique : de nouveaux asiles à leur usage exclusif ont été créés à Lede, à Velsicque-Ruddershove, à Lokeren, à Duffel, et l'asile St-Anne à Courtrai, qui était d'abord mixte, ne reçoit plus d'hommes. Enfin, il faut tenir compte de la mortalité, qui, par exception, fut en 1892 et en 1893 plus élevée chez les femmes que chez les hommes ; ajoutons que le nombre des femmes pensionnaires est toujours notablement inférieur à celui des hommes de la même classe.

La mortalité est un élément de haute importance pour l'appréciation de la situation d'un asile. Voici nos chiffres depuis 29 ans :

En 1875 : 7,4	En 1885 : 7,8	En 1895 : 5,4
— 1876 : 7,0	— 1886 : 8,3	— 1896 : 5,5
— 1877 : 8,5	— 1887 : 6,7	— 1897 : 5,7
— 1878 : 8,8	— 1888 : 6,2	— 1898 : 5,3
— 1879 : 10,0	— 1889 : 6,03	— 1899 : 5,7
— 1880 : 8,1	— 1890 : 6,3	— 1900 : 5,2
— 1881 : 7,5	— 1891 : 9,5	— 1901 : 6,01
— 1882 : 8,4	— 1892 : 8,4	— 1902 : 4,07
— 1883 : 9,4	— 1893 : 6,4	— 1903 : 4,04
— 1884 : 7,5	— 1894 : 5,9	

Pendant les cinq dernières années, nous avons reçu 110 malades, hommes et femmes, âgés de 70 à 80 ans et plus ; le chiffre des décès doit certainement se ressentir d'admissions de ce genre.

Pendant l'année 1886, la variole nous enleva un grand nombre de malades ; en 1891 et 1892 notre population fut décimée par une épidémie d'influenza. Pour l'ensemble, on voit que notre mortalité a notablement baissé depuis 1884 ; nos chiffres peuvent être considérés comme absolument favorables. Il faut y voir l'effet du règlement de 1881, qui interdit aux médecins de la colonie de se livrer à la pratique de la clientèle privée ; cette disposition devait avoir une influence salutaire sur le traitement des maladies

incidentes. Le nombre des gardes de section fut en même temps porté de quatre à six, ce qui renforçait la surveillance.

Les opinions les plus divergentes ont été exprimées sur les guérisons obtenues à Gheel. Si les résultats étaient aussi défavorables qu'on l'a prétendu, si la proportion des curables qui se rétablissent à Gheel était moins élevée qu'ailleurs, je demanderais moi-même qu'on n'envoie plus les malades curables dans la colonie. Je le disais en 1888 : c'est une question d'honnêteté scientifique doublée d'une question d'humanité.

Voici les chiffres depuis 1889. On remarquera que je prends comme point de départ les premières admissions parmi lesquelles figurent un très grand nombre d'incurables.

PREMIÈRES ADMISSIONS

			GUÉRIS	AMÉLIORÉS
1889	Hommes	130	23	5
	Femmes	105	17	4
1890	Hommes	125	31	6
	Femmes	102	24	5
1891	Hommes	120	28	4
	Femmes	98	22	2
1892	Hommes	145	32	7
	Femmes	98	14	8
1893	Hommes	110	23	3
	Femmes	83	22	4
1894	Hommes	93	22	4
	Femmes	66	20	7
1895	Hommes	89	29	3
	Femmes	62	16	4
1896	Hommes	111	19	4
	Femmes	93	11	4
1897	Hommes	91	9	3
	Femmes	79	20	4
1898	Hommes	121	17	3
	Femmes	70	12	4
A reporter...		1991	411	88

Report.....		1991	411	88
1899	Hommes	73	10	1
	Femmes	66	12	1
1900	Hommes	117	11	11
	Femmes	72	12	8
1901	Hommes	104	12	13
	Femmes	49	14	10
1902	Hommes	67	7	4
	Femmes	50	14	7
1903	Hommes	68	11	4
	Femmes	51	7	3
		2708	521	150

La proportion des guérisons atteint donc 19,2 o/o ; en y ajoutant les améliorations notables, nous arrivons à 24,5 o/o de résultats favorables.

Si nous tenions compte des malades qui ont été réclamés, ou qui se sont évadés au moment où la terminaison heureuse allait être constatée par une déclaration médicale, ces chiffres seraient plus élevés.

Nous ne prétendons pas qu'après ce résultat il n'y ait plus qu'à se croiser les bras : au contraire, nous faisons le possible pour compléter nos moyens de traitement : nous construisons des maisons de bains dans les sections pour que tous les malades du dehors puissent jouir des heureux effets de l'hydrothérapie, nous ne cessons de faire appel au zèle et au dévouement des médecins, des gardes et des nourriciers pour que les malades curables soient régulièrement vus et convenablement soignés.

Nous passons ainsi naturellement à l'examen de ce qui est fait pour que la surveillance des malades et des nourriciers soit complète.

Les membres du Comité permanent, divisés en deux séries, font une fois par an la visite de toute la Colonie, ce qui fait deux visites par an.

Le Médecin-Directeur fait au moins une fois par an l'inspection générale de la Colonie.

Les médecins chargés du service des sections doivent visiter au moins une fois par mois les aliénés incurables, et au moins une

fois par semaine les malades qui présentent des chances de guérison. Ajoutons en passant qu'une seule visite par semaine serait insuffisante pour certains curables.

Les gardes, au nombre de sept aujourd'hui, doivent voir tous les malades de leur section au moins deux fois par mois.

Deux baigneurs, chargés surtout du service hydrothérapique, un garde-adjoint à Oosterloo complètent le service de la surveillance.

N'oublions pas de dire que les aliénés atteints de maladies incidentes, ceux qui pour d'autres motifs demandent une surveillance et des soins spéciaux, ceux qui habitent chez un nourricier n'inspirant pas toute confiance, sont vus plus fréquemment. Pour les incurables, on arrive ainsi à près de cinquante visites par an ; pour les curables, à un chiffre plus élevé.

Les médecins adressent tous les jours au Médecin-Directeur un rapport sur la besogne accomplie la veille : les tournées faites, les malades visités ; il en est de même des gardes. Le Médecin-Directeur est ainsi journellement mis au courant de tout ce qui s'est passé la veille dans la Colonie. Les gardes se présentent le matin chez le directeur et chez les médecins pour recevoir les instructions nécessaires.

Quand les autorités et les membres du personnel médical et de surveillance multiplient ainsi leurs visites, les nourriciers eux-mêmes se tiennent mieux sur leurs gardes ; il en résulte que les accidents sont réellement rares dans notre colonie ouverte peuplée par près de 2.000 aliénés.

Nous avons eu depuis 1879, date de la mise en exploitation de la ligne du chemin de fer Anvers-Gladbach, deux hommes écrasés par le train ; un d'eux, maniaque périodique, avait manifesté tout-à-coup, et d'une manière absolument inattendue, un penchant au suicide. Deux pensionnaires hollandaises sont mortes dans les mêmes circonstances sur la ligne du tramway Gheel-Westerloo-Malines.

Les cas de grossesses chez les femmes aliénées ne sont pas fréquents : il y a eu un cas en 1888, un dans le courant de l'année 1894, un au commencement de 1900, un en 1902. Jamais des hommes aliénés n'ont été soupçonnés d'avoir eu des relations avec des femmes aliénées.

En Écosse, où un peu plus de 2.000 malades sont placés dans

des maisons privées, il y a eu une grossesse en 1890, deux en 1891, deux en 1898.

Les évasions ne sont pas fréquentes. Il y a eu en 1889 huit hommes rayés des registres pour cause d'évasion, dont trois pour l'année courante et cinq pour les années antérieures; il y en a eu six en 1890, cinq en 1891, six en 1892, six en 1893, cinq en 1894, six en 1895, deux en 1896, cinq en 1897, sept en 1898, trois en 1899. Plusieurs de ces malades rentrèrent dans leurs familles et y furent maintenus, leur affection mentale s'étant favorablement modifiée.

Il est évident que l'organisation plus complète de la surveillance a une heureuse influence sur toutes les conditions de la vie matérielle de l'aliéné et du nourricier. L'alimentation est plus animalisée qu'il y a vingt ans; les habitations se sont transformées, ainsi que les chambrettes de nos malades, et l'air et la lumière y pénètrent abondamment ; la propreté est plus grande à l'intérieur et à l'extérieur des habitations ; les effets d'habillement fournis par l'administration ne laissent rien à désirer. Enfin un grand progrès a été accompli : imitant l'exemple du docteur Wahrendorff, d'Ilten (Hanovre), qui, lui-même, dans l'organisation du patronage familial aux environs de son asile, nous avait emprunté bien des détails, nous fournissons gratuitement aux nourriciers les effets de literie à l'usage des malades.

Il reste à améliorer la situation morale et intellectuelle des nourriciers, à leur donner l'instruction professionnelle dont ils ont besoin en tant qu'infirmiers de la Colonie ; à cet effet nous avons souvent réuni les nourriciers pour leur parler de la grandeur de leur tâche et de l'importance de leurs devoirs ; nos conférences, d'abord reproduites par les journaux de la localité, ont été publiées sous forme de brochure dans le courant de l'année 1903 et distribuées à profusion.

Il faut aussi former plus complètement les gardes de section, qui sont les infirmiers en chef de la Colonie. Il s'agit de les rendre capables de porter la bonne parole aux nourriciers, avec lesquels ils sont plus fréquemment en contact que les médecins. C'est là peut-être la partie la plus importante de la tâche des médecins de la Colonie ; c'est un apostolat à exercer auprès des habitants de Gheel et du personnel de notre institution, c'est l'apostolat de la parole qui ne se fatigue jamais et de l'exemple qui se prodigue toujours. Il y a encore beaucoup à faire de ce côté pour améliorer le sort de nos malades.

M. le Docteur Meeus donne depuis un certain temps aux nourriciers de sa section et aux gardes des conférences plutôt pratiques ; nous le remercions des services qu'il rend à nos aliénés et à la cause de l'assistance familiale.

On parle depuis longtemps en Belgique de la réforme du service médical des asiles ; tout le monde reconnaît qu'il y a beaucoup à faire et rien ne se fait. Voici comment ce service fonctionne à Gheel et nous pouvons bien, sans nous vanter, le proposer comme modèle.

Nous avons 1.830 malades ; six médecins spécialistes, auxquels la clientèle courante est interdite, sont chargés de les soigner. Un médecin en chef est placé à la tête du service ; il prend sous sa responsabilité, et avec l'assentiment du Ministre de la Justice, toutes les mesures qu'il croit être utiles aux malades. Il fait au moins une fois par an l'inspection de toute la Colonie ; il est chargé du service de l'asile central.

La Colonie est divisée en quatre sections desservies par autant de médecins. Chacun d'eux a un service bien délimité et aussi indépendant que possible.

Un des médecins est chargé du service des autopsies et de la direction du laboratoire de chimie et d'anatomie pathologiques. L'installation n'est pas luxueuse, mais satisfaisante ; elle est abondamment pourvue d'appareils, d'instruments et de toutes les matières nécessaires.

Les Médecins ont des appointements élevés : le Médecin-Directeur peut aller jusqu'à 10.000, les Médecins-adjoints jusqu'à 6.000 francs. Ils ont en outre la jouissance gratuite d'une habitation.

Ils sont affiliés à la caisse de pension des veuves et orphelins.

Le service de l'hydrothérapie a été assez lent à s'établir, à cause des grandes dépenses qu'entraînent les constructions et les installations. Il existe un service de bains à l'infirmerie. Nous avons construit des maisons de bains aux quatre extrémités de la Colonie : au sud, à Steelen ; à l'ouest, à Larum ; à l'est, à Kievermont ; au nord, à Holven.

Nous nous proposons de construire une maison de bains spéciale, avec le confort nécessaire, à l'usage de nos nombreux pensionnaires. Des installations plus petites pourront être établies dans les hameaux assez importants.

Nous donnons ici la formule du registre déposé dans chaque maison de bains à l'usage du médecin qui surveille le service.

N° D'ORDRE	N° DU REGISTRE MATRICULE	NOM & PRÉNOMS du MALADE	NATURE DU BAIN				Degré de chaleur	Durée du bain	Poids du malade
			demi-bain	bain entier	bain de traitement	bain de propreté			

Les médecins de la Colonie ont à leur disposition une bibliothèque que nous avons commencée à former en 1878 ; elle contient les principaux ouvrages de Psychiâtrie et de Neurologie, mais elle est surtout riche en périodiques fournis par les abonnements aux grandes revues de tous les pays.

Nous pouvons dire après cela que la part faite aux médecins de la Colonie de Gheel est belle. Ils sont bien logés. Ils ne sont pas mal payés; ils ont des malades, des cadavres et des livres qui leur permettent de se former et de s'instruire.

Notre organisation a été complétée au point de vue religieux.

Les intérêts des Israélites sont confiés au Rabbin d'Anvers qui visite quatre fois par an ses coreligionnaires, peu nombreux.

Les protestants, Hollandais surtout, longtemps abandonnés à Gheel, sont régulièrement vus par un homme bien dévoué, Mr Van Dissel, prédicateur émérite à Stratum (Eindhoven).

Enfin, un aumônier catholique, attaché à la Colonie, s'occupe spécialement et exclusivement, des malades professant ce culte.

Des considérations et des chiffres qui précèdent, nous croyons pouvoir tirer les conclusions suivantes :

L'organisation de la colonie s'est perfectionnée, les rouages dont elle se compose s'engrènent mieux, l'effet utile est plus considérable. Nous voudrions ajouter : le rôle de la colonie dans l'assistance générale des aliénés est devenu plus important. Et cela était vrai jusque dans ces derniers temps. La population de la colonie s'élevait régulièrement : l'augmentation annuelle était d'une trentaine de malades. Il devait en être ainsi : le nombre des aliénés augmentant dans le pays, la proportion des malades capables de jouir de la liberté et de la vie de famille devait s'élever en même temps. Or, aujourd'hui notre progression est arrêtée, et nous ne restons pas seulement stationnaires, nous descendons la pente. Nous avons perdu 29 malades en 1899; nous en perdrons plus dans le courant de 1900. En 1904 nous sommes descendus à 1834 après 1983. C'est que le domaine de la séquestration ne fait que s'étendre : de nouveaux asiles surgissent ; les établissements existants augmentent leur population. La concurrence a les coudées franches dans notre pays de liberté. Mais il serait injuste de laisser rogner la part qui revient au régime familial et cela dans le pays qui peut se glorifier de l'avoir vu naître, de l'avoir appliqué le premier et de trouver des imitateurs chez tous les peuples. Il convient de respecter l'intérêt des malades, qui ne se font pas tous au régime de l'asile fermé, et l'intérêt des populations qui se consacrent au soin des aliénés.

La Colonie Wallonne d'Aliénés de Lierneux

A l'instar de celle de Gheel, a été établie en vue d'assurer aux aliénés des deux sexes, en même temps que toutes les ressources de l'art thérapeutique, les avantages de la vie de famille.

L'éloge du traitement familial, comme mode de guérison ou d'amélioration des affections mentales, n'est plus à faire ; les spécialistes les plus éminents en vantent l'efficacité et tous les pays de l'Europe s'efforcent à l'implanter chez eux.

Lierneux, localité essentiellement agricole, est situé au sud de la province de Liège, à 10 kilomètres de la station de Vielsalm, dans le triangle formé par les trois villes ardennaises de Stavelot, Laroche et Houffalize et à quatre lieues de chacune d'elles : le pays est pittoresque et l'air y est d'une grande pureté.

Le territoire de Lierneux comporte une superficie de 6.318 hectares. Cette étendue considérable, l'absence de cours d'eau navigables, l'éloignement des grands centres, permettent de recevoir à la Colonie plus de 1000 malades, tout en leur procurant des conditions satisfaisantes d'isolement et de tranquillité.

L'institution se compose :

1° De la **Colonie** proprement dite, comprenant le village de Lierneux-Centre et ses dix-huit hameaux, répartis en cinq paroisses.

Les aliénés y sont placés dans les familles les plus honorables, ils en partagent la vie, les plaisirs et les travaux, si, toutefois, une occupation régulière peut accélérer leur retour à la santé ou exercer une influence bienfaisante sur leur état physique ou mental.

En un mot, les malades font partie de la population au milieu de laquelle ils vivent sans qu'ils se rendent compte de la surveillance incessante dont ils sont l'objet.

2° D'une **Infirmerie** divisée en deux sections, l'une pour les hommes et l'autre pour les femmes, et destinée à recevoir :

a) Tout aliéné entrant à la Colonie, pour être tenu en observation un certain temps ;

b) Les aliénés de la Colonie, malades, indisciplinés ou momentanément dangereux.

Admission

Les insensés de toutes catégories peuvent être colloqués à Lierneux, sauf, d'une façon générale, les aliénés dangereux.

L'admission se fait suivant les formalités prescrites par les articles 7 et 8 de la loi du 18 juin 1850.

La Colonie reçoit deux catégories de pensionnaires : les aliénés indigents et les aliénés aisés.

Aliénés indigents

Les frais d'entretien des aliénés indigents sont avancés à la Colonie par la Province et remboursés partiellement à celle-ci par l'Etat et le fonds commun suivant les règles prescrites par la loi sur l'Assistance Publique. Le prix de la journée d'entretien, comprenant frais d'alimentation et de coucher, soins médicaux, d'administration et de surveillance, est fixé à fr. 1,50.

Les malades ont une chambre convenable à leur seul usage et ils partagent la table d'un nourricier honorable.

Les vêtements ne portent aucun signe distinctif, ce sont ceux de la classe moyenne de la localité.

Organisation

La Colonie de Lierneux est une institution publique placée sous la surveillance d'un Comité permanent d'inspection et de surveillance, composé du Gouverneur de la province de Liège, Président, du Procureur du Roi de l'arrondissement de Verviers, du Juge de Paix du canton de Stavelot et de Membres nommés par le Gouvernement et la Députation Permanente.

L'organisation des divers services de la Colonie, les obligations des hôtes (habitants recevant des aliénés aisés) et des nourriciers (habitants hébergeant des aliénés indigents), les devoirs des employés et agents subalternes, etc., font l'objet de règlements détaillés, approuvés par le Gouvernement. L'un est relatif à la généralité des services de la Colonie, l'autre concerne spécialement le service de l'Infirmerie.

Le transfert des aliénés aisés et indigents peut être confié aux soins des Agents spéciaux, attachés à la Colonie.

Les pensionnaires peuvent en tout temps recevoir la visite de leurs parents ou amis, sauf avis contraire du Médecin-Directeur.

Pour tous renseignements et formalités d'admission, s'adresser à Monsieur le Docteur DEPERON, Directeur de la Colonie, à Lierneux.

Des Colonies d'Aliénés

PAR

LE DOCTEUR DEPERON

Médecin-Directeur de la Colonie Wallonne de Lierneux

Esquirol écrivait en 1818 : « J'ai vu les aliénés nus, couverts de haillons, n'ayant que la paille pour se garantir de la froide humidité du pavé sur lequel ils sont étendus. Je les ai vus grossièrement nourris, privés d'air pour respirer, d'eau pour étancher leur soif et des choses les plus nécessaires à la vie. Je les ai vus livrés à de véritables geôliers, abandonnés à leur brutale surveillance. Je les ai vus dans des réduits sales, étroits, infects, sans air, sans lumière, enchaînés dans des antres où l'on craindrait de renfermer les bêtes féroces.

Voilà ce que j'ai vu partout, voilà comment sont traités les aliénés presque partout en Europe. »

Plus rien de tout cela aujourd'hui, ni dans les colonies, ni dans les asiles fermés. Le XIX^e^ siècle a, en quelque sorte, fondé l'étude des maladies mentales ; avec son début, coïncide l'éveil de l'assistance aux aliénés, avec sa fin commence la désagrégation des grands asiles, en groupements différenciés, cliniques, asiles, hôpitaux, colonies agricoles et régime familial surveillé.

Le traitement par la famille est aussi vieux que les maladies mentales elles-mêmes car, avant l'érection des établissements spéciaux, c'était forcément les familles qui gardaient leur aliéné ; en Belgique, ce mode d'assistance subsiste sous le nom de : séquestration à domicile (art. 25 de la loi sur le régime des aliénés) ; il est intéressant de lire, à ce sujet, le discours prononcé par M. Pety de Thozée, Gouverneur de la Province de Liége, à l'ouverture du Conseil provincial (session de 1898). La séquestration à domicile est appliquée parfois — ce qui paraîtra paradoxal — moins dans l'intérêt des aliénés que des parents eux-mêmes ; on constate, en effet, trop souvent, que les aliénés séquestrés manquent des soins médicaux, des avantages d'une liberté relative et d'une surveillance efficace tant au point de vue de la destination des frais d'entretien qu'en ce qui concerne les conditions d'habitat, d'alimenta-

tion, etc. ; les seules mesures imposées par la loi, pour éviter les abus relatifs au malade ainsi que l'exploitation du Fonds commun, consistant en visites que les Juges de Paix doivent faire trimestriellement à l'aliéné. — C'est insuffisant, à tous égards.

Par le placement de l'aliéné dans une famille étrangère, placement indirect surveillé, on combine les avantages du traitement de la famille avec l'isolement, c'est-à-dire avec le changement du milieu qui est indiqué de manière si formelle dans la cure des maladies mentales.

Ce système familial, depuis des siècles instauré à la Colonie de Gheel, jouit d'une légitime renommée, les spécialistes les plus éminents en vantent l'efficacité et tous les pays s'efforcent à l'implanter chez eux.

Jusqu'en 1884, la plupart des aliénistes ont exprimé l'opinion que cette colonie était inimitable ; Gheel, disait-on, est le produit lent et successif des siècles et de la religion et on ne pourrait de nos jours, parvenir à en créer un second.

Croit-on, disait le Docteur Falret, qu'une somme de 300 fr. par an puisse être suffisante pour faire accepter, même à une pauvre famille de paysans, les mille charges et inconvénients qui résultent pour elle de la présence d'un aliéné, des soins qu'il exige et de la responsabilité qui lui incombe : en supposant qu'on l'acceptât pour quelques aliénés valides et travailleurs qui n'exigeraient presqu'aucun soin et qui deviendraient par leur travail des membres actifs et utiles de la communauté, comment pourrait-on faire accepter également des malheureux épileptiques, des paralytiques, des idiots qui nécessitent des soins fréquents et attentifs et seraient pour la famille une charge plutôt qu'un profit ? Si on rapproche de ces considérations, les craintes qu'inspirent les aliénés qu'on se représente généralement comme redoutables et dangereux, on se rendra compte des négociations nombreuses et infructueuses qu'on a faites pour l'érection d'une nouvelle colonie.

Pendant longtemps, le Gouvernement a poursuivi l'établissement de cette colonie (voir à ce sujet la circulaire adressée le 30 août 1880, par le Ministre de la Justice aux Gouverneurs des provinces), les différentes Administrations à qui l'on s'est successivement adressé, tout en reconnaissant les services que rendrait une institution de ce genre, reculaient cependant devant les difficultés de pareille entreprise.

Telle était la question posée et qui probablement serait restée longtemps encore sans solution si le Conseil provincial de Liège n'eût répondu favorablement en décidant, lors de la session extraordinaire de Janvier 1884, la création d'une Colonie Wallonne d'aliénés à Lierneux.

On doit, écrit M. Oudart, alors inspecteur-général des asiles du Royaume, des remerciments à Monsieur Pety de Thozée, Gouverneur de la Province de Liège, pour l'intelligente initiative qu'il a prise d'ouvrir la voie à un système qui, au point de vue financier, comme au point de vue de l'humanité, est de nature à produire les meilleurs résultats.

Depuis sa fondation, la Colonie Wallonne a reçu 1600 aliénés : c'est dire qu'aujourd'hui elle est convenablement organisée.

Lierneux, à son tour, a trouvé des imitateurs, et partout, l'on s'efforce d'établir le système familial. En suite de visites faites à Gheel et à Lierneux notamment par une Commission du Conseil général de la Seine et de Membres de l'Administration préfectorale, la France applique, depuis 10 ans, le régime colonial à Dun-sur-Auron, puis plus récemment à Aynay-le-Château ; là aussi, grâce au concours précieux de MM. les Dr Marie et Lwolff, les essais en sont entièrement satisfaisants et il est à espérer que, bientôt, tous les pays seront pourvus de colonies ; il ne faut pas, comme on vient de le voir, des siècles pour faire un Gheel, il suffit de rencontrer — ce qui existe partout — des familles hospitalières pour recevoir les aliénés.

Il n'est pas même besoin pour tenter l'essai du système colonial, de grands frais d'établissements ; comme à Lierneux, une modeste maison de village peut, dans le début, servir d'infirmerie provisoire pour y recevoir les aliénés en observation ; évidemment dans le principe, et pour habituer les habitants à ne pas redouter les aliénés, on choisira ceux-ci parmi les paisibles et les travailleurs ; les détails d'organisation, d'administration seront résolus au jour le jour et, dans tous les pays non dotés de colonie, on parviendra, je le répète, à soumettre au régime familial bien des malheureux pour lesquels ne se justifient pas des mesures de claustration.

Les conditions à remplir pour qu'une colonie soit à la hauteur des bienfaits qu'on peut en attendre, c'est tout d'abord le choix judicieux de son emplacement, dans un pays salubre, autant que possible éloigné des grands centres ; les aliénés devront, en toutes

circonstances, partager la vie familiale de leurs nourriciers ; ils seront placés, à deux au plus, dans les familles : en placer davantage chez le même nourricier serait inévitablement faire dégénérer l'assistance familiale en entreprise commerciale ; ce serait aussi diminuer les bienfaits du système, car la proportion des personnes saines d'esprit doit toujours, par rapport aux aliénés, être notablement supérieure de manière à avoir une atmosphère, une ambiance de raison et de bon sens.

Quant aux dangers de contagion, l'expérience séculaire de Gheel, celle plus récente de Lierneux, établissent que le contingent d'aliénés que ces communes fournissent à leurs propres Colonies et aux asiles n'est nullement supérieur à celui des communes équivalentes du pays.

En ce qui concerne la sécurité publique, il est certain que si elle était réellement compromise, les habitants auraient, depuis longtemps, renvoyé leurs hôtes dangereux, les familles se seraient alarmées et auraient repris leurs malades, les autorités seraient intervenues et les institutions de Gheel et de Lierneux auraient dû fermer leurs portes; il semble, au contraire, que si beaucoup d'aliénés en liberté sont dangereux, c'est simplement parce qu'ils restent dans le milieu où le trouble mental a pris son origine et trouvé des circonstances favorables à son développement. Transportés ailleurs, dans un asile ou dans une Colonie, l'apaisement se fait, parce que les malades sont soustraits aux influences qui leur étaient funestes et qui entretenaient le trouble du cerveau.

L'expérience montre aussi que les divers accidents n'arrivent pas plus souvent dans les colonies que dans les asiles et ils y arrivent infiniment moins que si les malades étaient soignés dans leurs propres familles.

Le choix des aliénés colonisables doit surtout s'adresser à la grande catégorie des cas chroniques et des cas dits à tort : incurables; moyen avantageux aussi de désencombrer les grands asiles où, par une anomalie singulière, existent à côté des quartiers d'agités, des salles dites : d'aliénés paisibles, conséquemment de malades qui, la plupart, devraient être dans les colonies !

Parmi les chroniques : les idiots et les imbéciles plus ou moins éduqués, les débiles avec ou sans délire, un grand nombre de délirants persécutés, les épileptiques à accès peu intenses et peu fréquents, les déments, les alcooliques, les hystériques, puis enfin

les convalescents qui pourraient ainsi, en colonie, c'est-à-dire sur un terrain intermédiaire entre la claustration et la liberté, fournir une sorte de stage et prouver ainsi de leur aptitude à vivre de la vie sociale.

Bref, la colonie convient : pour tous les malades qui peuvent user de la liberté sans en abuser, qui aiment le travail et les distractions et qui ont encore de la place dans le cœur pour les sentiments qu'éveillent la société et la famille.

On ne peut pas dire que le régime colonial soit appelé à remplacer absolument les asiles fermés, mais il peut s'appliquer à des cas déterminés et constituer une ressource importante tant au point de vue économique que thérapeutique.

Mais pour les malheureux réduits à la vie végétative ;

Pour les idiots placés au bas de l'échelle ;

Pour les déments organiques chez lesquels s'accomplit un travail continu de destruction de la matière cérébrale ;

Pour les déments paralytiques arrivés à la dernière période de leur affection ;

Pour les épileptiques à accès graves et fréquents ;

Pour les malades dont l'état de débilité physique s'aggrave par des déplacements faits presqu'in extremis ;

Pour tous les malades gâteux ou en voie de le devenir bientôt, les colonies évidemment ne peuvent supporter la comparaison avec les asiles spéciaux ; pour tous ces malheureux décrépits et voués à une mort plus ou moins prochaine, il faut une alimentation tonique, délicate, substantielle, une atmosphère douce, des ressources matérielles de toutes sortes qu'on trouve plus facilement réunis dans les hospices que chez nos nourriciers.

On sait que la loi sur le régime des aliénés en Belgique promulguée le 18 juin 1850, et le règlement spécial sur l'établissement de Gheel, daté du 1er mai 1851, ont substitué l'impulsion puissante de l'administration centrale aux hésitations et aux tiraillement des autorités locales. Je ne puis mentionner ici toutes les prescriptions spéciales de cette loi et les règlements qui déterminent aujourd'hui le régime intérieur de nos colonies, je me bornerai à indiquer les deux points principaux : c'est-à-dire l'administration générale et l'organisation du service médical.

L'administration des Colonies belges comprend, à Gheel, qui est actuellement institution de l'Etat, une Commission supérieure

ainsi qu'un Comité, permanent local, vestige sans doute de l'origine communale de la Colonie; à Lierneux, institution provinciale, l'administration appartient à la Députation Permanente et à un Comité d'Inspection; les règlements qui régissent Lierneux ont été calqués sur ceux de Gheel, et, en plusieurs de leurs dispositions, on peut constater les traces de l'origine communale de Gheel, c'est-à-dire qu'on y retrouve, en maints points des règlements, la préoccupation qu'avaient, peut-être, les administrations locales de ménager les nourriciers.

A Gheel, diverses notabilités de l'endroit interviennent dans le placement des aliénés; à Lierneux, il n'en est pas de même, de même non plus dans les colonies françaises où l'autorité locale n'intervient seulement que pour délivrer à l'aspirant nourricier un certificat de moralité, les médecins, responsables de leurs malades, restant juges d'apprécier si le postulant réunit les autres conditions exigibles d'un bon nourricier.

A Lierneux comme à Gheel, avec Commission supérieure et Comité dit permanent, Députation Permanente et Commission d'Inspection, l'administration se compose d'une douzaine de personnes. C'est trop de monde pour diriger des institutions qui doivent se manifester par des mesures actives : telles que des ordres à donner, des mesures à prendre. Tant de rouages ne peuvent que se mal engréner.

A ces complications, je préférerais un Médecin-Directeur secondé par un excellent personnel médical, investi de pouvoirs étendus, responsable devant le Gouvernement ou la Députation Permanente, les familles, les aliénés et soumis dans une juste mesure au contrôle du Comité central d'Inspection composé, comme on sait, de l'Inspecteur général et de trois inspecteurs-adjoints.

L'administration simplifiée y gagnerait en activité et en utilité et la position du Médecin-Directeur serait à la hauteur de tout talent, de toute renommée et pourrait sourire aux plus nobles ambitions.

Le service médical des Colonies belges est assuré par des médecins spécialement affectés au soin des aliénés; en dehors de la spécialité et d'expertise médico-légale, toute autre pratique de la médecine leur est interdite, tout leur temps est donc consacré à remplir les indications que l'état mental et physique du malade exige; au cours de ses inspections, le médecin veille, aidé des

gardes de sections, à l'observance des prescriptions relatives à l'habitat, au régime alimentaire, à l'habillement, etc.; il visite une fois par mois les incurables, chaque semaine, les curables ; les aliénés à leur tour, se rendent aussi souvent que de besoin, à la consultation médicale.

Des rapports journaliers sur l'état des malades et sur la situation des sections sont remis au Médecin-Directeur ; bref, tout est convenablement organisé ; on pourrrait, peut-être avec raison, exiger que le médecin habitât au centre de la section pour être davantage en contact avec les aliénés, il serait ainsi mieux placé pour soigner les accidents, surveiller les nourriciers, écouter les plaintes des pensionnaires ou de l'hôte et y faire droit, aussitôt et dans la mesure du possible ; il serait aussi mieux placé pour sanctionner ou réprouver les mesures de rigueur qui ont pu être prises au moment d'une crise ; à tous égards, il me paraît qu'il y a avantage à ce que le médecin habite au milieu de ses malades et le garde de section ne peut qu'être un assistant, seulement.

On sait que dans nos colonies existe une infirmerie, asile central, qui reçoit trois catégories de pensionnaires :

1° Les aliénés en observation ; à ce point de vue, l'infirmerie peut être considérée comme un lazaret ;

2° Les aliénés malades d'affections incidentes et qui ne peuvent avantageusement être traités chez le nourricier ; l'infirmerie devient alors un hôpital ;

3° Les aliénés momentanément agités ou qui ont besoin d'être internés par mesure d'ordre; l'infirmerie sert alors de maison d'isolement.

Pour les motifs qui viennent d'être énumérés, le nombre d'aliénés à l'asile central est plus ou moins élevé, mais le personnel infirmier reste le même ; l'article 26 du règlement général et organique, pris en exécution de la loi sur le régime des aliénés, prescrit qu'il faut au moins un gardien, (le terme infirmier conviendrait mieux) pour dix aliénés et, généralement ce personnel infirmier passe 12 heures en contact permanent avec des insensés ; c'est trop d'heures passées dans une atmosphère de délire, au milieu des mille manifestations de la folie et, si la raison la plus solide ne s'en ressent point, le caractère, la nervosité doivent en éprouver quelque influence et le résultat pourrait, tout au moins, en être moins de bienveillance à l'égard de l'aliéné ; le maximum

d'heures de travail, de soin, de veille, me paraît devoir être réglementé et à mon avis, le service pourrait dans les asiles et dans nos infirmeries, être organisé de manière que l'infirmier restât, au plus, huit heures consécutives, en contact avec les aliénés ; cette mesure aurait aussi pour avantage de permettre au personnel de consacrer quelques heures de la journée à son instruction professionnelle.

Une autre mesure, résultant aussi de la cohabitation avec des insensés, consiste dans l'assurance contre les accidents ; les agressions sont fréquentes malgré les précautions prises, elles sont inhérentes à la folie, certes, mais entr'autres exemples, un fait ancien : le meurtre du Bourgmestre de Gheel, l'accident plus récent de notre confrère Lentz, démontrent à nouveau qu'il convient d'assurer les personnes chargées, habituellemont, du soin des aliénés. (Médecins et personnel infirmier).

La population de la Colonie de Gheel est d'environ 1850 aliénés des deux sexes, indigents et pensionnaires aisés ; à Lierneux la population était au 31 décembre 1901, de 263 hommes et de 180 femmes, l'augmentation y est de 9 aliénés sur l'exercice écoulé ; ces colonies pourraient se développer encore et avec raison, le dernier rapport du Gouvernement (page 15) dit : lorsque le patronage familial organisé à Gheel et à Lierneux sera près d'atteindre les limites de son développement, il sera temps encore de songer à l'établissement d'une nouvelle institution de ce genre.

Les derniers renseignements statistiques sur l'aliénation mentale ont paru en 1897 : 12.907 aliénés sur une population totale de 6,495,886 habitants, soit environ 2 aliénés par 1000 habitants, sont assistés de la façon suivante :

8,696 sont hospitalisés dans les asiles fermés ;
2,392 sont placés dans les colonies de Gheel et de Lierneux ;
1,819 sont séquestrés dans leurs familles.

S'il fallait hospitaliser dans des asiles, ces 2392 malades, la dépense serait considérable et atteindrait près de 10 millions : on sait en effet, que chaque place dans un établissement coûte en frais de construction, d'ameublement, etc. 3,500 fr. au minimum ; voilà pour le côté économique de la question. Toutefois je m'empresse d'ajouter, qu'en matière d'assistance la question financière doit venir, à mon avis, après les considérations d'humanité.

Des 47 établissements affectés au traitement de l'aliénation mentale, 6 existent dans la province d'Anvers, 10 dans le Brabant, 5 dans la Flandre occidentale, 12 dans la Flandre orientale, 6 dans le Hainaut, 5 dans la province de Liège, 2 dans le Limbourg 1 dans la province de Namur ; 3 de ces établissements, Gheel, Mons et Tournai, apppartiennent à l'Etat, la Colonie de Lierneux appartient à la province de Liège ; les autres renfermant actuellement une population d'environ 8,000 aliénés, sont la propriété, soit d'administrations publiques, soit de particuliers. Mais ni l'Etat ni ces administrations n'exploitent eux-mêmes en régie leurs établissements ; le système universellement adopté est celui de l'entreprise, limitée toutefois au service économique, c'est par l'intermédiaire des corporations religieuses que la plupart des asiles sont desservis en Belgique.

La proportion des malades traités dans les asiles fermés est de 67.4°/₀, dans les colonies de 18.5 et dans les familles de 14.1.

Pour les colonies, cette situation est relativement prospère, car dans aucun pays, sauf peut-être en Ecosse, l'assistance familiale n'a atteint des proportions aussi considérables, Cette situation ira en s'accentuant, car l'open-door, le régime colonial et libre, est le traitement de l'avenir et, de même que le no-restraint, il s'imposera dans l'immense majorité des cas de l'aliénation mentale ; il convient en effet, que la crainte que l'aliéné inspire fasse place à un sentiment de pitié ; il y a dans cette appréhension trop générale un reste de barbarie qui doit disparaître. Pourquoi, écrit M. Le Roux, Directeur honoraire à la Préfecture de la Seine, dans un rapport remarquable qui vient de paraître (Revue de l'assistance familiale du Dr Marie) les crimes des inconscients inspirent-ils plus d'horreur que les crimes bien autrement fréquents des passionnels ? Nos populations de Gheel, de Lierneux et de Dun, sont revenues de tels préjugés et ce progrès moral considérable, est à ajouter à ceux qu'on peut attendre des modifications à apporter au régime des aliénés.

L'aliéné, malade du cerveau, doit être traité comme les autres malades ordinaires souffrant soit de la moëlle épinière, de l'estomac, du rhumatisme, etc., sauf à prescrire des précautions quand il y a danger.

L'internement de l'aliéné correspond somme toute à l'isolement des contagieux et la claustration ne peut se légitimer que

lorsqu'elle est nécessaire ; il y a un cruel abus à enfermer des aliénés inoffensifs dont certains sont si paisibles qu'ils travaillent dans les fermes, dans les brasseries et autres industries annexées aux établissements régis par des particuliers.

La présomption du péril que l'aliéné fait courir à la société découle d'un ancien préjugé et les conséquences en sont affreuses. Si on consulte les tableaux statistiques de l'encellulement et des moyens de contrainte (dernier rapport du Gouvernement sur les asiles belges) on constate en effet que 40 o/o des malades ont été soumis pendant un temps plus ou moins long à l'un ou l'autre moyen de coercition (mise en cellule, camisole de force, fauteuil de force, entraves aux pieds, etc.). J'admets que, par suite de l'insuffisance du personnel, du défaut d'installation, etc., l'emploi des moyens de contrainte a été justifié, mais l'agitation une fois tombée, l'aliéné redevenu paisible, pourquoi continuer la réclusion ? alors que l'on constate, et avec le temps on en arrivera à cette constatation — qui, il y a cent ans, eût semblé un rêve, — que très souvent l'aliéné peut être laissé en liberté surtout lorsqu'on le sort du milieu où il trouve des causes, même imaginaires, d'irritation et de violence ; le régime des colonies évite à la généralité des malades trois choses douloureuses inhérentes à la vie des asiles : la *séquestration*, *l'oisiveté et le contact* avec d'autres aliénés.

Dans la séance du Sénat du 23 février 1896, M. Lejeune, ancien Ministre de la Justice, disait : « Nous possédons, dans notre pays, pour le soulagement des maux de l'aliénation mentale, une institution qui fait l'admiration du monde entier, la Colonie de Gheel, et l'on assure que la Colonie de Lierneux s'est mise au rang des meilleures institutions de ce genre. Procurer à tous les aliénés dont l'état mental n'exige pas impérieusement la séquestration, le bienfait du régime familial, n'enfermer dans un asile que ceux dont la folie est dangereuse et ceux pour qui la séquestration est une condition de guérison, ne plus faire de l'asile qu'un hôpital affecté au traitement des aliénés curables ou un régime sûr pour les aliénés incurables dont les penchants morbides ne comportent pas le régime familial, tel est l'idéal qui apparaît dans les appréciations unanimes dont le régime familial est aujourd'hui l'objet de la part des médecins aliénistes. »

Et dans le rapport sur la situation des asiles d'aliénés en Belgique

présenté aux Chambres, en 1895, par M. Begerem, ancien Ministre de la Justice, on lit le passage suivant : « Il est permis d'affirmer — quoique les statistiques réitérées, faites par le Gouvernement, n'aient fourni que des données inexactes ou incomplètes — que les asiles fermés contiennent de nombreux malades dont la place est marquée dans les colonies où ils bénéficient largement de la vie libre, tandis que l'internement dans un asile constitue pour eux un supplice aussi douloureux qu'inutile. » En atténuant quelque peu les restrictions, peut-être étroites, posées par les règlements à l'entrée de la colonie, on parviendrait probablement à soumettre au régime familial, dont l'éloge n'est plus à faire, tous les aliénés pour lesquels ne se justifient pas des mesures de séquestration proprement dite.

Pour les aliénés chroniques, pour les malades inoffensifs, les convalescents, les demis-fous, la séquestration ne se justifie pas ; ils ne sont pas dangereux, et ils peuvent, en tous cas, recevoir, dans nos colonies, les soins généraux et spéciaux qu'ils réclament ; ils n'y trouveront peut-être pas toutes les conditions de confort et d'alimentation qu'offrent nos asiles fermés, mais ils y bénéficieront de la liberté substituée à la claustration, de l'influence bienfaisante de l'air des champs, du travail et des distractions, des relations de sympathie s'établissant entre les habitants et leurs malades.

Il y a plus, les asiles fermés sont loin de constituer un milieu favorable au point de vue de l'entretien et de la réparation des fonctions cérébrales et mon distingué collègue Peeters, de Gheel, estime avec raison que les stimulants habituels de l'intelligence y font défaut, la famille, l'image réduite de la société et la société elle-même où l'homme à l'état normal, recueille les impressions qui éveillent le travail de l'esprit, n'existent pas pour l'aliéné enfermé.

Les gémissements et les plaintes des uns ; les cris, les chants et les éclats de rire des autres ; les idées délirantes de toutes espèces que des cerveaux tourmentés ne demandent souvent qu'à communiquer, tout cela est fait pour troubler et affaiblir les facultés.

A qui voulez-vous qu'ils s'attachent dans les asiles fermés ? Au médecin qui passe une ou deux fois par jour, qui leur témoigne de l'intérêt, mais qui est dans l'impossibilité de s'occuper d'eux ? Au personnel servant ? mais les infirmiers ont des centaines de

malades à soigner ; souvent ils ne font qu'aller et venir et la population de l'asile se renouvelle sans cesse. A leur compagnon d'infortune ? mais l'aliéné qui ne comprend pas sa propre situation apprécie parfaitement celle des malheureux qui l'entourent. Leur état est à ses yeux un état d'infériorité, il refuse de se lier avec eux ; les aliénés sociables avec les personnes sensées s'éloignent des autres aliénés. Il est rare d'en rencontrer qui nouent des relations d'amitié. Il est rare, pour le même motif et c'est le côté favorable d'une situation qui ne l'est pas, en général, de voir les complots se tramer et recevoir un commencement d'exécution.

Qui a vu une cour d'asile, si ornée de fleurs qu'elle soit, écrit M. Le Roux (rapport cité) a senti l'oppression de cette existence terrible où le malade est enfermé, avec des fous, alors que souvent il ne se sent pas fou lui-même. Des murs partout, des infirmiers et des infirmières, — c'est le terme administratif, (mais les malades disent des gardiens et des gardiennes) — qui, malgré tout leur dévoûment et leur patience, ne peuvent pas s'occuper de chacun des malades, les distraire, leur tenir compagnie.

S'isoler est impossible, impossible aussi de trouver le calme, mais toujours et partout l'excitation et les mille manifestations de la folie ; la nuit même est troublée par les cris et les plaintes des voisins de chambrée et le sommeil, ce grand réparateur des troubles du cerveau, est bien difficile à venir : pendant le jour, les dortoirs sont généralement gais, riants, convenablement aérés, mais la nuit quelle atmosphère lourde et malsaine doit régner dans ces quartiers où 10, 20 et même 40 dormeurs sont agglomérés dans une même salle quelque grande qu'elle soit !

En famille, l'aliéné trouve le repos pendant la nuit ; pendant le jour, il se meut dans un milieu de gens sains d'esprit et bientôt il se prend lui aussi à s'intéresser à la maison qui l'héberge.

Jusque là perdu dans les grandes salles d'un asile et y vivant d'une vie artificielle, simple numéro d'un groupement, il n'avait, il ne pouvait avoir aucune individualité.

Dans le milieu familial où il est seul, de son genre, tout change ; son caractère, son énergie, sa volonté s'éveillent. Alors que la seule issue des hospices était la mort, il y a dans la vie de famille comme un espoir de guérison, et celle-ci ne fût-elle pas complète, que les résultats en seraient encore louables, car faire d'un malheureux qu'il soit moins malheureux, n'est-ce pas un mode de guérison ?

Pour arriver à soumettre au régime familial les aliénés abusivement internés, dit le rapport du Gouvernement (années 1883 à 1892, p. 15) il conviendrait de combattre des causes multiples, difficiles; je ne les rappellerai pas, je me bornerai à formuler le vœu suivant, facilement réalisable :

Plus d'asile nouveau tant qu'il y a place dans les colonies, un peu plus de transferts pour prévenir l'encombrement !

L'encombrement, l'agglomération dans un même espace d'individus, même sains, est pernicieux à tous égards, il l'est davantage en ce qui concerne les aliénés, et aussi au point de vue prophylactique des maladies contagieuses, enlever 20 °/₀ de leur population à certains asiles serait autrement efficace que la désinfection sous toutes ses formes.

Les asiles et les colonies sont deux modes d'assistance qui ont chacun leur raison d'être ; ils doivent s'entr'aider et unir tous leurs efforts pour le soulagement des maux de l'aliénation mentale. L'humanité le prescrit et la raison la justifie.

ASSISTANCE FAMILIALE EN ÉCOSSE

PAR M. LE Dr MARIE

PLACEMENT DES ALIÉNÉS DANS LES FAMILLES

Nous croyons utile de rapporter un exposé tiré des rapports des commissaires sur l'état du système familial en Écosse et les résultats de l'inspection officielle qui en est organisée.

Tous les pensionnaires, s'ils sont détenus dans les établissements d'aliénés, sont soumis au contrôle des Commissioners in Lunacy of Scotland et tous les aliénés indigents placés dans des asiles ou chez des particuliers leur sont signalés et, dès lors, couchés sur des registres *ad hoc* et soumis aux inspections.

Mais dans le cas de pensionnaires placés chez des particuliers, c'est-à-dire de non indigents non internés, il faut, pour que l'inspection s'en occupe, trois circonstances :

1° Soit que le particulier qui a recueilli l'aliéné en fasse une spéculation et que ce dernier présente un désordre mental constituant l'aliénation confirmée ;

2° En dehors de la spéculation du particulier, si le malade l'est depuis plus d'un an et est l'objet de séquestration forcée à la chambre avec moyens de *restrain* et de coercition quelconques, en un mot s'il est soumis à de mauvais traitements ;

3° S'il possède des biens qu'une Cour de justice ait placés en curatelle.

Ainsi on comprendra qu'un certain nombre de patients, vivant en famille et n'étant l'objet d'aucune exploitation ni de traitements cruels et trop restrictifs de leur liberté, demeurent en dehors des inspections.

Enfin il suffit également, pour que les inspecteurs ne les visitent pas, que des malades même placés chez des particuliers en locataires, soient l'objet d'un rapport médical ne concluant pas à l'aliénation caractérisée et permettant de penser que la durée du placement pourra ne pas excéder six mois.

Ainsi garantis de tout abus en ce qui concerne les quelques aliénés qu'ils n'inspectent pas, les Commissioners appliquent tous leurs soins à l'inspection des autres, dont le nombre est encore considérable.

Ce nombre est variable et, bien qu'actuellement en accroissement, a été en diminuant dans la période de 1860 à 1876. C'est que les préventions contre le système ont eu leurs avocats, en Ecosse, et à une époque où le système familial paraissait condamné chez nous, consécutivement aux discussions des sociétés savantes, le corps médical écossais semble en avoir subi le contrecoup. Mais l'un des inspecteurs, A. Mitchell, dès le début, lutta contre ces préventions et montra que les attaques dont le système était l'objet portaient sur des points d'applica-

tion défectueux, mais susceptibles de perfectionnement. Et, de fait, il entreprit, dans sa sphère, l'amélioration des installations matérielles, l'éducation des nourriciers, et convainquit ses collègues de l'inspection qui l'imitèrent, et, dès 1878, le nombre de cette catégorie de malades se releva. De 1385 où il était tombé, il ne cessa de s'élever depuis, et à l'heure actuelle ce système développé et constamment perfectionné par l'inspection assiste un nombre de malades presque égal à celui qu'assistaient au début les asiles fermés. L'ascension de la courbe du *P. D. system* atteint en effet le point de départ de celle de l'assistance par les asiles.

Si, d'autre part, on considère le nombre des malades soumis au premier système par rapport au nombre total des aliénés d'Ecosse, on voit que la proportion 2428 sur 11,664 donne 20,81 pour 100 de malades jouissant du patronage familial.

Rappelons que nous ne comptons ici que les placements familiaux contrôlés par l'inspection et qu'il y en a encore en dehors de ce nombre jusqu'à 31 sur 69 = 44,9 pour 100 dans certains comtés (Inverness et Caithness).

La répartition des malades est variable suivant les comtés, ce qui tient autant aux tendances doctrinales des inspecteurs locaux et des médecins d'asiles qu'au nombre et à l'importance de ces asiles eux-mêmes dans les différents comtés.

C'est ainsi que pour les comtés du Nord (Shetlands et Orknays) 55 sur 94 et 53 sur 57, soit 58,51 et 92,98 pour 100 sont placés dans les familles.

A Aberdeen.....	122 sur	727	soit 16,78	pour 100.
A Argyll	77 sur	364	soit 21,15	—
A Ayr.....	97 sur	524	soit 18,51	—
A Bauff.....	52 sur	194	soit 26,80	—
A Berwick.....	37 sur	100	soit 37	—
A Bute.....	15 sur	66	soit 22,72	—
A Caithness	74 sur	160	soit 46,25	—
A Clackmannan..	5 sur	48	soit 10,41	—
A Dumbarton....	19 sur	147	soit 12,92	—
A Dumfries	38 sur	178	soit 21,34	—
A Edinburgh	276 sur	1005	soit 27,46	—
A Elgin	46 sur	169	soit 27,71	—
A Fife.....	108 sur	469	soit 23,03	—
A Forfar	154 sur	781	soit 19,71	—
A Haddington ...	20 sur	127	soit 15,74	—
A Inverness.....	194 sur	406	soit 47,78	—
A Kincardine.....	7 sur	80	soit 8,75	—
A Kinross	8 sur	24	soit 33,33	—
A Kirkendbright.	23 sur	90	soit 25,55	—
A Lanark.....	379 sur	2102	soit 18,03	—

A Linlithgow....	16 sur	98 soit	16,32	pour 100.
A Nairn.....	4 sur	28 soit	14,28	—
A Peebles.....	3 sur	26 soit	11,53	—
A Perth.....	113 sur	445 soit	25,39	—
A Renfrew.....	68 sur	426 soit	15,96	—
A Ross.....	114 sur	306 soit	37,25	—
A Roxburgh.....	19 sur	123 soit	15,44	—
A Selkirk.....	6 sur	27 soit	22,22	—
A Stirling.....	35 sur	248 soit	14,11	—
A Sutherland....	36 sur	87 soit	41,37	—
A Wigtown.....	43 sur	115 soit	37,39	—

L'an dernier il y avait 131 placements de ce genre pour les pensionnaires et 2,297 pour les indigents, soit un total de 2,428.

53 des pensionnaires étaient en outre interdits et la curatelle de leurs biens ordonnée par jugements des Cours des Sessions ou des Schériffs.

45 sur le nombre total (pensionnaires et indigents) étaient placés dans des maisons spécialement autorisées à recevoir le maximum de 4 patients.

Voici ce que dit à ce sujet M. le Dr Fraser :

« J'ai à signaler que la situation et la surveillance de ces malades est à généralement parler des plus satisfaisantes. Leur installation et leur entourage sont parfaitement en rapport avec la pension payée et ils jouissent de la liberté et du privilège de la vie de ménage. »

M. le Dr Lawson dit de même :

« Je n'ai eu en aucune circonstance l'occasion de faire d'observations concernant les modifications à apporter à la façon dont étaient traités ces malades. J'ai trouvé qu'ils étaient assistés d'une manière appropriée à leur état mental (chronicité) et en rapport avec leurs habitudes sociales antérieures. »

Le nombre des malades ainsi placés a augmenté depuis 1888 ; il était de 2,270 ; l'année suivante, il a été de 2,297. Cet accroissement de 27, quoique faible, n'est pas dû à l'action des autorités de quelques paroisses, comme le cas s'était présenté pour l'accroissement analogue des années précédentes.

Il y a eu augmentation dans la plupart des comtés.

Ceux au contraire où il y a eu diminution sont ceux d'Aberdeen, Ayr, Fife, Haddington, Kincardine et Perth, où existent de nombreux et grands asiles.

Mais on ne saurait trop recommander aux autorités paroissiales toute l'importance qu'il y a à tenir la main à évacuer les chroniques des asiles par le moyen du Private-system.

« Nous sommes heureux de voir que généralement elles comprennent l'urgence qu'il y a à faire cesser un internement qui n'est plus utile et porte sur un malade qui n'est plus dans les conditions où le traitement à l'asile puisse lui être profitable. » (Rapport d'inspection générale).

Nous empruntons d'autre part au rapport de l'inspection de M. le Dr Fraser les passages caractéristiques qui suivent :

Les avantages qui résultent du transfèrement dans des ménages privés des aliénés tout d'abord traités à l'asile sont :

1° La restitution d'un domicile et d'un entourage habituels ;

2° Une augmentation proportionnelle de contentement (en même temps qu'une diminution de prix coûtant) ;

3° Un bien-être matériel inhérent à la maison privée :

4° Une modification heureuse de l'état mental ;

5° Une plus grande facilité de se rendre utile pour subvenir à ses besoins et avoir quelque petit emploi rémunéré.

1. — La vie de cottage ou dans un ménage de travailleurs a été considérée comme ne convenant guère à des aliénés indigents incurables ou affaiblis, et la maison du paysan a été, à ce point de vue, assez malmenée.

Néanmoins il faut bien se rappeler que l'immense majorité des aliénés indigents sont nés et ont vécu dans ce milieu et avec le même genre de vie, qu'ils y ont toujours été habitués et qu'il leur est en quelque sorte congénital. Le principe du Private system consiste à tirer le malade d'un milieu en quelque sorte artificiel (l'asile) pour le replacer dans son milieu habituel, autrement dit dans ses conditions naturelles d'existence.

Envoyés à l'asile de la maison du travailleur ils y reviennent, et quelque excellent que puisse être l'asile où ils étaient placés, une fois que l'état aigu susceptible d'y être traité a passé à la chronicité ou à l'incurabilité, il n'y a pas de méthode préférable à celle qui consiste à rendre le malade à des conditions de vie aussi identiques que possible à celle de son milieu antérieur.

2. — J'ai remarqué une expression générale de satisfaction parmi les malades dans les familles. Il est très rare qu'ils demandent à être renvoyés à l'asile d'où ils viennent. Au contraire quand on menace d'y renvoyer un malade qui se conduit mal, c'est un moyen d'avoir de lui la promesse d'une meilleure conduite à l'avenir et la prière qu'on le laisse encore en famille. Cette satisfaction des malades est un grand avantage moral pour eux comme pour les gens normaux d'ailleurs, et quand une méthode d'assistance apporte cet élément de bien-être on doit le développer autant que possible.

MODE D'ASSISTANCE	GUÉRISONS	MORTALITÉ
Asiles royaux et asiles de comtés	40,1 p. %	7,9 p. %
Asiles privés	26,5 p. %	5,1 p. %
Asiles paroissiaux	38,8 p. %	9,7 p. %
Quartiers de poor-houses	6,3 p. %	3,8 p. %
Maisons privées	5,0 p. %	4,1 p. %
Institutions pour les idiots	» »	5,6 p. %
Asil prison	8,3 p. %	» »

3. — Le bien-être matériel des malades transférés de l'asile dans les familles est très réel. Je n'hésite pas à dire même que la santé générale est meilleure que celle des malades de la même classe placés dans les asiles.

Ce paraît être la conséquence naturelle d'une condition de vie morale plus normale. Dans mes rapports, j'ai toujours appelé l'attention, avec insistance, sur les avantages matériels inhérents au système familial.

La proportion des décès, qui est au plus de 5 ou 6 pour 100 par an, est seulement constituée par les infirmes et avancés en âge.

Ayant toujours des exemples de gens raisonnables le malade en subit l'influence constante et est amené naturellement à modeler sa conduite sur celle de ses compagnons.

On observe ce changement très rapidement, et des malades qu'à une première visite on serait tenté de porter comme devant retourner à l'asile, après sursis, à un second examen sont retrouvés transformés et tout à fait prêts à subir avec le plus grand profit le traitement familial.

Des cas désespérés ont été ainsi améliorés ; c'est ce que le Dr Tunbull appelle spirituellement l' « *action tonique* » du Private sytem.

Néanmoins il est des cas qui ne se modifient en aucune façon, et qui sont même réfractaires au régime au point de nécessiter la réintégration dans un asile de chroniques.

Hâtons-nous d'ajouter que c'est là une minorité infime. M. le Dr Robertson évalue au tiers du nombre total des aliénés placés la proportion réelle de ceux qui pourraient, sans encombre, profiter du mode d'assistance familial. (Congrès de Londres. *Psychiatry*).

5. — Le placement en famille permet aux malades inoffensifs et incurables de s'organiser une existence utile leur permettant de s'entretenir un peu et d'avoir un salaire qui vienne alléger le fardeau des frais supportés par les contribuables.

En effet, souvent les parents du malade font, soit entièrement, soit partiellement relever le malade du « rôle des pauvres » lorsqu'ils le voient dans une situation aussi avantageuse et en quelque sorte utilisé.

Ainsi, non seulement par son moindre coût, mais aussi par ce dernier motif, le système familial offre au point de vue budgétaire tout avantage sur l'asile.

L'an dernier, 7 aliénés indigents du district où j'étais inspecteur ont été ainsi rayés de la liste des indigents, comme capables de subvenir eux-mêmes à leurs besoins.

Dans un nombre de cas bien plus considérable, des malades qui ne se suffisaient pas entièrement ont du moins allégé singulièrement le prix qu'ils coûtaient à leur paroisse par leur embauche à des travaux bien rémunérés.

Beaucoup s'enorgueillissent des habits qu'ils ont ainsi acquis. L'un me disait qu'en 37 ans d'asile il n'avait gagné que 4 pence, et qu'en 2 ans de système fa-

milial il avait gagné plus de 7 livres. Aussi avait-il acheté une malle et une collection complète de vêtements du dimanche qu'il me faisait admirer!

Quand un système a les différents bons effets que nous venons de dire, il semble bien qu'il mérite qu'on le développe. Il peut avoir ses défauts et ses inconvénients, mais ils sont ni plus ni moins sérieux que ceux de tous les autres systèmes.

Choix et payement des nourriciers. — Le montant nécessaire et suffisant de la rémunération des nourriciers est réglé par les inspecteurs. L'expérience et le tact de ces derniers est indispensable pour sa fixation, car elle varie selon les localités. Bien que des règles générales doivent être posées, il y a lieu de tenir compte des circonstances particulières de lieu en même temps que des exigences individuelles spéciales dans certains cas.

Le Dr Lawson, dans son rapport général, a étudié cette question.

En principe général, l'indemnité pour le maintien d'un aliéné indigent dans une maison étrangère doit être fixée de telle sorte qu'elle assure au gardien, outre le légitime dédommagement auquel il a droit comme logeur, une rétribution spéciale eu égard à l'état particulier du pensionnaire. J'ai établi que l'indemnité devait être de 6 à 7 schillings par semaine, dans les circonstances ordinaires pour répondre à un dédommagement suffisant. Je me suis basé sur une enquête faite, d'une part sur ce que coûte la vie ordinaire dans les différentes parties de l'Ecosse, et de l'autre sur le prix moyen de journée des ouvriers agricoles et autres. Cette somme a été prise comme base uniforme d'une juste rémunération et l'offre en a été régulièrement acceptée, ce qui montre qu'elle répond aux exigences économiques. Une élévation de l'indemnité au-dessus de 7 schillings par semaine pourrait devenir préjudiciable. Tout d'abord les sommes allouées aux familles gardiennes de leurs propres malades tendent à s'accroître en proportion de celles allouées aux gardiens étrangers; or il n'est pas convenable qu'une telle élévation de ce prix pousse les familles à considérer la maladie d'un des leurs comme une source de bénéfices. D'autre part, l'augmentation de ces allocations pourrait tenter une classe de nourriciers qui, bien qu'on puisse peut-être en obtenir le même dévouement que des gardiens présents, offriraient cependant moins de garanties, comme n'étant poussés que par l'appât du gain. Le nourricier idéal est celui dont la maison, quoique suffisante au point de vue de l'hygiène, est cependant assez restreinte pour obliger les commensaux à vivre dans une véritable intimité avec les malades. Il est touchant de voir ces derniers se mêler aux soins du ménage, avec la famille du gardien, dans son humble maison. Dans une demeure plus vaste on courrait le risque de voir les gardiens s'isoler de leurs pensionnaires et les abandonner aux soins de domestiques. J'ai souvent eu occasion de constater que les gardiens, avec 6 à 7 schillings par semaine, arrivaient à nourrir et à traiter convenablement leurs pensionnaires, tout en ayant un profit suffisant.

J'ai eu d'autre part, dans mes visites dans les districts, occasion de trouver des malades placés en famille, qui n'auraient pas dû y être envoyés si un examen préalable suffisant eût été fait. Or il s'est trouvé souvent que le bon sens et la douceur des gardiens en ont eu raison et ont provoqué une telle amélioration que nous n'avons pas insisté pour la réintégration des patients dans un asile. Il se trouve aussi que des malades anciennement placés changent et deviennent moins susceptibles du traitement familial. Les gardiens, généralement, luttent contre cette difficulté non sans succès, ayant peine à se séparer de pensionnaires auxquels ils se sont attachés. Dans un cas même, j'ai vu une vieille malade, après des ictus répétés, devenue paralysée et complètement démente ; je prescrivis la réintégration à l'hospice où elle serait plus convenablement placée pour le traitement de son état mental et de sa faiblesse physique : mais la gardienne implora qu'elle lui soit laissée, bien qu'elle eût pu avoir à la place une autre malade facile. Je l'autorisai à la conserver, bien que la malade fût malpropre dans ses vêtements, lacérât sa literie et sortît de son lit toutes les nuits. Pendant deux ans la gardienne dut coucher à son chevet pour l'empêcher d'abîmer la literie et de sortir du lit. Par une constante surveillance de jour et de nuit, elle la soigna si tendrement qu'en aucune institution on n'eût pu réaliser des conditions aussi favorables de traitement individuel. En règle générale, toutefois, je désapprouve le placement dans les familles de malades aussi difficiles et malpropres, et cependant j'ai eu plusieurs fois la main forcée par les circonstances, et j'ai pu voir de tels malades tirer de leur placement chez des particuliers une amélioration rapide et inattendue. Tout dépend d'ailleurs de l'énergie ou du tact des nourriciers. Une ménagère a d'ailleurs tout intérêt à préserver sa malade de la malpropreté, bien plus encore qu'une infirmière d'asile ; elle évite ainsi un surcroît de travail désagréable.

On peut ajouter, à tout ce qui précède, ainsi que le fait judicieusement remarquer M. Féré, que les accidents ne sont pas plus nombreux dans les maisons privées que dans les asiles ; que les évasions y sont rares.

Quant aux accidents sexuels, ils ne sont pas non plus nombreux, puisqu'on n'en relève que deux dans le dernier rapport. Encore, en ce qui concerne spécialement la Grande-Bretagne, pourrait-on encore les rendre plus rares, en poursuivant les complices, contre lesquels la loi est armée.

Nous avons jusqu'ici réitéré les citations des partisans du système familial ; il est bon d'entendre aussi l'avis d'un praticien éminent, dont l'expérience consommée et l'autorité incontestée ont le plus grand poids. C'est le Dr Yellowlees, qui a plus d'une fois élevé la voix au sein de la Société médico-psychologique anglaise pour lutter contre l'enthousiasme exagéré de certains fanatiques du système familial. On le verra d'ailleurs, ses justes appréciations sont loin de conclure au rejet du système :

« Les différents modes d'assistance répondent à des classes différentes de malades et aussi à des prix respectifs différents.

» Pour ces dix dernières années, la moyenne quotidienne pour le maintien des aliénés indigents à l'asile était de :

A l'asile.....	1 sh. 5 d.	(1 fr. 80).
Au quartier d'hospice.....	1 sh. 1 d.	(1 fr. 25).
En famille.....	9 d.	(1 franc).

» Ces différences sont appréciables et, dans les paroisses importantes, le système prédominant influe largement sur le taux des dépenses pour les aliénés.

» A ne considérer que nos trois principales paroisses de Glascow, voici comment sont appliqués les différents systèmes :

» A. — La paroisse de Barony a 514 aliénés, dont 482 au splendide asile de Woodilee et 13 dans d'autres asiles. Enfin 19, soit seulement 3,7 pour 100, sont placés dans des familles.

» B. — La paroisse de la cité a 509 aliénés ; 124 seulement sont placés à l'asile paroissial et 321 dans d'autres asiles. 64, ou 12, 6 pour 100 du total sont assistés par le *Private Dweling System.*

» C. — Govan a 304 *lunatics.* 224 sont à l'asile de ce nom, — 12 dans d'autres asiles, et 63 ou 20,7 pour 100 soumis au *Boarding-out-system.*

» Pour Barony, dont la plupart des aliénés sont maintenus dans l'asile paroissial, tout semble pour le mieux ; mais les dépenses sont fort élevées et, en échange, l'asile tend à être encombré de chroniques, qui ne peuvent profiter de ces coûteux sacrifices. Aussi est-on dans l'alternative ou d'organiser l'évacuation ou d'agrandir encore l'asile, en lui faisant perdre tout caractère d'hôpital de traitement efficace.

» Dans les deux autres paroisses, en revanche, le désencombrement est effectué efficacement par le moyen de l'évacuation dans les familles des cas chroniques et incurables.

» Mais la question du *Boarding-out-system*, comme beaucoup d'autres, a deux faces, et elle a été exaltée en même temps qu'attaquée avec une égale passion.

» D'après le rapport officiel des inspecteurs, qui assurément possèdent la plus complète expérience du système, on n'a eu qu'à se louer pour les applications qu'il comporte. Mais si on remarque que le prix minimum du régime alimentaire quotidien d'un aliéné ainsi placé peut être de 2 sh. 6 d. par semaine et ne contient pas de viande de boucherie, que le logement, le chauffage et la soupe sont estimés au minimum de 13 d. par semaine, cela fait un total minimum de 3 sh. 6 d. par semaine. Pour qui connaît les détails de l'administration d'un asile, il n'est pas possible de comprendre qu'à ce prix on puisse constituer un

confort et un régime approchant de celui de l'asile, et on se prend à douter que les avantages de liberté et de vie en famille soient une compensation suffisante.

» Pour bien des chroniques et des déments, il est certain que l'assistance dans un asile moderne et agencé pour le traitement des curables est une extravagance coûteuse et inutile, mais il ne faudrait pas tomber dans l'extrême inverse et les placer dans des conditions précaires par une cruelle parcimonie.

» Je reconnais, à n'en pas douter, que, pour beaucoup de malades, le *Bourding-out-plan* répond admirablement aux nécessités, à condition qu'il soit largement compris. Mais, outre les difficultés du choix des malades à qui cette méthode convient, il faut ajouter celles du choix des ménages et des nourriciers.

» Mon expérience me permet d'affirmer que la moitié seulement des chroniques incurables à évacuer est susceptible de cette méthode d'assistance. Que faire de l'autre moitié ?

» A Londres, on a construit d'immenses asiles de chroniques, à Leavesden, Caterham et Darenth. Le *Metropolitain Asylum District Board* fait évacuer les incurables accumulés dans les asiles ou les quartiers d'hospice de Londres. 2.000 malades ont été ainsi placés et coûtent en moyenne chacun environ 8 sh. par semaine. Voilà un moyen de résoudre la question par la concentration à outrance. C'est là le contrepied du système familial ; le mieux est de combiner les deux méthodes.

» Il y a déjà plusieurs années, j'avais exprimé ces mêmes vues. Voici dans quels termes :

» ... L'histoire est partout la même.

» On construit un asile qui semble plus que suffisant pour tous les besoins du district, et pendant un temps même on peut y recevoir en outre des malades des autres comtés. Peu à peu les incurables s'accumulent, on est débordé, on évacue les aliénés des districts autres ; on ajoute ensuite une aile puis une autre ; d'agrandissements en agrandissements, on en arrive à rompre le plan primitif, à faire perdre à l'asile le caractère de traitement individuel qui devient de plus en plus difficile, les nouveaux se trouvant facilement perdus dans la foule des incurables.

» Le transfert dans les *wards* (quartiers d'hospice) retarde cette complication, mais elle survient aussi pour ces derniers, qui deviennent à leur tour insuffisants.

» Le *Boarding-out-system* est invoqué alors comme le remède final et souverain.

» L'incurable, évacué de l'asile, est placé, par les soins de l'Administration paroissiale, en pension, soit chez des parents, soit dans un ménage étranger, où les frais sont supportés par la paroisse et la surveillance exercée par les inspecteurs.

» Malheureusement, cette méthode n'est pas applicable à tous les cas ; tandis qu'elle répond admirablement à certains d'entre eux, il en est un certain nombre qui sont absolument incompatibles avec elle.

» La moitié tout au plus des incurables peut être ainsi assistée, à condition encore qu'on trouve des gardiens sûrs et des ménages convenables. L'expérience générale montre que, dans chaque comté ou district, il faudrait avoir deux sortes d'asiles : l'un serait plutôt l'hôpital avec un corps médical et d'aides très complet parfaitement équipés pour le traitement des cas récents.

» L'établissement serait central ou du moins facilement accessible de tous les points du district. Il recevrait les cas nouveaux et ne retiendrait des cas anciens que juste le nombre nécessaire pour l'exemple de l'ordre, de l'obéissance et du travail ; la population n'excéderait pas 300 malades, pour qu'on puisse s'occuper de chacun individuellement.

» Les chroniques seraient évacués sur un autre asile plus considérable. Ce dernier serait hors des villes dans de vastes terrains pour la culture et le pâturage des vaches laitières. La partie centrale en serait réservée aux infirmes avec section d'observation pour les arrivants et infirmerie des affections intercurrentes.

» On n'y recevrait des malades que de l'asile-hôpital. Le prix du lit y serait moitié moindre qu'à l'asile de traitement ; le principe de l'Administration serait l'économie en ce qu'elle a de compatible avec le bien-être des malades.

» Ce serait le seul moyen de concilier les intérêts du budget obéré et ceux des aliénés à traiter.

» C'est dans cet asile qu'une dernière sélection serait faite pour les placements dans les familles qui, je le répète ne peuvent être à mon avis, portés à plus de la moitié du nombre des incurables ainsi évacués. »

On le voit les conclusions du docteur Yellowlees sont loin d'être contraires au système ; elles tendent seulement à en restreindre l'application à des cas déterminés, soigneusement triés parmi les chroniques.

Les avantages du système familial, ces restrictions faites, sont donc considérables. Il reste à se demander quelle est de ces applications celle que l'on doit préconiser : de la dissémination des malades dans des hameaux différents et éloignés, ou de l'agglomération dans une même région, comme à Gheel. Gheel est trop connu et a fait l'objet de trop d'études magistrales pour que nous en entreprenions la description, même rapide. Cela sortirait d'ailleurs du sujet de notre rapport.

Mais en Ecosse aussi existent des agglomérations, qui pour être moins importantes n'en constituent pas moins de véritables villages d'aliénés, analogues au système belge.

Ce sont les comtés de Fife, Perth, Ayr et Stirling, qui contiennent les principales de ces agglomérations.

En voici le détail :

Fife.	Kennoway.	65 malades.
	Star.	40 —
	Thornton	29 —
	Auchtermuckty.	14 —
Perthshire. . .	Gartmore	50 —
	Scone	12 —
Stirlingshire. .	Balfrou	78 —
Ayrshire. . . .	Ballantrae.	39 —

Or, après essai et expériences comparatives, les inspecteurs tendent à limiter le nombre des licences dans les villages où les agglomérations ont une tendance à devenir trop nombreuses.

L'existence d'un corps d'inspecteur et la double sélection préalable (à l'asile de traitement et à l'asile-hospice) font que les placements ne portent que sur des chroniques choisis avec soin, et dispensent d'une infirmerie spéciale, dont l'existence à Gheel nécessite le groupement des malades alentour. D'autre part, les placements directs (sans distinction d'aigus ou de chroniques) font qu'à Gheel on ne peut disséminer les malades comme en Ecosse.

Dans ce dernier pays, par suite même de l'état mental chroniquement troublé et le plus souvent incurable du malade, la visite de l'inspecteur aliéniste peut être moins fréquente et peut être supplée en partie par celle des médecins locaux ordinaires, qui vérifient l'état de santé physique et les conditions d'hygiène. Ces visites médicales de deux sortes alternent avec celles des inspecteurs des pauvres des paroisses, qui constituent pour les inspecteurs généraux une sorte de doublure administrative, correspondant à nos administrateurs provisoires.

Les Infirmeries des Colonies familiales de la Seine

PAR M. LE Dr MARIE

Dans les Colonies familiales de la Seine, il est de principe que chacune d'elles soit pourvue d'un établissement central, siège de l'administration ainsi que du logement des médecins et employés autres ; là sont établis, outre les magasins, des salles d'hospitalisation éventuelle pour les affectations tant psychiques que somatiques, ainsi que des salles d'isolement, de consultations, de bains, etc.

Ces diverses organisations existent non seulement à Dun, mais aussi à Ainay-le-Château où j'ai organisé, comme dans les autres annexes, une infirmerie de fortune de 6 lits pour 30 placements avant que la colonie ne devint autonome.

M. le Dr Lwoff, sous l'habile direction de qui elle a été spécialisée pour les hommes, l'a dotée d'une infirmerie centrale pourvue de tous ses éléments, dortoirs et salles d'isolement, de consultations et de réunion, ateliers, magasins, bains, laboratoire, pharmacie, morgue, etc.

J'ai pu, tout récemment encore, en visiter les installations qui sont parfaites, et qui plus est offrent à l'observation précisément un exemple de ce que M. Vurpas nous signale comme particulier à l'Asile de Meremberg visité par le Congrès en Hollande. C'est ce fait d'une infirmerie d'hommes aliénés où sont isolés les malades somatiques ou agités à réintégrer, et où la surveillance de ce quartier d'hommes est confié à une surveillante femme, ainsi que la surveillance des ateliers où travaillent d'ailleurs côte à côte hommes et femmes (il reste à Ainay quelques-unes des femmes que j'y avais primitivement placées). Cette particularité est d'ailleurs réalisée en quelques autres infirmeries d'asiles français, où des surveillantes femmes religieuses sont à la tête de ces quartiers.

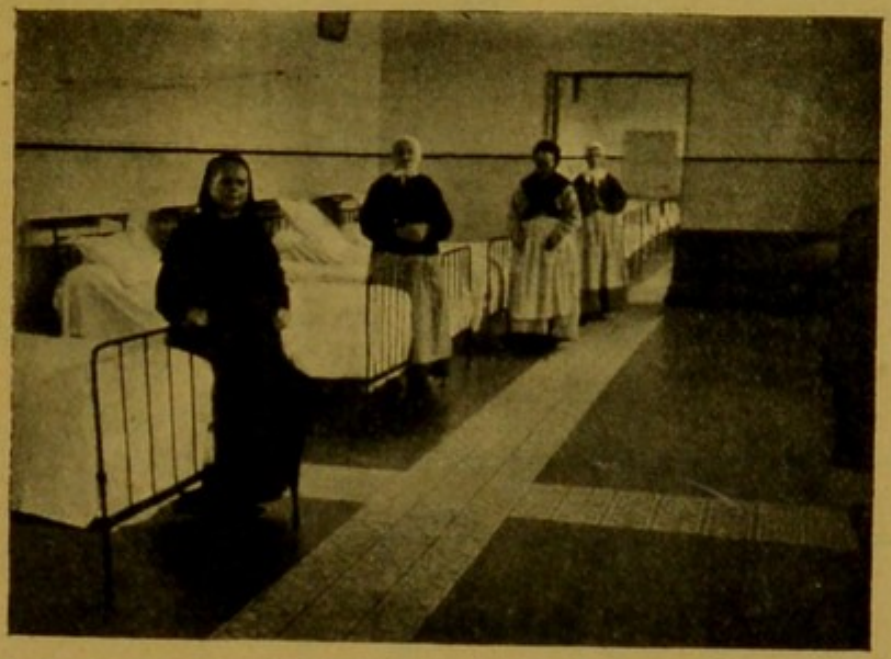
M. le Dr Van Deventer, de Méremberg, et Mme Van Deventer, directrice de l'Ecole des Infirmières de cet Asile, où les services des deux sexes sont assurés par des femmes, ont constaté le même fait à Ainay qu'ils venaient de visiter quelques jours avant mon dernier passage.

Mais je veux ici appeler surtout l'attention sur ce que Dun et ses annexes anciennes (Ainay Bussy) ou actuelles (Levet et Ourouer les Bourdelins) ont été prévues ou organisées, dès le début puis développées ensuite, et dont je donnerai en terminant une courte description ponr rectifier l'information précitée.

En arrivant à Dun en 1892, je faisais passer les malades par l'hospice cantonal, qui me servait de dépôt et d'infirmerie provisoire, comme je me sers actuellement de l'hospice cantonal de Lurcy pour les vieillards des Colonies nouvelles que j'organise. Bientôt je pus établir un local spécial dans les bâtiments adaptés à ce but, autant qu'il m'était possible. Deux infirmeries furent ainsi créés, l'une de 12

lits pour les affectations intercurrentes ordinaires, l'autre de 16 lits, avec chambre d'isolement, pour les arrivants ou les rechutes de troubles mentaux [1].

En 1899 fut édifiée une infirmerie centrale complémentaire, je donne une vue intérieure de l'une et un plan de l'autre. La dernière fut nécessitée par l'augmentation du nombre des séniles affaiblies qu'on ne pouvait laisser alitées chez l'habitant.



Deux ailes perpendiculaires devaient permettre la division en deux catégories : alitées par affections somatiques, ou gâtisme, et salle d'alitement pour agitées retirées des familles.

L'intersection des deux ailes permet une surveillance générale facile, si on remarque qu'une personne peut, de là, voir facilement ce qui se passe dans toute l'étendue des services sans se déplacer. Des espaces vitrés en pignons de séparations reproduits au niveau des lavabos, donnent le maximum de visibilités et la surveillance se complète par celle de chambres de surveillances placées au bout de chaque aile.

Ce dispositif a été emprunté à la suite du voyage que j'eus l'honneur de faire en Russie avec M. le Dr Vallon à l'Asile de Pokrowk, à Meschersкoé près Moscou.

A mon sens, comme de l'avis du très regretté professeur Korsakoff, qui nous l'avait recommandé, c'est une excellente disposition de locaux. En Russie, dans la pièce de surveillance centrale siègent en permanence les felschers ou internes en médecine, qui font leur garde dans les sections mêmes, où ils examinent les malades entre temps, et tiennent en haleine les infirmiers placés ainsi comme les malades sous leur surveillance continue.

1 Une salle de cours aux nourrices fut également ménagée.

Surveillant
WC

Cuisine
Office
Surveillance
Examen médical
Salle de réunion
Réfectoire
Salle pour ○ 24 lits
Promenoir couvert
Vestibule véranda
NORD
Promenoir couvert
Salle pour ○ 24 lits
Lavabo bains
WC
Surveillante

Le corps médical de Dun dispose aujourd'hui d'un organisme de plus comme salle d'isolement, d'observation et de retrait des malades aliénées, sans compter les laboratoires et autres accessoires qui vont en se complétant peu à peu. En sorte qu'on ne saurait dire que l'absence d'un tel organisme différencie nos Colonies de celles de Gheel et Lierneux.

Ajoutons que les Infirmeries de nos Colonies évacuent leurs agités persistants sur les Asiles de Bourges et Moulins, et que les envois en Colonie résultent d'une sélection préalable dans les Asiles, alors qu'à Gheel la sélection se fait à l'infirmerie même de la Colonie.

La particularité de l'absence de toute infirmerie ne s'observe que dans les Colonies Ecossaises ; les Colonies Hollandaises, Allemandes, Russes et Italiennes étant annexées à de grands Asiles n'en ont pas non plus, mais l'Asile en tient lieu.

En Ecosse les médecins praticiens chargés de ces colonies ont tous fait un stage psychiatrique et la plupart de leurs malades placés en famille sont passés à l'Asile ou la facilité extrême des communications les ramène facilement.

Gheel même n'en a pas toujours eu et lorsqu'il y a 40 ans on créa celle que nous avons visitée avec le Congrès, M. Falret était d'avis que cela tuerait la Colonie. C'eut été vrai d'un asile proprement dit qui eût pu en coexistant dans la colonie l'absorber et la tuer, mais les médecins Belges ont su rester dans l'Asile infirmerie qui loin de tuer la colonisation l'a facilitée et développée.

Je suis si bien pénétré de cette nécessité de principe d'une infirmerie annexée à chaque Colonie que je n'ai cessé de combattre en ce sens dès le début auprès de l'administration, dans les Congrès et à la Société internationale pour l'étude des questions d'Assistance ; dans les Colonies nouvelles, que j'organise pour les vieillards simples, j'ai commencé par l'appliquer (Infirmeries de Lurcy et Saint-Florent).

Le dernier rapport général sur le service des aliénés donne le relevé suivant concernant les journées d'infirmerie. Pour Dun et Levet, en décembre 1902, par rapport aux journées de nourriciers :

Dun	Infirmerie	13	590
	Pavillon neuf	24	
	En famille	553	
Levet	Infirmerie	6	88
	En famille	82	

Pour toute la Colonie actuelle dépendant de Dun le rapport précité donne 6 o/o de l'effectif placé aux infirmeries pour 92 o/o de placements familiaux.

On le voit, le fonctionnement des infirmeries sans détriment pour la colonisation existe et a existé dès le début dans les Colonies familiales de la Seine.

CAHORS, IMPRIMERIE TYPOGRAPHIQUE A. COUESLANT. — 6430

De la construction des maisons de nourriciers dans les Colonies familiales

Par le Dr Fr. MEEUS

Médecin à la Colonie de Gheel.

Le principe même de l'assistance familiale appliquée le plus largement possible à toutes les variétés des misères humaines, gagne constamment en faveur tant auprès des administrations qu'auprès du grand public. On reconnaît volontiers, on vante sa grande valeur économique et morale, on applaudit aux efforts généreux de ceux qui veulent assurer et conserver à tous les nécessiteux la vie libre et le foyer familial. Le principe admis, il reste toutefois beaucoup à faire pour organiser pratiquement l'assistance familiale. On ne peut se contenter d'affirmer la supériorité morale évidente de ce traitement : pour gagner la sympathie et la confiance illimitée, surtout du corps médical, il faut assurer à l'assisté familial, un confort et des soins matériels solides. L'évolution, les progrès réalisés dans l'assistance hospitalière doivent nous servir d'exemple, en ce sens que les grandes règles d'hygiène, de confort, de surveillance et de soins appropriés, s'imposent aussi dans la solution des questions d'organisation matérielle du patronage familial. Aux administrations publiques incombe l'impérieux et pressant devoir d'intervenir officiellement dans les détails de cette organisation matérielle. Les établissements centralisés : hôpitaux, hospices, asiles, ont drainé l'argent de la bienfaisance publique. L'assistance familiale a toujours dû se suffire à elle-même ou demander l'appui de la charité privée. Elle a droit à plus d'égards : bien soutenue et bien organisée, l'assistance familiale tant hétéro qu'auto-familiale, deviendra, même au point de vue des soins corporels, l'assistance de choix.

Préoccupé de ces questions d'organisation matérielle, l'auteur de cette étude a fourni au Congrès d'Anvers un rapport sur *l'Instruction professionnelle des nourriciers*. Cette instruction spéciale vise l'adaptation particulière du nourricier au rôle si important qu'il est appelé à remplir : il ne suffit pas qu'il ait du cœur, il faut aussi qu'il ait de l'intelligence, qu'il comprenne ce qu'il doit faire, et pourquoi et comment il doit le faire. Cette instruction sera donnée par le médecin : vu la stabilité du nourricier, elle donnera des fruits plus abondants et plus consolants que dans l'assistance hospitalière où les mutations continuelles du personnel infirmier restreignent singulièrement sa portée utile[1].

La construction rationnelle de maisons de nourriciers rentre dans ces préoccupations pour le bien-être physique des assistés. Tout comme dans l'aménagement des asiles, le médecin sera le juge et le guide compétent. Après une étude approfondie des lieux et des conditions propres à chaque espèce d'assistance familiale, il dirigera toute la construction en vue de sa destination spéciale. Il ne peut pas abandonner des choses aussi importantes à des mains laïques : lui seul peut embrasser cette question jusqu'en ses moindres détails, et guider ainsi l'architecte-constructeur. Déjà Guislain disait dans ses célèbres leçons[2] : *« Il faut donc de toute nécessité que le médecin s'applique à connaître les principales règles de l'architecture. Il doit travailler de concert avec l'architecte, ou si ses notions archichectoniques sont assez complètes, il doit tracer lui-même les plans et leur assigner les proportions requises..... je ne puis assez vous recommander l'étude de l'architecture ; elle est indispensable à quiconque veut intervenir dans les questions qui nous occupent, parce que le médecin doit y guider l'architecte en tous points. »*

Médecin d'une colonie d'aliénés, je me placerai à un point de vue spécial : toutefois dans les grandes lignes, les idées émises ici trouveront aussi leur application dans le patronage familial d'autres nécessiteux : infirmes corporels, vieillards, etc. Cette étude enfin ne traitera que de la construction de maisons de nourriciers pour assistés *indigents*.

[1] *De l'instruction professionnelle des nourriciers*, rapport présenté par le Dr Fr. Meeus au Congrès international d'Anvers. Page 579 des Rapports et Documents; Anvers, Nederlansche Boekhandel.

[2] Leçons orales sur les phrénopathies, par J. Guislain. Gand 1880. 2 volumes, page 321.

Le *choix du terrain de construction* s'impose au préalable. M. le Dr Vos, médecin-directeur de l'asile-colonie de Grave en Hollande, a touché cette question au Congrès d'Anvers. MM. les Drs van Deventer, van Dale et Vos, s'en sont aussi préoccupés dans leur belle étude sur l'assistance familiale des aliénés. Mais ces auteurs se sont mis à un point de vue général, et ont recherché à déterminer les conditions de milieu social, climatérique et telluriques qui doivent guider les administrations publiques dans le choix d'un endroit favorable à la colonisation familiale. D'après ces auteurs, il faut choisir une contrée saine, tranquille, essentiellement rurale et à une certaine distance des grandes voies de communication tout en restant d'un accès facile. La vie ne peut y être trop chère : un milieu simple et villageois convient le mieux ; les milieux industriels sont peu favorales. Les contrées sablonneuses où la nature est variée, l'eau bonne et les habitants en général plus sobres conviennent mieux que les terrains argileux[1].

Dans le cas présent il s'agit d'appliquer ces desiderata à chaque construction, et comme il faudra tenir compte des préférences personnelles du nourricier, de son genre de vie, de ses occupations : (commerce, industrie locale, agriculture et élevage), des voies de communication déjà existentes, etc., on sera souvent obligé de faire des concessions tout en cherchant à remédier aux inconvénients d'un endroit moins convenable. Il faudra rechercher de préférence un sol sec, et l'élever au besoin au-dessus du niveau voisin : on aura ainsi une maison bien sèche où les murs ne transpireront pas d'humidité et où les chambres ne donneront pas cette impression de froid si habituelle aux maisons mal bâties. Il faut pouvoir disposer d'une eau bonne et abondante : les sous-sols marécageux sont ici détestables : ils donnent souvent une eau trouble, jaune, ferrugineuse. Il faut éloigner les constructions des eaux stagnantes, des cours d'eau mal endigués et chargés d'eaux industrielles ou d'eau de ménage.

Autant que possible il faut autour de la maison un jardin bien entretenu : les raisons multiples s'en devinent aisément. Il y aura dans ce jardin des fleurs, des légumes, des arbres fruitiers et

[1] *Over Gezins verpleging van hranhzinnigen*, rapport door J. van Deventer, J.-H.-A. van Dale en W. Vos. Psychiatrische en Neurologische bladen, Jaargang 1902. — Amsterdam, van Rossen, uitgever.

autres. Les arbres ne doivent pas être trop rapprochés de la maison : ils interceptent l'air et la lumière, ces grands facteurs de désodorisation et de désinfection gratuites.

Le choix des matériaux de construction est très important. A la campagne on se contente facilement d'un à peu près, on prend ce qu'on trouve sur place ; aussi au bout de peu d'années des constructions même récentes gagnent un aspect délabré, et de nouveaux frais s'imposent. Et ceci ne concerne pas seulement la matière brute, comme la pierre et le bois, mais aussi les matériaux déjà ouvragés tels que l'industrie les livre en grand : serrures, crémones, loquets, etc. Par un esprit d'économie très déplacée ici, la direction des travaux est nulle ou confiée à des personnes incompétentes. On ne surveille ni les fondations, ni la fabrication du mortier, ni le placement des portes et fenêtres, ni le pavement, ni aucun des détails grands et petits qui donnent et la solidité et le cachet à la construction. Il en résulte une maison désagréable d'aspect, humide et froide, avec des portes et des fenêtres qui ferment mal, des pavages inégaux et mal joints. etc.

Ces vues préliminaires concernent en général moins le médecin ; mais en l'absence assez fréquente d'un constructeur intelligent, il est parfois obligé de s'en occuper et d'attirer là-dessus l'attention particulière des nourriciers.

Nous abordons maintenant le fonds même de cette étude, à savoir la disposition et l'aménagement des différentes places d'une maison de nourricier, spécialement de la chambre même occupée par l'assisté.

Dans un Congrès international il est évidemment difficile de donner la solution précise de ce problème de la construction. Chaque pays a ses habitudes et sa manière de vivre ; l'homme arrange sa maison suivant le climat, la profession, et les mœurs locales. Les exigences d'ameublement et de confortable varient singulièrement d'un pays à l'autre, sans même parler de la cuisine, de la propreté et de la tenue générale de la maison dont les notions ne varient pas moins. Il faut respecter cet esprit national : le cosmopolisme serait ici de mauvais aloi. Les habitants de chaque pays, surtout les indigents, sont tellement habitués à vivre dans un certain milieu physique qui est en somme *leur* milieu, qu'il serait imprudent d'en changer les grandes lignes. Nous devons favoriser par tous les moyens l'adaptation rapide, instan-

tanée dirai-je, de l'assisté au nouveau milieu familial où il est reçu. Nous devons de préférence le garder dans la contrée où il est né, lui fournir le travail manuel auquel il est habitué, et le placer dans une maison et dans une famille qui lui rappelle le foyer familial de son enfance, ce foyer si réconfortant et si paisible dont l'attrait mystérieux survit dans le cœur des plus malheureux. Ceci est même vrai, ou plutôt ceci est surtout vrai pour les aliénés. Les admirateurs de l'encasernement prétendent que le meilleur traitement de la folie, ce sont les murs de l'asile. On interprète ainsi très mal l'indication thérapeuthique vraie de l'isolement. Isosoler le malade, c'est le déplacer du milieu où sa folie est née et où elle s'alimente sans cesse de mécontentements divers et d'interprétations délirantes variées. Mais on dépasse toute limite prudente, en le jetant brusquement, comme on le fait trop souvent, dans un milieu aussi anormal que l'est le pêle-mêle fou d'une cour de nos asiles centralisés. La désorientation qui existe quasi à tous les stades aigus de la folie, ne peut que s'en augmenter.

Sans doute le passage dans l'assistance familiale est moins brutal et moins bouleversant, encore qu'il est utile de ménager toutes les susceptibilités et d'acclimater rapidement l'assisté dans le nouveau milieu social.

Je ne suis donc nullement disposé à proposer *un type plus ou moins international pour la construction de maisons de nourriciers ;* la chose serait peut-être recommandable pour les hospices : dans l'assistance familiale c'est un non-sens. Je ne suis pas davantage partisan *d'un type uniforme à adopter pour une colonie déterminée.* Certains asiles mettent à la disposition de leurs employés mariés : infirmiers, magasiniers, mécaniciens, etc., des cottages d'un type uniforme pour y soigner un, deux, trois aliénés en famille. Choisissant d'abord uniquement pour nourriciers des personnes habituées au commerce des aliénés, on forme un premier et solide noyau d'un centre de colonisation familiale qui finira par s'étendre en dehors du cercle restreint de l'asile. Ces cottages sont construits sur un type uniforme, presque officiel : c'est là peut-être une nécessité de début, mais à mon avis, ce ne peut pas être l'idée directrice de l'avenir. Imprimer au patronage familial un cachet trop officiel, l'allure d'une convenance spéciale, de façon qu'on puisse dire de loin : *Voilà une colonie,* me semble une spéculation malencontreuse. Cela sent trop la contrainte, la règle, la monotonie, en un mot cela sent trop l'asile et l'esprit de l'asile.

Un asile n'est pas une colonie, ni une colonie un asile, chacune de ces deux formes d'assistance a ses indications particulières que l'on ne peut méconnaître. Si dans leur organisation ils doivent s'inspirer de principes généraux semblables : hygiène, soins moraux et physiques, etc., il n'en est pas de même dans l'application de ces principes, ni dans les questions de détails qui donnent à chaque forme son aspect spécial. Comme par exemple on ne pourrait introduire à l'asile cette grande liberté d'allure qui caractérise l'assistance familiale, de même il est inutile et nuisible d'introduire dans l'assistance familiale la surveillance méticuleuse, la règle étroite de l'asile. Sous ce rapport les médecins qui organisent l'assistance familiale autour de leur asile doivent se défaire de l'esprit de centralisation qui est une nécessité à l'hospice, mais chose peu désirable à la colonie. La vie libre ordinaire, la vie familiale, la vie publique n'est pas coulée non plus dans un moule uniforme. La monotonie des rues et des places publiques est coupée par des jardinets, des balcons, des ornements d'architecture variés. Entrez dans les ménages : quelle diversité d'ameublement et d'ordre général, on y sent, on y pénètre partout l'état d'âme particulier aux habitants. C'est la vie large, la vie normale avec ces hauts et ces bas, ces contradictions illusoires, ces tonalités différentes qui correspondent d'ailleurs exactement à des aspirations personnelles et constituent autant de satisfactions morales. Une colonie non pas à ses débus, mais en son plein épanouissement, doit pouvoir offrir toutes les variétés de milieu physique et moral, afin d'y caser rationnellement les assistés d'origine et de professions diverses. Dans ce milieu qui n'aura rien de factice, de truqué, de conventionnel, le malade, l'infirme, ne sentira plus sa situation au fond bien pénible d'assisté et d'étranger : il se trouvera chez lui !

S'il ne m'est pas donné d'entrer ici dans une étude détaillée de la maison du nourricier en général, il sera néanmoins utile de fixer ici dans les grandes lignes *les conditions auxquelles doit satisfaire la chambre de l'assisté.*

On ne peut pas se figurer que la chambre de l'assisté est l'endroit où il se tient de préférence pendant le jour. L'assisté participe et doit participer *activement* à la vie intime de sa famille adoptive : il ne peut être laissé par le nourricier, ni lui-même ne peut se mettre à l'écart. Comme celle des autres membres, sa place est

au milieu de la famille, et quand il reçoit des connaissances ou des parents, c'est encore là que se feront les honneurs et les amitiés réciproques.

Entendue ainsi, la chambre de l'assisté devient tout simplement sa chambre à coucher dont il dispose en seigneur et maître et où il peut, outre ses habits, rassembler et conserver des souvenirs personnels, des statuettes, des tableaux, des photographies, etc.

Chaque assisté devra disposer d'une chambre séparée : ceci est une condition *sine qua non*. En général, il ne faut pas admettre plus de deux assistés dans le même ménage, et la maison doit donc posséder pour eux deux chambres à coucher. Les assistés, surtout les assistés aliénés, ne se lient guère d'amitié avec leur compagnon d'infortune. Réunir dans une même chambre deux personnes qui ne se sont probablement jamais vues, qui parfois de par leur maladie même se défient l'une de l'autre, c'est une contrainte qui impressionne désagréablement. Sans doute à l'asile on réunit les assistés dans des dortoirs communs, mais là ils sont nombreux, et la gêne devient proportionnellement moins grande. Puis l'asile est l'asile : c'est un mode d'assistance qui ne vise pas essentiellement à satisfaire la nature morale de l'homme comme l'assistance familiale. Toutefois pour ceux qui considèrent cette dernière comme un mode quelconque de simple assistance publique, l'inconvénient d'une chambre commune serait en soi peu grave s'il n'y avait pas encore cette raison péremptoire qu'en l'absence de surveillance continue, des actes d'immoralité peuvent se passer entre les deux assistés.

La chambre sera de préférence *exposée à l'Est ou au Midi* et *située au rez-de-chaussée*. Au centre des agglomérations on ne dispose pas toujours d'une étendue de terrain suffisante, et on construit des maisons à étage : dans ces conditions il faudra faire des concessions. Les assistés étant toujours des infirmes de corps ou d'esprit, le rez-de-chaussée sera la règle et l'idéal ; il épargne les forces, prévient les chutes et facilite la surveillance en cas de maladie.

La chambre doit avoir un *cubage* d'air suffisant : j'estime qu'il faut poser comme minimum 24 m^3. La hauteur minima sera de 3 mètres.

La chambre sera éclairée par une *fenêtre* qu'on peut ouvrir à volonté et dont les dimensions moyennes seront de 1 m. de large

sur 1 m. 50 de haut : *en général elle ne doit être ni plus grande, ni plus petite que les autres fenêtres de la maison.* La *porte* de la chambre donne directement à l'intérieur de l'habitation.

Le *pavage* de la chambre est une chose importante ; il varie avec les habitudes et les ressources locales ; il est en pierre, terre cuite, grès, marbre, ciment, céramique ou en bois. La pierre est propre, se nettoie facilement, est économique et très résistante, mais les pavages en pierres sont froids. Le bois, surtout le bois de chêne, est très avantageux parce qu'il est moins froid : il est recommandable tant qu'on n'a pas à faire à des assistés gâteux : il s'imprègne facilement d'urines et la chambre en devient inhabitable. On pourrait y remédier en recouvrant le pavage en bois d'un bon linoléum ou d'une bonne couche de peinture vernissée qu'il faudra renouveler souvent. Seulement tout cela coûte cher, et nous nous occupons de l'assistance de malades indigents pour qui la pension n'est jamais élevée. Pour la même raison nous n'oserions encore préconiser les pavages modernes si recommandables en ciment de bois, cylolithes, monolithes, et autres produits dont le coût total par mètre carré est d'environ 10 fr.

Le *chauffage* de la chambre peut être assuré de diverses manières. A Gheel, par exemple, les deux chambrettes de malades sont généralement contiguës à la grande chambre de réunion de la famille, grande chambre où pendant l'hiver le poêle est entretenu toute la journée. Je recommande d'ailleurs à mes nourriciers de chauffer le lit à l'avance soit en le bassinant, soit en y plaçant des pierres chaudes, des cruchons remplis d'eau bouillante. On pourrait aussi faire traverser la chambre par le tuyau de tirage du poêle, ou encore mieux placer un poêle dans le mur mitoyen des deux chambrettes.

Pour la facilité du nourricier, il est bon de rapprocher les deux chambres : comme nous venons de le dire, on pourrait alors placer le poêle soit dans le mur mitoyen, soit dans la place voisine entre les deux portes d'entrée des chambres.

Comme la chambre n'est occupée que la nuit et qu'elle mesure 24 m^3, il me semble superflu d'y placer des appels d'air pour l'*aérage*. Si l'on y tient, on pourrait pratiquer, soit dans le mur extérieur, soit dans un coin du plafond, un simple tuyau d'appel.

Bien que les assistés dans le patronage familial soient plus ou moins sélectionnés, il faut cependant les surveiller et prévenir les

accidents et les évasions possibles. Il est donc utile de rapprocher la chambre à coucher du nourricier de celles des assistés. Ceci est surtout important dans l'assistance des épileptiques, de certains déments qui sortent inconsciemment de leur lit et se couchent sur le sol, de malades gâteux qu'il faut éveiller pour leur permettre de satisfaire convenablement à leurs besoins. Le nourricier se réveillera au moindre bruit insolite, et s'assurera de ce qui se passe.

Faut-il en plus des sécurités spéciales ? Je ne le pense pas. Les barreaux aux fenêtres n'ont rien de familial. On peut fermer la fenêtre à l'intérieur par une crémone à clef et la munir à l'extérieur de volets. Les volets se ferment de l'extérieur et à clef : ils sont un ornement, garantissent contre le froid en hiver, et empêchent en été que l'assisté se réveille trop tôt par la grande clarté du jour. La porte pourra être fermée *au besoin* par un verrou plat, ou targette placée du côté de l'intérieur de la maison de façon que l'assisté ne puisse l'ouvrir lui-même.

Un mot encore de l'*entretien de la chambre*. La fenêtre et la porte seront recouvertes d'une bonne couche de peinture à l'huile ; les murs seront blanchis à la chaux, ou bien tapissés d'un papier uni pas trop clair pour ne pas donner lieu à des interprétations fantaisistes ou délirantes de l'aliéné et garder le papier plus longtemps propre. Bien que le blanchissage à la chaux puisse se faire deux fois l'an et même plus, et qu'il soit donc très hygiénique, je serais disposé à préférer le papier dans les chambres qui sont construites en d'excellentes conditions, qui ne soient donc ni humides, ni trop rabotteuses de façon à pouvoir y coller fortement le papier : c'est plus coquet, moins sévère, et ne tâche pas les habits comme le blanchissage.

Après ces considérations générales, il vous sera intéressant d'en voir une application particulière. Bien que les essais que j'ai tâché de réaliser ne soient pas encore très nombreux, je vous les donnerai tels quels : on n'atteint pas l'idéal du coup, mais j'ai la conviction qu'après une période de tâtonnements plus ou moins longue, le succès couronnera les modestes efforts de ceux qui ont pour devise : *excelsior !*

De par une habitude séculaire d'éberger des étrangers privés de la raison, les habitants de Gheel ont façouné instinctivement leur manière de vivre ainsi que leurs maisons au but humanitaire

élevé qui les guide : par hérédité c'est presque devenu une adaptation biologique.

Dans ces conditions le médecin n'a qu'à perfectionner ce qui existe et surtout n'a qu'à introduire dans ce milieu très bien disposé les améliorations d'hygiène et de confort modernes.

Nous avons à Gheel deux types de maisons de nourriciers pour indigents. 1) un type rural ; 2) un type villageois.

Type Rural

Le *type rural* se rencontre à la campagne, c'est-à-dire en dehors du centre de la commune : ce sont les fermes d'agriculteurs.

Que la ferme soit grande, moyenne ou petite, elle comprend essentiellement les places suivantes, disposées presque toujours suivant l'ordre suivant. Elle comprend : une cuisine ; une arrière cuisine ; un salon ; deux chambres d'aliénés ; une cave avec chambre à coucher au-dessus de la cave ; une étable ; une grange, des dépendances, etc. Je ne m'occuperai ici que des dispositions qui regardent plus ou moins directement le bien-être, la santé, et la sécurité de l'*assisté* [1].

La *cuisine*, est la première place par où d'ailleurs on entre dans la ferme. Les gens l'appellent encore *het huis*, c'est-à-dire le home, *la* maison par excellence : c'est en effet le centre de tout le ménage. Telle qu'elle est généralement organisée *la cuisine a le grand défaut d'être surchargée de services variés*. A part les jours froids de l'hiver, c'est dans la cuisine, dans le home, que se réunit la famille et qu'elle prend tout ses repas. C'est là aussi qu'on se lave et qu'on lave et qu'on habille les enfants ; qu'on fait la lessive ; qu'on prépare les aliments tant pour le bétail que pour la famille. C'est là encore qu'on prépare et qu'on cuit le pain,

[1] En collaboration avec son excellent ami M. Fl. Vergouts, ingénieur architecte à Gheel, l'auteur s'est aussi occupé de la construction rationnelle de fermes tant au point de vue des habitants qu'à celui de l'exploitation agricole elle-même (étable, écurie, grange, porcherie, etc). Leur œuvre commune a obtenu le premier prix dans un concours pour fermes modèles institué par le *Cercle officiel des agronomes belges* et le diplôme d'honneur au *concours agricole régional de Bruges*. Même à cela le médecin de la colonie doit s'intéresser : la bonne marche de l'exploitation agricole du nourricier influence toujours le confort et le régime alimentaire de l'assisté.

qu'on écrême et qu'on bat le beurre. Cette cuisine où il y a un vaste foyer ouvert avec four annexé, correspond directement par une porte avec l'étable : de là, parfois, une odeur peu agréable qui se répand dans toute la maison. De cette centralisation de divers services dans la cuisine, résulte parfois, surtout chez les nourriciers négligents, un certain désordre, un pêle-mêle qui affecte désagréablement la vue de l'étranger.

L'arrière-cuisine est ordinairement assez petite : on y range les assiettes, les ustensiles de cuisine, la baratte au beurre, les souliers, les sceaux, et autres objets usuels.

Le salon, appelé généralement *de kamer*, c'est-à-dire la chambre par excellence, est la place où les jours de fête le nourricier reçoit à table ses parents et amis. C'est là aussi qu'on passe l'hiver autour du poêle bien chauffé. Dans ce salon s'ouvrent directement les deux chambres d'aliénés.

Les chambres des aliénés, sont situées au rez-de-chaussée et contiguës. D'après le règlement de la colonie *« elles doivent avoir au moins une superficie de 6 m² et une hauteur de 2 m. 50 . . . . . Elles doivent être munies d'une fenêtre qu'on peut ouvrir à volonté et qui a au moins 1 m. de haut et 0 m. 75 de large ; elle peut être au besoin fortifiée de barreaux de fer. . . . .* » Ces chambres ont donc un cubage minimum de 15 m³. Elles ont un carrelage en pavement de terre cuite ; les murs sont blanchis à la chaux ; la porte est pourvue d'un verrou ou d'une targette, et il y a assez souvent des barreaux en fer, plus rarement des volets à la fenêtre.

A remarquer enfin que les *eaux ménagères* sont déversées directement au dehors dans une rigole ouverte qui, après quelques mètres, les conduit dans un collecteur également ouvert ou dans un cours d'eau qui passe à proximité.

Comment peut-on améliorer toutes ces situations ? J'estime qu'il faut respecter dans leurs grandes lignes les habitudes d'une population donnée : aller directement à l'encontre de mœurs invétérées, conduirait à un échec certain. A Gheel surtout où il existe déjà une certaine adaptation au but poursuivi, une mesure pareille serait inopportune.

Il faut commencer par appliquer cet axiome d'économie domestique : *que toute chose doit avoir une place et que chaque chose doit être à sa place.* Il faut donc décharger la cuisine, le home, des divers services qui l'encombrent et qui trouveront aisément ail-

leurs une place appropriée. Dans les petites fermes, la décentralisation complète sera parfois difficile ; dans les grandes elle se fera sans accrocs.

La décentralisation étant décidée, on peut réduire singulièrement la vaste cuisine Gheeloise : l'emplacement économisé de ce chef sera d'ailleurs très bien utilisé. Ainsi on en profitera d'abord pour aggrandir l'arrière-cuisine : celle-ci rendra les services qu'elle rend maintenant ; en outre on y fera la lessive et autres services accessoires plus ou moins malpropres : tel que éplucher les légumes, découper les betteraves et les navets, etc. Cette arrière-cuisine et non plus la cuisine communiquera directement par une porte avec l'étable : A moins qu'on n'installe à l'étable même un fourneau qui s'ouvre dans la cheminée de la cuisine, on pourrait aussi utiliser l'arrière-cuisine pour y faire bouillir le manger du bétail. Une autre partie de l'excédent d'emplacement occupé maintenant par la cuisine, sera utilisée pour en faire un petit local de laiterie. On y placera l'écrémeuse, la baratte, le pétrisseur, etc. ; cette installation laitière communiquera directement avec la cave. Enfin on relèguera le four avec la préparation du pain dans les dépendances qui sont ordinairement sises derrière le bâtiment principal.

Le résultat final de toutes ces transformations, en somme peu bouleversantes ; est que la place d'entrée, la cuisine ou le home, sera uniquement destiné à son usage propre : fournir un lieu de réunion convenable à la famille. L'ordre et la tenue générale, la propreté et l'hygiène y gagneront beaucoup : les quelques nourriciers qui ont déjà introduit cette réforme, s'en louent ouvertement.

Le *salon* peut conserver son aspect habituel. Toutefois j'aimerais beaucoup voir disparaître le lit qui s'y trouve en beaucoup de fermes. Ce lit sera avec avantage déplacé dans une chambre spécialement réservée au nourricier et d'où il aura une surveillance facile sur les chambres des aliénés.

D'après les données détaillées plus haut, il faut améliorer les chambres des aliénés :

1°) augmenter le cubage minimum et le porter de 15^{m3} à 24^{m3} ;
2°) augmenter les dimensions des fenêtres ;
3°) supprimer les barreaux et les remplacer par des volets extérieurs ;

4° enfin prendre un soin spécial du pavage, des murs et de la construction en général.

Je ne dirai qu'un mot de la grange, de l'étable et des dépendances. L'étable est collée contre la maison du nourricier et en fait partie intégrante ; il serait désirable de pouvoir l'éloigner un peu de l'habitation. Pour le moment il ne saurait en être question : c'est un changement trop radical dans l'exploitation habituelle des fermes campinoises. En reportant la communication avec l'étable et la cuisson des aliments pour le bétail dans l'arrière-cuisine, les inconvénients du voisinage immédiats de l'étable disparaissent : les chambres des aliénés sont d'ailleurs à l'autre bout. — Les dépendances, spécialement le lieu d'aisance, doivent être convenables, et proprement entretenues. Les eaux de ménage seront évacuées soit par une conduite en tuyaux de grès, soit par une conduite maçonnée ; le puisard sera couvert, ou tout au moins entouré d'une haie ou d'arbrisseaux.

Deux fermes récemment construites dans ma section répondent au programme que je viens d'esquisser pour les constructions rurales.

Le nouveau type et l'ancien type, se ressemblent *extérieurement*, mais leur division *intérieure* varie.

Dans l'ancien, l'étable communique avec l'*arrière-cuisine* et dans celle-ci se trouve aussi le fourneau pour chauffer le manger du bétail. A côté de l'arrière-cuisine et communiquant directement avec la cave, se trouve la *laiterie* : la cuisine est ainsi désencombrée de l'écrémeuse, de la baratte, et de la préparation du beurre. — Le salon ne renferme plus le lit du nourricier : celui-ci couche dans une chambre située à côté des chambres des pensionnaires. Les chambres des aliénés ont un cubage de 25^{m3}, et une hauteur de 3 mètres ; le pavage est en ciment ; les fenêtres ont $1^{m}80$ de hauteur et 1 m. de largeur ; les barreaux ont été remplacés par des volets extérieurs. Le chauffage des chambres sera facile : le poêle du salon qui brûle tout l'hiver, se trouve entre les deux portes des chambres des aliénés, le milieu de la cheminée litt. (M) correspondant exactement au mur mitoyen de ces deux chambres.

Cette ferme a été construite par le nourricier Lievens-Hannes, Winkelomheide : elle a coûté, le terrain non compris, environ 4.000 fr. C'est une ferme de grandeur moyenne possédant environ

5 hectares de culture et cinq vaches, un bœuf, trois porcs, poules, etc. A mon avis l'arrière-cuisine est trop petite ; dans une ferme qu'on va construire sous peu, l'arrière-cuisine aura des proportions plus grandes.

Le plan II que nous venons d'étudier, reste dans le type traditionnel des constructions rurales campinoises ; c'est une construction très longue où l'habitation, l'étable et la grange se trouvent sur une même ligne. Le plan III, tout en répondant aux desiderata d'une bonne maison de nourricier, représente un autre groupement de locaux. C'est une conception originale où l'on sent la main de l'architecte et qui rompt très agréablement la monotonie du paysage.

La cuisine litt. (A) est décentralisée ; l'arrière-cuisine litt. (B) communique par une porte avec l'étable ; dans l'arrière-cuisine aussi se trouve le four, la baratte au beurre, etc. Le salon C est libre. Les chambres d'aliénés litt. (D) ont un cubage de 33^{m3} une hauteur de 3 m.; les fenêtres ont une hauteur de 2 m. et une largeur de 1 m.; le pavage est en ciment. La chambre du nourricier E est contiguë aux chambres des aliénés.

C'est une ferme de 3.500 fr., construite par le nourricier van Dingenen, à Hadschot. C'est un paysan aisé qui par goût et par habitude continue à s'occuper d'une exploitation agricole très réduite : deux hectares de terrain, et deux vaches, deux porcs, etc.

Type Villageois.

Gheel, comme on le sait, comprend aussi une partie centrale d'aspect urbain et où demeurent environ 7.000 habitants. Ici les maisons ne sont pas dispersées comme les fermes des hameaux, mais elles sont alignées et forment des rues régulières. Le genre de vie y est aussi tout différent.

Laissant de côté les nombreux ménages où sont soignés les malades payants et où l'on rencontre un confort et un ameublement vraiment riches, nous y comptons aussi de nombreux ménages pour l'assistance de malades *indigents*. Ce sont les ménages de petits commerçants, de boulangers, de cordonniers, de tailleurs, de forgerons, de maçons, et autres métiers. A la colonie de Gheel, on peut chercher et trouver pour chaque malade un milieu

qui lui convient spécialement et qui s'harmonise avec son genre de vie et sa profession antérieure. Au centre de Gheel on place donc de préférence les aliénés qui connaissent un métier ou qui viennent des villes; à la campagne ces malades seraient plus ou moins dépaysés.

Au centre de Gheel les constructions sont d'aspect plus varié qu'à la campagne, tant à cause de la variété de profession des nourriciers que de leur bien-être matériel, de leur état de fortune. Il y a surtout une grande différence entre les constructions de jadis et celles qu'on élève depuis ces dernières années.

Ici encore les ménages se composent essentiellement d'une cuisine ou home, d'une arrière-cuisine, d'un petit salon, et de dépendances variées. Dans la cuisine il y a souvent de l'encombrement et cela aussi par manque de prévoyance dans la construction générale et parce qu'on n'a pas utilisé intelligemment l'emplacement. A la campagne la cuisine ou le home est souvent encombré par des services qui regardent plus directement l'exploitation de la ferme; au village elle sert assez souvent d'atelier de couture, de cordonnerie, de saboterie, même de petite boutique, etc. Parfois le salon est sacrifié pour augmenter d'autant le magasin ou l'atelier du nourricier. Ici donc il faudra encore rappeler l'axiome : *Chaque chose doit avoir une place et chaque chose doit être à sa place.* L'infériorité de certaines maisons du centre n'est pas autant dû à un manque d'emplacement, mais bien plutôt comme nous le disions tantôt, à un manque d'intelligence dans la construction. Il faut savoir utiliser le terrain dont on dispose, et imiter les maisons si confortables bien que petites des villes.

Au centre, les *chambres d'aliénés* ont un emplacement et une organisation très variés. Il y en a qui sont situées au rez-de-chaussée; elles ont le même aspect que celles des fermes à la campagne : elles ont un cubage minimum de 15 m^3, des fenêtres de 1 mètre de haut sur 0^m 75 de large, avec des barreaux souvent et plus rarement des volets. D'autres sont en forme de mansardes : elles sont donc situées aux combles ou au grenier et doivent être soigneusement plafonnées et séparées par une cloison plafonnée du restant du grenier. Elles ont une fenêtre qui s'ouvre dans le pignon, ou bien sur la toiture en forme de tabatière ou plus souvent encore de lucarne. D'autres enfin sont des chambres à l'étage.

Comme je l'ai écrit plus haut, le rez-de-chaussée est préférable

avant tout dans le choix de l'emplacement des chambres d'aliénés. Elles auront au village le même aspect, le même cubage, et la même organisation que décrits plus haut pour les fermes.

Quand le terrain est trop cher ou que l'emplacement est trop petit, le nourricier sera obligé de construire en hauteur. Dans ce cas je préfère les chambres à l'étage aux mansardes, et cela parce que les chambres à l'étage présentent toujours mieux, sont plus confortables et plus convenables. Toutefois il peut y avoir des raisons particulières, le nourricier peut n'avoir pas les ressources nécessaires ou n'avoir pas besoin de tout un étage : il faut s'incliner. Mais la mansarde devra être construite en d'excellentes conditions. Elle aura comme toujours au moins 24^{m3}, et une fenêtre ou une lucarne à dimensions convenables. Si la fenêtre s'ouvre dans le pignon, on pourra lui donner 1^{m} 50 de haut sur 1 mètre de large ; si c'est une lucarne qui s'ouvre sur la toiture, il sera difficile de lui donner les mêmes dimensions : il sera suffisant d'exiger 1^{m} 20 de haut sur 0^{m} 80 de large. Les tabatières doivent être proscrites en tout cas. Pour donner aux mansardes un aspect convenable, la hauteur de la maçonnerie au-dessus du plancher des combles sera de 1^{m} 20 au moins.

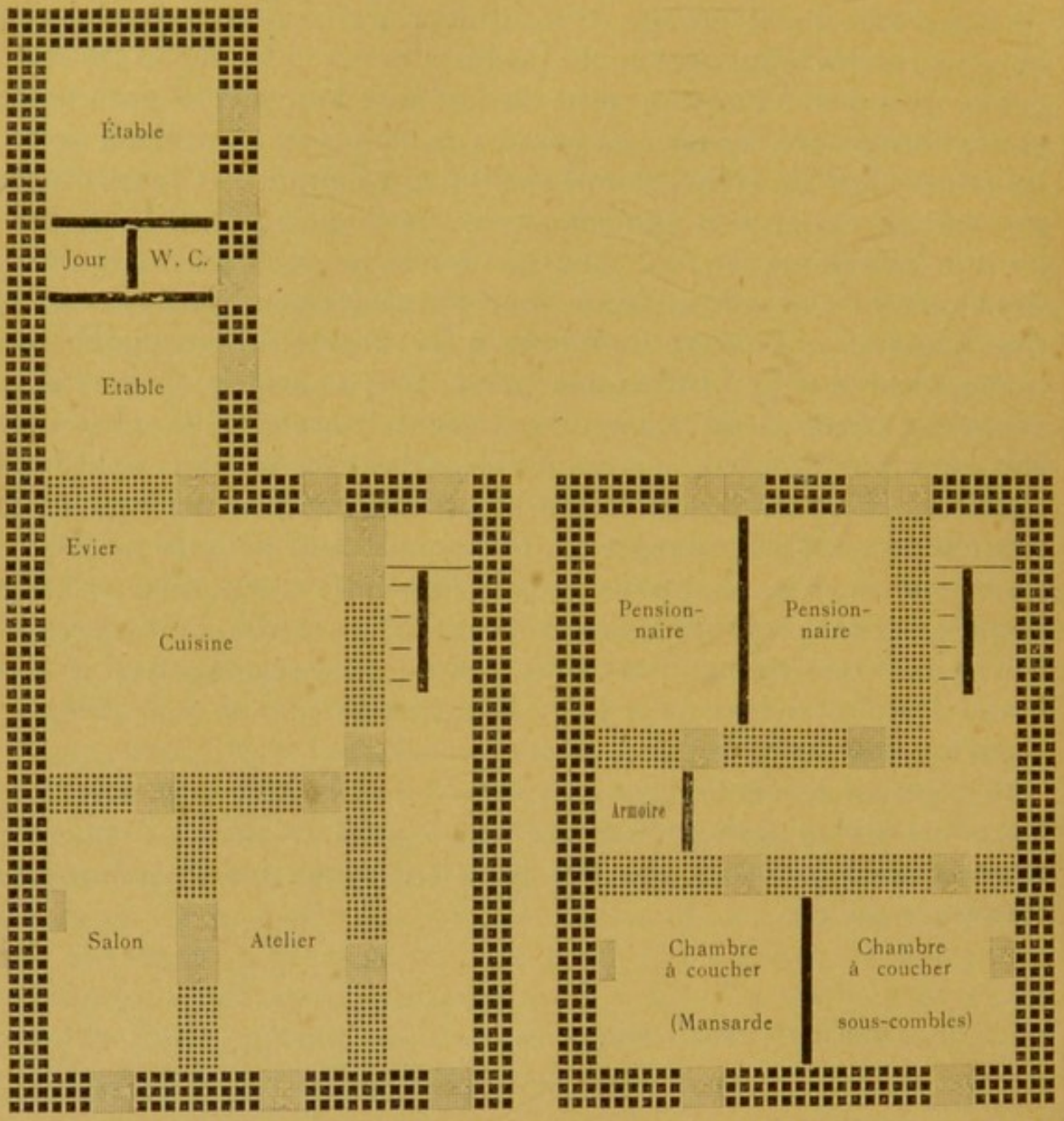
Les plans concernent les nouvelles maisons pour indigents au centre de la commune. Comme on le verra aisément, outre la cuisine et l'arrière-cuisine, le salon et les dépendances, il y a une place réservée comme atelier du nourricier. — Dans les deux constructions il y a quatre chambres à coucher à l'étage : ces chambres ont des fenêtres de 2 mètres de haut sur 1 mètre de large, un plancher en bois, et un cubage de 24^{m3} à 30^{m3}. On a pris soin d'une manière toute spéciale de l'escalier qu'on descend et qu'on monte très facilement, et qui est largement éclairé.

Voilà donc comment nous essayons à Gheel de résoudre l'important problème de la construction de maisons de nourriciers : j'ai donné ce qui est déjà en voie d'exécution, mais le problème reste à l'étude. Le moment pour introduire ces améliorations dans la colonie est éminemment favorable. Grâce aux nouvelles méthodes d'exploitation des fermes, il y a, surtout parmi notre population

rurale, un bien-être matériel visible et une situation économique solide : le confort et l'ameublement s'en ressentent, et il y a comme une fièvre de construction dans toutes les sections. Je dois au surplus rendre hommage à mes dévoués nourriciers parmi lesquels ces projets d'amélioration rencontrent une sympathie spontanée et encourageante. Ici encore, comme en beaucoup d'autres progrès, les nourriciers de Gheel donnent un bon exemple aux institutions *privées* qui s'occupent également de l'assistance des aliénés dans les établissements fermés. Aussitôt qu'on propose à ces dernières des améliorations à introduire, même gratuitement, elles poussent des hauts cris, parlent d'atteinte à la liberté, d'intransigeance insupportable dans le domaine privé. Nos nourriciers, dont personne ne méconnaîtra le caractère essentiellement privé et les intérêts personnels en jeu, nos nourriciers dont les revenus sont bien modestes, vont au-devant de leurs médecins et leur demandent la route à suivre. Quel exemple ! et comme on pourrait être mordant, mais vrai, si on voulait pousser plus loin cette comparaison de nos nourriciers avec les infirmiers et les propriétaires des asiles privés ! Puisse la faveur des administrations publiques récompenser et stimuler les nourriciers dans leur désintéressement et leur dévouement au sort des plus misérables des malades !

Il m'est un agréable devoir de remercier ici MM. Aug. Leurs et Vergouts de m'avoir fourni les plans et dessins et surtout de m'avoir aidé de leurs conseils judicieux dans les questions de technique pure.

Gheel, 1^er^ mai 1904.



REZ-DE-CHAUSSÉE PREMIER ÉTAGE

Petite habitation bourgeoise pour nourricier

Des gardes-infirmiers dans les colonies familiales

Par M. le Dr Fr. MEEUS

Médecin à la colonie d'aliénés de Gheel.

Quel que soit le type du patronage familial, type Gheel ou type de la colonie autour de l'asile, partout le médecin doit être assisté d'un garde-infirmier. Comme nous le détaillerons plus loin, celui-ci a une grande influence sur la marche du service et la valeur de l'institution.

Comme tout infirmier, le garde doit avoir les qualités générales de sa profession : de la fermeté au fond avec extérieurement une patience indulgente, un bon cœur, et un dévouement à toute épreuve. Il doit connaître les aliénés, et leurs besoins plus ou moins spéciaux suivant chaque forme pathologique : c'est-à-dire il doit avoir reçu une éducation professionnelle appropriée. Celle-ci lui sera facilement donnée pendant le stage préalable et obligatoire que tout candidat remplira à l'infirmerie, ou à l'asile central. On lui donnera des notions sur l'anatomie, la physiologie et la pathologie générales, sur l'hygiène, l'asepsie, l'antisepsie, l'application des médicaments, l'administration des bains, etc. Ce qu'il faut exiger en plus des infirmiers futurs gardes de section, c'est d'avoir une excellente santé, beaucoup de caractère, et de tact, une honnêteté scrupuleuse, et une moralité absolument vierge de tout soupçon. Ces dernières conditions sont fondamentales : les méconnaître ou les négliger, serait s'exposer à de graves mécomptes et à des abus déplorables. Le garde-infirmier doit avoir une santé robuste, car il s'agit d'aller par tous les temps de maison en maison, à la campagne, dans les routes sablonneuses : comme le facteur, il est toujours en route, et se fatigue donc beaucoup surtout dans les jambes. Il doit avoir encore beaucoup de caractère, et de tact, une honnêteté scrupuleuse, je dirais native, et une moralité au-dessus de tout soupçon [1]. Le garde remplit des

[1] Il faut donc se montrer infiniment plus sévère que ne le paraît M. le Dr Marandon de Montyel, dans la question du personnel secondaire des asiles. « *Nous*

fonctions très délicates : il peut entrer dans les ménages à toute heure du jour et de la nuit, inspecter les locaux et la nourriture, surveiller la tenue et la marche générale de la maison. Il connaît ainsi la vie de chaque famille, il devient le confident de secrets et de misères cachées. D'un autre côté des nourriciers peu scrupuleux et d'ailleurs toujours mauvais, peuvent le tenter par des promesses et provoquer sa vénalité. Il peut de toutes façons abuser de sa fonction, même par simple insinuation auprès des nourriciers, et sans que réellement il y ait des faits positifs qui légitimeraient son renvoi.

Ces hommes à caractère foncièrement honnête se rencontrent surtout à la campagne dans certaines familles de petits bourgeois et de cultivateurs qui ont tenu beaucoup à donner à leurs enfants un supplément d'instruction moyenne. Ces hommes naturellement sobres, probes et travailleurs, ont acquis par cette instruction supplémentaire une certaine civilisation, du tact, et de l'intelligence, qualités maîtresses dans leurs fonctions de garde et d'infirmier.

Les candidats ne peuvent pas être âgés : dans cette carrière il faut se lancer jeune avec l'ambition de faire du bien et l'idée fixe de rester fidèle. Les vocations à trente ans sont souvent des vocations forcées par les circonstances de temps ou de milieu et le candidat considère lui-même sa fonction comme un pis aller. Il y aurait une exception à faire toutefois si le récipiendaire avait des années de service dans un hôpital, ou à l'armée.

Les devoirs multiples des gardes chargés de la surveillance des assistés dans le patronage familial, sont résumés comme suit dans le règlement spécial de la colonie de Gheel.

Article 83. — 1° Remplir l'office de commissionnaire, d'infirmier, et porter les ordres administratifs, hygiéniques et médicaux ;

2° Parcourir continuellement la section à laquelle ils sont res-

n'avons pas d'ivrognes, écrit-il dans un intéressant article de la Revue de Psychiâtrie, Paris, Mars 1903 ; « *je ne dis pas qu'aux jours de sortie certains ne boivent pas plus que de raison, mais qu'importe s'ils ont le soin de complètement évacuer le superflu de la boisson avant d'entrer, et si dans le service ils sont sobres. Leur conduite au-dehors ne me regarde pas plus en matière d'alcool qu'en matière de femme* ».

pectivement attachés et surveiller particulièrement les aliénés qui leur sont désignés à cet effet ;

3° Signaler aux médecins de section, et s'il y a lieu, au médecin inspecteur les cas de maladies incidentes qui n'auraient pas été annoncées par les nourriciers ;

4° Assister au transport des malades à l'infirmerie ; veiller à la rentrée des aliénés aux heures fixées ; prévenir et réprimer tout désordre causé par les aliénés ou dont ils seraient l'objet ; empêcher tout mauvais traitement à leur égard, les secourir en cas de besoin et veiller en général à la stricte exécution des règlements et des instructions qui peuvent leur être données ;

5° Accompagner le cas échéant les aliénés qui se rendent à l'établissement (infirmerie centrale) et ceux qui le quittent ; poursuivre et reprendre les évadés.

Article 84. — Il est interdit aux infirmiers-gardes de section de se livrer pendant les heures de service, à des occupations étrangères à leurs fonctions et de recevoir, sous quelque prétexte que ce soit, des rémunérations ou présents de la part des nourriciers, des hôtes ou d'autres personnes à raison des fonctions dont ils sont chargés. »

Dans le livret trimestriel où le garde de section consigne ses observations journalières concernant son service, se trouvent à la première page des instructions qui précisent encore mieux ses devoirs habituels.

« Le garde de section portera spécialement son attention sur les points suivants :

1° *Sur la personne de l'aliéné :*

a) son extérieur : cheveux, barbe, oreilles, mains, pieds, ongles etc ;

b) son habillement : qualité ,quantité, entretien ;

c) santé corporelle ;

d) état mental.

2° *Sur la chambre de l'aliéné :*

a) propreté, ordre, lit, draps et couvertures ;

b) descente de lit, porte-manteau, chaise, essuie-mains, brosse, vase de nuit ;

c) porte etfenêtres, pavage, rideaux, etc. ;

3° *Sur la maison du nourricier :*

Propreté, tenue générale, ordre, ameublement, chauffage, éclairage, aérage, eau de boisson, lieu d'aisance.

4° *Sur la nourriture de l'aliéné :*

Pain, pommes de terre, fruits, viande, lard, beurre, graisse, laitages, etc. Qualité, quantité, préparation, service de table.

5° *Sur le travail de l'aliéné :*

Constater à toute heure du jour si l'aliéné ne travaille pas trop, ni trop longtemps, ni à des ouvrages dangereux.

6° *L'aliéné jouit-il de distractions et quelles sont-elles ?*

7° *Sur le milieu où vit l'aliéné .*

Le garde surveille les rapports entre aliénés,et guide le nourricier dans la conduite qu'il doit tenir vis-à-vis de son malade dans différentes circonstances.

8° *Sur l'emploi des moyens de contrainte :*

Jamais les autoriser à moins d'indications formelles du médecin.

C'est là dans ses grandes lignes, la fonction du garde de section. Dans les colonies où l'établissement central fournit aussi la literie et les habillements des aliénés, on peut encore charger le garde de section de fournir ces effets en temps opportun aux divers nourriciers de son ressort. A Gheel les gardes font régulièrement le relevé des effets qui manquent ou qui sont usés ; ils forment un bordereau où se trouvent inscrites les pièces d'habillements ou de literie demandées. Ils ont chacun un jour déterminé de la semaine pour la distribution de ces effets. Les nourriciers viennent au magasin de l'infirmerie, et le magasinier délivre en présence du garde, les différents objets indiqués dans le bordereau.

Le nombre de gardes de section qu'il faut proportionnellement au nombre des assistés, peut varier suivant les circonstances et les lieux. Dans les colonies récentes il faudra un nombre de gardes proportionnellement plus grand tant pour prévenir tout abus que pour rassurer la population de l'endroit et surtout les nourriciers qui encore peu habitués à la société et aux manières des aliénés, s'effraient facilement et invoquent volontiers l'expérience et l'au-

torité du garde. La colonie de Gheel, plusieurs fois séculaire, peut se contenter ainsi d'un personnel excessivement restreint : sept gardes pour environ 1800 malades, soit un garde pour 250 à 260 assistés. Même pour la colonie de Gheel, la proportion est quelque peu anormale et j'estime que cette admirable institution qui a pour elle l'avantage énorme d'une adaptation longuement acquises, gagnerait à avoir un personnel plus nombreux.

Dans les autres colonies il ne me semblerait pas exorbitant d'exiger un garde de section pour 100 malades. Les services administratifs et la surveillance des habillements prennent beaucoup de temps ; le garde délaisse ainsi forcément ses devoirs non moins importants d'infirmier et d'aide intelligent du médecin. Il faudrait que non seulement l'administration mais aussi le médecin puisse disposer largement des heures de service du garde. Celui-ci surveillerait et appliquerait les pansements courants, surveillerait l'administration des médicaments, aiderait à lever et nettoyer les aliénés gravement malades ou menacés ou atteints de décubitus, noterait l'état mental, etc.

Le garde ne portera pas de costume spécial : donc ni boutons, ni passementeries, ni casquette. Ces fanfreluches n'en imposent qu'extérieurement et le garde doit se faire respecter par des qualités personnelles d'intelligence, de dévoûment, et au besoin de sévérité. Ce costume est d'ailleurs gênant et humiliant pour les assistés : il leur rappelle qu'ils sont sous surveillance continue. Le garde de section n'est pas un garde-champêtre, et il ne peut en avoir les allures. Il est là non pas autant pour appliquer le règlement et punir les récalcitrants, mais surtout il est un guide dévoué en qui et nourriciers et aliénés ont confiance, qui paie d'exemple, et qui stimule tout le monde à vivre en paix et à bien remplir ses devoirs réciproques. Enfin tout en organisant une surveillance aussi étroite que les différentes circonstances le demandent, *il faut en cacher les rouages aux yeux de l'assisté et lui conserver l'illusion d'une liberté complète*. Dans cet ordre d'idées, il serait avantageux d'assermenter les gardes de section de façon qu'ils puissent dresser procès-verbal lorsqu'un assisté est gravement malmené ou insulté, ou lorsqu'on l'incite à boire ou qu'on lui donne des liqueurs fortes.

Le garde viendra tous les matins rendre compte au médecin de ses occupations de la veille. Les gardes à Gheel ont un livret spé-

cial où ils inscrivent journellement les maisons qu'ils ont visitées la veille avec observations s'il y a lieu. Le médecin s'occupera de son ou de ses gardes, et tant par des visites qu'ils feront ensemble dans la section, que par des conférences, il augmentera l'expérience et les capacités professionnelles de ses aides. Le nombre de visites que fera le garde près des assistés variera encore suivant les circonstances et les lieux. A Gheel chaque garde visite les malades de sa section au moins deux fois par mois ; dans les colonies récentes où les nourriciers ne sont pas encore suffisamment éduqués, il sera prudent que le garde fasse la tournée de ses malades toutes les semaines.

Le garde habitera *au centre de sa section*. Dans les grandes colonies comme Gheel, Lierneux, Dun-sur-Auron, où il y a plusieurs sections, il sera avantageux, au moins pour les sections trop distantes de l'établissement central, de construire une maison pour le garde et d'y annexer une salle de bains pour le service des malades voisins. Le garde habitant le centre de sa section, aura une surveillance continue et facile sur tous les environs. Il constatera journellement pour ainsi dire la vie que mènent les assistés, il pourra donner des conseils et des ordres dont l'exécution sera aisément vérifiée. Arrive-t-il des difficultés ou des accidents, il est sur place, prend les mesures nécessaires, et donne les secours urgents en attendant l'arrivée du médecin. S'il est un garde de section comme nous l'avons défini plus haut, et comme nous en avons réellement à Gheel, s'il est intelligent, dévoué et scrupuleusement honnête, il gagnera l'estime, la confiance et le respect de tous ses subordonnés, et sans arrogance aucune, ni fanfaronnade sévère, il fait le bien et largement. Est-ce à dire que le garde doit absolument s'enraciner dans sa section et ne plus en sortir ? Cela dépend de la personnalité du garde même, de sa plus ou moins grande résistance à l'ambiance et à la routine. *En général il est bon de le faire changer de temps à autre de section* : le médecin jugera facilement du moment opportun dans chaque cas. En face de nouvelles situations, de nouveaux nourriciers, de nouveaux ménages, le garde se sent plus indépendant, plus libre ; il est stimulé à la surveillance, et cela d'autant plus que les défauts des ménages nouveaux frappent sa vue qui s'était plus ou moins accoutumée à un certain *statu quo* dans son ancienne section. Enfin les nourriciers aussi sont intrigués, ont une certaine crainte pour le

nouveau garde, tâchent de se mettre dans le meilleur jour possible, et se corrigent ainsi de la négligence dans la tenue et la propreté de la maison. Ici comme partout le laisser-aller et la routine sont les ennemis du progrès.

Dans certain cas il sera utile, même nécessaire, de donner au garde l'un ou l'autre moyen de communication rapide pour accélérer et faciliter le service. A Gheel les gardes disposent gratuitement d'un vélocipède et du tramway vicinal.

Après avoir exigé du garde-infirmier une instruction du degré moyen, un caractère honnête, une conduite irréprochable, un stage préalable à l'établissement central, une instruction professionnelle solide, un service quotidien très actif et très surmenant, il est de notre devoir de lui donner en compensation un appointement convenable et de garantir son avenir comme celui de sa famille par une caisse de pension. A Gheel il commence par avoir comme infirmier à l'établissement un traitement annuel de 600 fr. à 1.000 fr. ; en sus logement et nourriture. Nommé garde de section il touche : minimum 1.200 fr., maximum 1.600 fr.; demeurant au dehors, il n'a plus ni logement, ni nourriture. Il se marie ordinairement à son entrée en fonctions dans la section. Il fait encore, à l'occasion, d'assez nombreux transferts d'aliénés, quelques bénéfices sur les frais de voyage et de séjour. Pour la pension il est fait une retenue de 5 o/o sur le traitement du personnel célibataire, 7,50 o/o sur celui du personnel marié. La limite d'âge est 65 ans. Tout ceci pour donner simplement un exemple et un point de repaire : car les salaires doivent évidemment varier suivant les pays et les besoins généraux de leurs habitants.

Bien qu'il soit défendu au garde de section d'ouvrir une boutique, un café, de gérer un commerce ou une industrie, il est juste et même avantageux de l'admettre comme nourricier. Il n'y a là aucun paradoxe, aucune opposition de principes. Le garde peut parfaitement contrôler les autres nourriciers, tout en étant lui-même nourricier. Bien mieux : par la bonne tenue de sa maison et de ses pensionnaires, il prêchera d'exemple, et s'il y avait d'ailleurs quelque chose à reprendre, le médecin est toujours là pour le contrôler. Cette admission du garde en qualité de nourricier est la règle autour de tous les asiles où fut introduit l'assistance familiale : les infirmiers mariés coustituent précisément les premiers ménages, le noyau essentiel des nouvelles colonisations. A

Gheel tous les gardes mariés sont nourriciers : ils ont généralement des malades payants dont la pension varie de 400 à 2000 fr. suivant les ménages mêmes des différents gardes.

De tous ces avantages et aussi de la faculté de se marier en temps opportun, résulte que dans les colonies on peut obtenir un personnel d'infirmiers stable et dévoué, sur lequel le médecin a toute autorité, qu'il peut plier et perfectionner à sa guise, et en qui il peut avoir une confiance sérieuse. A Gheel, et sans doute ce fait se reproduira ailleurs, les gardes de section sont estimés : ils appartiennent à des familles respectables, sont bien reçus dans tous les milieux, et peuvent à l'égal des instituteurs, briguer la main de jeunes filles prétendues riches.

Avant de finir et pour compléter ces considérations sur l'organisation du service des gardes de section, je voudrais dire quelques mots d'une réforme ou plus exactement d'une amélioration à introduire dans la composition du personnel des gardes.

Après mûre réflexion et quelque hardie que paraisse l'innovation, il me semble hautement désirable *de compléter la surveillance de la section par l'adjonction d'une ou de plusieurs infirmières-inspectrices*.

L'introduction d'un personnel infirmier féminin même dans les quartiers d'aliénés hommes, est un fait accompli dans nombre d'asiles. On y a fait les objections les plus variées et les plus graves, même et surtout avant de l'avoir expérimenté. Nous sommes ainsi faits, et quelque progressistes que nous soyons, nous sommes toujours misonéistes dans l'une ou l'autre direction. Que certains médecins aient eu des mécomptes, il faut sans doute moins en accuser le système, que l'incompétence ou l'imprévoyance de ceux qui ont la charge de l'asile. Le grand nombre de médecins s'en louent ouvertement ; certains directeurs ont tourné la difficulté en mettant à la tête de chaque pavillon d'hommes de l'asile un couple marié sans enfants et présentant d'ailleurs des garanties professionnelles. Une simple comparaison entre la tenue générale, la propreté, l'aspect d'ensemble d'un asile sans personnel féminin et d'un asile avec personnel féminin, fera conclure en faveur du personnel féminin qui au surplus l'emporte de loin sur le personnel masculin en délicatesse, douceur, commisération et dévoûment.

Dans une colonie familiale où l'infirmière-inspectrice ne fait qu'une surveillance générale d'aliénés sélectionnés et inoffensifs et

parmi lesquels d'ailleurs elle n'est pas obligée de vivre, les inconvénients du système disparaissent : ni la faiblesse, ni la pudeur de la femme ne sont en danger.

Evidemment tant pour gagner le respect et la confiance des nourriciers que pour en imposer aux malveillants, l'infirmière-inspectrice présentera des garanties d'honorabilité et de moralité, de santé et d'instruction générale. Dans les vues que je me forme d'elle, j'exigerais une instruction du degré moyen avec présentation d'un diplôme obtenu dans une école ménagère, ou tout simplement une institutrice ayant en plus un diplôme d'école ménagère.

Elle aurait dans ses attributions spéciales :

1° La surveillance de la propreté, de l'ordre et de l'ameublement de la maison du nourricier ; la surveillance de la literie et des habillements de l'aliéné ; la surveillance de la préparation de la nourriture ;

2° La surveillance des femmes aliénées et des soins intimes, médicaux ou autres qu'elles réclament ;

3°) L'instruction spéciale des jeunes filles de nourriciers en tout ce qui concerne l'économie domestique : cuisine, lessivage, propreté, ameublement, etc.

1°) Les gardes en leur qualité d'hommes, ne sont guère compétents dans les soins et la direction du ménage. Ils voient bien la différence entre un ménage bien tenu et un ménage mal tenu, mais ils ne sauraient apprécier les détails, ni donner des conseils adéquats. La femme infirmière au contraire saisira d'un coup d'œil ce qui manque. Avec un sens délicat, un goût indéniable et des capacités innées pour ameubler et entretenir la maison, pour donner du cachet et un vernis agréable aux choses les plus insignifiantes, l'infirmière-inspectrice donnera ses conseils, et transformera une maison négligée en un agréable home. Elle montrera comment on nettoie et on entretient les parquets et les meubles, les habillements et la literie. Elle goûtera des aliments, appréciera les sauces, corrigeant ici, améliorant là, tout en montrant qu'on peut faire par une cuisine soignée une économie considérable sur les matières premières. Elle sera le guide et le stimulant des nourricières, et un puissant facteur de l'augmentation du confortable et du bien-être matériel dont jouira l'assisté.

2° Dans les colonies familiales uniquement destinées à des femmes comme Dun-sur-Auron, un personnel féminin semble s'imposer. Il en est encore de même pour les colonies mixtes, comme Gheel par exemple où il y a environ 800 femmes. Bien que la nourricière doive s'occuper directement de l'aliénée et que l'infirmière-inspectrice ne fasse essentiellement que de la surveillance, il est des circonstances où l'intervention de la nourricière est insuffisante. En cas de maladies, dans l'administration des bains, en cas d'agitation d'une aliénée maniaque, dans le transfert de femmes aliénées, et autres circonstances, il est ou nécessaire ou tout au moins décent et convenable qu'il y ait une infirmière qui prête main et assistance.

Même dans les circonstances ordinaires, la surveillance des femmes doit avant tout appartenir à l'infirmière : c'est en elle que les femmes aliénées auront le plus de confiance et c'est auprès d'elle qu'elles seront le plus intimes. C'est encore l'infirmière qui sera la plus à même de connaître les besoins particuliers de chaque aliénée. Auprès des malades payantes surtout, elle sera la bienvenue : elle les stimulera à s'occuper régulièrement et leur indiquera l'une ou l'autre besogne agréable.

3° L'infirmière-inspectrice s'occupera de l'instruction des jeunes filles qui seront plus tard les nourricières, et cela en tout ce qui concerne la tenue du ménage. Elle les réunira hebdomadairement le jeudi après-dîner par exemple, ou le dimanche, et leur enseignera le choix et la préparation des aliments : soupe, légumes, laitages, pain, viandes, et la valeur nutritive de ces aliments ; le lessivage, le repassage ; la couture et le remaillage ; la propreté, l'ordre, l'économie, etc.

Avec les occupations multiples dont elle est chargée et qui pour être bien conduites demandent plus qu'une surveillance fugitive, il sera difficile d'imposer à l'inspectrice un service mathématiquement réglé comme celui du garde de section qui visite un nombre de fois donné tous les ménages de sa section. L'infirmière sera d'ailleurs constamment contrôlée par le médecin et elle devra fournir non pas un rapport journalier, mais un rapport hebdomadaire sur son service.

Dans les asiles une infirmière diplômée est ordinairement à la tête du personnel, même dans les quartiers d'hommes. A la colonie j'estime que le garde et l'inspectrice ne doivent être dans au-

cune dépendance l'un vis-à-vis de l'autre. Ils ont chacun des attributions spéciales et sont responsables de leur service respectif devant le médecin seul. Je ne verrais aucun inconvénient à ce qu'un couple marié et d'ailleurs capable, assume cette double fonction : toutefois, et cela se comprend, il ne pourrait plus être inscrit comme nourricier, leurs occupations professionnelles prenant tout leur temps.

Le nombre d'infirmières-inspectrices variera avec le nombre des assistés : là où il y a plusieurs médecins de section, chacun d'eux sera assisté d'une infirmière. Elle jouira d'un traitement convenable et aura droit à la pension comme les gardes.

Je livre cette idée aux réflexions et à l'appréciation de ceux qui s'occupent d'assistance familiale : personnellement, de par une expérience de huit années de service à la colonie de Gheel, je suis convaincu du grand bien qu'une réforme pareille pourrait introduire dans nos ménages. Nous aurons bientôt des maisons de nourriciers modèles ; il faut aussi qu'elles soient bien meublées, bien arrangées, et bien entretenues !

Epilepsie méconnue chez les Ecoliers

Diagnostic et Assistance

Par le Docteur Jules VOISIN

Médecin de la Salpêtrière

Nous désirons par cette note, attirer l'attention sur l'importance de la connaissance de l'épilepsie chez les enfants. Contrairement en effet, à l'opinion courante, l'épilepsie est très répandue dans l'enfance, mais elle n'est pas reconnue et beaucoup d'enfants considérés comme des anormaux, des débiles ou des dégénérés ne sont en réalité que des épileptiques méconnus. Cette notion est du plus haut intérêt pour le traitement et l'assistance des enfants dits anormaux.

L'épilepsie est souvent méconnue chez les enfants parce que les symptômes convulsifs se manifestent le plus souvent la nuit et ne sont pas reconnus, que dans le jour des vertiges passent souvent inaperçus et que les troubles mentaux consécutifs à ces accès ou vertiges sont rattachés seulement à la dégénérescence mentale.

Lorsque, en effet, l'enfant présente l'ensemble des manifestations motrices, sensorielles, viscérales et psychiques de l'épilepsie, le diagnostic de l'affection est facile et la maladie est traitée. Il en est de même quand des convulsions très réelles se montrent dans la journée. Mais lorsque des vertiges ou des accès incomplets, ou encore des équivalents psychiques sont les seuls signes de la maladie, le diagnostic n'est pas porté, l'enfant n'est pas considéré comme malade, il n'est pas traité, ou ce qui est pire, il est le plus souvent soumis à un traitement coercitif très nuisible à son développement intellectuel.

Nous voulons nous occuper de ces derniers cas qui rentrent dans la grande catégorie de *l'épilepsie larvée* si bien décrite par Morel. Je n'emploierai pas le mot *larvé*, car rien n'est caché dans cette affection ; l'affection est seulement méconnue parce qu'on ne sait pas chercher les symptômes qui la caractérisent.

Les aspects que présentent ces enfants sont divers. Ce sont le plus souvent des enfants de huit à douze ans. Ils nous sont amenés à notre consultation, soit par les professeurs des écoles, soit par leurs parents. On nous les présente comme *étant des enfants différents des autres;* ce sont « des enfants anormaux, des enfants » insupportables, extravagants ou turbulents, ou encore des » enfants débiles, apathiques, ne comprenant rien et ne » faisant aucun progrès ; ou bien encore ce sont des enfant mal » équilibrés, dénués de toute attention, des impulsifs, des mé- » chants ou des pervers (voleurs, salaces, etc...) troublant les » classes par leurs extravagances ou leurs attitudes bizarres. » Telles sont les expressions employées par les personnes qui soumettent ces enfants à notre examen.

Si je consulte ma statistique d'enfants anormaux présentés à ma consultation externe de la Salpêtrière pour renvoi des écoles communales comme étant indisciplinés, turbulents, violents pervers, troublant l'ordre de la classe, je trouve une moyenne de 37 % d'enfants atteints d'épilepsie méconnue.

Voici en effet cette statistique due à mon externe, M. Stettiner [1] :

Débilité mentale simple.....	22 cas
Dégénérescence mentale avec hystérie.....	12 »
Dégénérescence mentale avec chorée.....	3 »
Hébéphrénie.....	1 »
Dégénérescence mentale avec épilepsie.....	23 »

Comment pouvons-nous donc reconnaître la nature pathogénique des manifestations mentales de ces enfants anormaux renvoyés des écoles et devenant par ce seul fait du renvoi de l'école des petits vagabonds et souvent des instruments du crime ? C'est en s'informant avec soin auprès des parents des symptômes qu'ils présentent la nuit [2]. Il faut rechercher si l'enfant a des convulsions, des mouvements brusques, des cris, des grincements de dents, des évacuations alvines de temps en temps ; voir si l'oreiller est taché parfois, si le malade au réveil présente de la morsure de la langue,

[1] Stettiner. — Thèse 1904. Epilepsie méconnue chez les enfants.
[2] Jules Voisin. — L'épilepsie, Félix Alcan 1897.

s'il y a des ecchymoses sans conjonctivales, si le malade a des douleurs de tête, de l'hébétude et s'il présente de la courbature générale. Quand l'enfant présente une ou deux fois par semaine ou une ou deux fois par mois ces symptômes avec les symptômes mentaux diurnes qui le font renvoyer de la classe, il est certain que l'enfant a des accès épileptiques nocturnes.

Bientôt à ces symptômes nocturnes viendront s'ajouter des symptômes diurnes caractérisés d'abord par des vertiges, de la pâleur de la face, de la fixité du regard, des absences avec ou sans incontinence des matières, des accès convulsifs complets ou incomplets ou encore par des troubles mentaux tout particuliers. Tantôt c'est le changement subit de caractère ; l'enfant qui était doux devient violent, irascible, coléreux, emporté, impulsif et très violent ; d'autres fois lui qui était attentif en classe n'écoute plus. Il regarde fixement son professeur avec un air hagard et il ne comprend rien de ce qu'on lui dit. Parfois il oublie tout de ce qu'on lui a dit, il est dans l'impossibilité de répéter ce qu'on lui a appris le matin ou de dire ce qu'il a fait quelques moments auparavant ; d'autres fois il s'égare dans les rues, il va droit devant lui et au bout d'un certain temps il est très étonné de se trouver très éloigné de chez lui dans un endroit qu'il ne connaît pas ; d'autres fois il ne peut rester en place, il s'agite sans cesse en répétant toujours les mêmes mots et en faisant toujours les mêmes actes, dérangeant tous ses camarades qu'il bouscule quand ceux-ci lui montrent de la résistance. D'autres enfants s'endorment en classe et ronflent et rien ne peut les tirer de leur sommeil. A leur réveil, ils sont ou dans la torpeur ou l'hébétude, ou dans un accès de violence. Ils insultent leurs camarades ou ils se plaignent d'eux. Ils disent qu'on leur en veut et qu'on leur fait des misères. On les vole, on leur prend tout ce qu'ils ont, tandis que ce sont eux, au contraire, qui le plus souvent volent leurs camarades et déchirent leurs objets. D'autres enfants deviennent très grossiers dans leurs gestes et leurs paroles ; ils sont considérés comme étant des pervers alors que cet état d'excitation et de débauche en actes et en paroles n'existe que pendant quelques heures.

Ce qui caractérise les troubles mentaux chez les épileptiques, aussi bien chez les enfants que chez les adultes, c'est l'intermittence dans les accès, ainsi que la régularité dans l'apparition des mêmes idées, des mêmes mots et des mêmes actes et l'instantanéité dans

l'éclosion et l'évolution des symptômes. Cette similitude dans la répétition des accès est d'un grand poids dans la discussion du diagnostic. Enfin tous ces actes exécutés et toutes ces paroles prononcées le plus souvent avec l'apparence d'une conscience parfaite sont oubliés une fois l'enfant redevenu calme. Cette perte du souvenir est caractéristique de l'épilepsie et est considérée par l'entourage du malade comme étant voulue et due au mensonge et à la perversité du sujet. Les professeurs renvoient cet enfant de l'école comme étant un menteur incorrigible. Cette erreur de diagnostic est très compréhensible. Un médecin seul habitué à soigner les maladies nerveuses et mentales peut faire le diagnostic différentiel et il faut pour cela qu'il s'appuie sur les symptômes nocturnes, sur les troubles moteurs (convulsions générales ou partielles) et sur l'intermittence des accès de troubles mentaux.

Dans l'intervalle des accès, l'enfant est gentil, complaisant, attentionné, mais il est complètement indifférent à toutes les remontrances que l'on peut lui faire et surtout à toutes les précautions qu'on lui dit de prendre pour sa santé. N'ayant aucun souvenir de ce qui lui arrive pendant ses accès, il trouve superflues et exagérées les recommandations que l'on lui fait. Son caractère est altruiste plutôt qu'égoïste. En cela, il est bien différent de l'enfant *dégénéré*, turbulent et pervers dont le caractère est égoïste, grincheux, acariâtre et boudeur. Le dégénéré épileptique ne présente cette mentalité qu'au moment des accès et encore à l'inverse du dégénéré simple, il ne sera jamais tenace et coordonné dans ses projets malicieux. Ce qui domine chez l'épileptique, c'est l'impulsion... Chez lui pas d'actes coordonnés et raisonnés. Cette impulsion surgit tout d'un coup sous l'influence d'une idée ou d'une hallucination et ne laisse à sa suite aucun remords ou aucun plaisir. L'oubli le plus grand et par conséquent l'indifférence la plus grande caractérisent les actes quelquefois monstrueux des épileptiques.

Le diagnostic doit être fait aussi d'avec l'*hystérie*. L'enfant hystérique a généralement l'intelligence plus vive que l'épileptique. Presque tous les soirs, l'enfant dans les premières heures du sommeil a des rêves hypnagogiques. Il présente des frayeurs et des cris, il se lève tout droit sur son lit, a les yeux tout grands ouverts et se jette au cou de la personne qui se présente à lui, de sa maman le plus souvent, et lui demande aide et protection ou

bien il pleure à chaudes larmes et se plaint qu'on l'étrangle et en même temps il porte sa main à son cou et fait de grands mouvements et ébauche le plus souvent une grande attaque d'hystérie ; puis au bout de quelques minutes, tranquillisé par les paroles affectueuses et aimées de ceux qui l'entourent, il s'endort profondément et il ne se rappelle pas le lendemain matin la scène qu'il présente une partie de la nuit. A son réveil il n'est pas fatigué et hébété comme l'épileptique et son activité intellectuelle est toujours aussi grande. La déchéance intellectuelle chez lui ne se produit pas comme chez l'épileptique. Au lieu d'avoir des frayeurs et de jeter des cris, l'enfant peut se lever sans bruit, s'habiller et se mettre à son travail ou faire une promenade, puis revenir se coucher. Cela constitue une crise de somnambulisme. Cet état somnambulique se produit quelquefois aussi dans le jour et nous assistons alors à des fugues inconscientes, différentes dans leur évolution des crises d'épilepsie, mais facilement mises en évidence par l'hypnotisme provoqué[1]. Indépendamment de ces symptômes mentaux nous constatons chez les hystériques des troubles de la sensibilité générale : analgésie et anesthésie et des points hystorégènes avec des attaques convulsives plus ou moins complètes.

Les enfants débiles, dégénérés, présentent aussi des fugues, mais ces fugues sont conscientes et bien différentes par conséquent des fugues épileptiques. Je ne les signale que pour mémoire.

Tous les symptômes que nous avons signalés chez ces enfants épileptiques vont en augmentant si une *thérapeutique* bien conduite n'est pas instituée. Les symptômes d'abord nocturnes deviennent bientôt diurnes. Les vertiges apparaissent les premiers, puis viennent les convulsions et enfin au moment de la puberté, il n'est pas rare de voir survenir une démence spéciale sur laquelle j'ai attiré l'attention.

Aussi un traitement doit-il être installé le plus tôt possible.

Le *traitement* doit être prophylactique et curatif et comporte une assistance bien entendue.

La prophylaxie consisterait à mettre en pratique toutes les don-

[1] Voir *Annales Médico-psychologiques* et Congrès de Médecine mentale de 1889, et des Médecins aliénistes et neurologistes de Bordeaux 1895. Jules Voisin.

nées de la puériculture : éviter toutes les causes de la dégénérescence humaine [1] et empêcher les mariages qui entraînent ces causes. Une fois l'enfant né, l'entourer de tous les soins que l'hygiène recommande et surtout veiller à sa nourriture.

Enfin quand l'enfant est en âge d'aller à l'école il faut que cet enfant, s'il est reconnu anormal ou malade, ne soit pas renvoyé impitoyablement de la classe et abandonné dans les rues sans guide et sans protection comme cela arrive tous les jours, car fatalement il grossira le nombre des délinquants juvéniles. Il faut qu'il soit *assisté*, placé dans un asile ouvert, ou dans une section de *l'Ecole destinée aux enfants anormaux*. Cette Ecole des enfants anormaux doit en effet être divisée en plusieurs sections suivant la nature de la maladie de l'enfant, suivant son âge et ses habitudes. Tout d'abord il faut deux grandes divisions : 1° une division pour les enfants anormaux proprement dits, et 2° une division pour les enfants nerveux.

Dans la division des enfants anormaux seront les enfants dégénérés simples, débiles ou pervers. Il y aura plusieurs catégories suivant l'âge des sujets et la nature des anomalies de l'intelligence.

Dans la division des enfants nerveux, il y aura des épileptiques, des hystériques, des choréiques et des neurasthéniques. Cette division sera elle-même divisée en plusieurs catégories suivant la nature de la maladie des sujets, leur âge et leur degré d'intelligence. Un médecin aliéniste ou s'occupant des maladies nerveuses doit être attaché à cet établissement pour qu'il fasse la sélection des enfants. Il indiquera la méthode que l'on doit suivre pour éduquer l'enfant une fois que lui-même aura bien étudié ses facultés intellectuelles. Il ne faut pas oublier en effet que ce petit épileptique est non seulement un nerveux mais encore un dégénéré et qu'indépendamment des troubles mentaux dus à sa névrose et qui arrivent par paroxysmes, il peut présenter les troubles mentaux dus à sa dégénérescence mentale. C'est au médecin à démêler ce qui revient à la névrose et ce qui est dû à la dégénérescence. Jusqu'à ce moment ces enfants épileptiques sont mélangés avec les autres nerveux et avec les autres enfants dégé-

[1] Idiotie, 1893. Jules Voisin, Paris, Félix Alcan.

nérés. Cette promiscuité est surtout dangereuse pour les dégénérés simples qui possèdent l'esprit d'imitation.

On devra donner une instruction élémentaire à tous ces enfants et une bonne éducation morale. On leur apprendra un métier où ils puissent dépenser des forces physiques et dans l'exercice duquel ils ne puissent se blesser dans leurs chutes. Enfin on dirigera leurs goûts surtout vers l'agriculture et l'horticulture. Le travail au grand air leur est bien préférable à tous les points de vue au travail dans un atelier où l'hygiène laisse souvent beaucoup à désirer et où des excitants de tout ordre peuvent exister. *La colonisation familiale agricole* est donc tout indiquée.

Aussitôt que les enfants seront instruits et éduqués et arrivés à l'âge de dix-huit ou vingt ans, on placera les plus intelligents et ceux qui ont des accès rares dans des familles de cultivateurs où ils seront surveillés et traités par les médecins de la localité. Les autres enfants plus débiles ou ayant des crises sérielles plus répétées seront gardés à l'asile ou à la colonie agricole.

L'alimentation sera très surveillée. On bannira tous les excitants et les boissons alcooliques. On recommandera la balnéation, l'hydrothérapie et la médication bromurée et en particulier la bromocarpine que j'utilise avec succès dans mon service de la Salpêtrière. Il ne faut pas oublier que l'épileptique doit toujours prendre du bromure de potassium sous n'importe quelle forme. C'est pour lui un médicament qui est un véritable aliment indispensable à son organisme.

L'Assistance des Idiots

Par le Dr VAN DEVENTER.

Le Dr Güggenbuhl fut le premier médecin qui se dévoua à l'idiot. Il créa un établissement où il inaugura l'éducation pour les sens. Les résultats obtenus furent splendides et de toutes parts on accourut pour s'en rendre compte. Malheureusement il ne fut pas soutenu suffisamment dans la défense de sa noble cause. Néanmoins ce fut à partir de ce moment que des institutions pour idiots s'élevèrent dans plusieurs points. En Hollande, ce fut à La Haye que surgit la première école sous la haute protection de la reine Sophie qui avait été témoin de l'œuvre de Güggenbuhl. Güggenbuhl fut suivi par Ferrus, Félix Voisin, Séguin et d'autres encore qui réunirent tous leurs efforts pour l'amélioration intellectuelle des idiots et des imbéciles afin d'en faire des sujets utiles à la société.

Actuellement un grand nombre de débiles intellectuels sont écartés, dans certaines écoles, des enfants normaux pour recevoir une instruction spéciale. Il est regrettable que cette idée naquit si tardivement alors que des exemples d'enfants de la classe aisée et arriérés pouvaient recevoir une certaine éducation par des soins spéciaux. En Hollande, on estime à 10.000 le chiffre des enfants arriérés inaptes à l'école primaire dont 2.500 en deça de 16 ans. Dans ce chiffre ne figurent pas les sourds-muets et aveugles ainsi que les enfants moralement abandonnés et maladifs par suite d'affections chroniques. Dorénavant l'enfant arriéré pourra rester dans sa propre famille ou être confié à une autre famille ou dans un institut suivant le degré de leurs lacunes intellectuelles. L'éducation dans la famille mérite la préférence et le placement dans une autre famille ou dans un institut ne pourra se faire que si certaines circonstances ne permettent pas le maintien de l'enfant dans sa famille. Chaque placement se fera après mûres réflexions suivant les conditions individuelles.

Quant au genre d'établissement, les instituts spéciaux méritent de beaucoup la préférence sur les asiles d'aliénés où trop souvent les arriérés sont entremêlés avec les autres malades. La vie de

famille doit régner dans les instituts. En Hollande, où la vie de famille est très cultivée, le besoin du respect de ce principe est indispensable. En plus, il est désirable de voir les enfants arriérés placés non loin de leurs familles et d'avoir conséquemment différents établissements placés à une certaine distance les uns des autres pour pouvoir permettre aux familles de visiter régulièrement les enfants.

En tout cas la direction de ces établissements doit être confiée à un médecin.

Il importe que le placement des imbéciles et des idiots se fasse aussitôt que possible, car il y a lieu de les classer de bonne heure suivant leurs qualités individuelles, partant toujours de ce point capital que les enfants doivent être préparés pour la vie sociale. Leur enseignement sera de nature essentiellement pratique ; on essayera de leur faire apprendre un métier, surtout un métier réclamant plutôt de l'activité et de l'agilité que de l'intelligence.

Ces recommandations font l'objet d'une attention spéciale en Hollande.

L'Assistance des épileptiques en Hollande

Par le Dr VAN DEVENTER

Avant 1881, l'assistance des épileptiques se bornait à ne recevoir ces malades que lorsqu'ils présentaient des troubles mentaux. Vers cette année fut érigée la Société Chrétienne (évangélique) pour l'assistance des épileptiques non aliénés à Haarlem. Actuellement cet hôpital renferme environ 250 malades.

A Murenberg la quantité d'épileptiques en 1899 était de 11, 12 p. cent. La population des asiles néerlandais, vers la fin de 1902, était de 8.958. En prenant pour point de départ la proportion constatée à l'asile de Murenberg, les asiles réunis devaient renfermer 1.000 épileptiques ; si on estime qu'il y a un épileptique par 1.000 habitants, la quantité de malades de ce genre doit s'élever à 5.750. Plusieurs de ces malades sont traités à domicile ou dans une institution charitable.

Il y a environ 3 ans on créa la Société néerlandaise pour l'assistance des épileptiques. Elle a pour mission de confier les épileptiques chroniques à des établissements spéciaux (Amsterdam, La Haye), d'étudier spécialement la maladie et de la traiter.

Jusqu'ici on ne s'est pas occupé du placement des épileptiques dans une Colonie. Le placement de ce genre de malades, doit naturellement dépendre de la nature des accès, du degré de la maladie, du caractère du patient, etc. Le facteur individuel a ici une valeur prépondérante : un épileptique, débile intellectuel et à accès rares pourra être conservé à domicile, fréquenter une école pour enfants arriérés, et être traité dans une policlinique. L'épileptique à accès fréquents, colérique, très impressionnable, nécessiteux et dément à un fort degré, devrait faire l'objet d'une assistance familiale.

On ne peut méconnaître que les Colonies ont leur valeur, il y a à considérer ici que l'assistance des épileptiques au milieu des aliénés, a ses avantages ; les asiles usuels en fournissent la preuve. La Colonie de Gheel a déjà hébergé des milliers d'épileptiques sans qu'on en ait ressenti des inconvénients sérieux. La proportion d'épileptiques dans cette Colonie est d'environ 10 p. cent.

L'expérience apprend qu'un grand nombre de ces malades sont aptes à jouir d'une grande liberté sans danger pour eux-mêmes ou pour leur entourage. La Colonie de Gheel a cet énorme avantage que les maisons n'y ont qu'un rez-de-chaussée ; les épileptiques y font du travail agricole ou du travail domestique sous l'œil vigilant du nourricier. L'absence de canaux écarte tout danger de mort par submersion.

L'assistance dans une famille est néanmoins préférable à la Colonie si l'absence de cette grande liberté n'offre aucune conséquence fâcheuse. Il serait désirable de faire à ce sujet une enquête internationale, et sur les questions suivantes :

1° Quelle est la quantité d'épileptiques dans les différents pays.

2° Combien y a-t-il de ces malades traités : *a* dans leur propre famille : *b* dans d'autres familles : *c* dans des institutions, avec désignation de la qualité de celles-ci. Les chiffres obtenus ne seront pas exacts, et pour n'en citer qu'un exemple, comment parfois différencier l'épilepsie de l'imbécillité ; on arriverait néanmoins à quelques résultats pratiques.

Encore un détail qui mérite l'attention. Pour éviter l'asphyxie des malades à accès nocturnes et qui se retournent sur le ventre, le Dr Everts de Murenberg, s'est servi avantageusement de coussins à crin animal avec un oreiller assez lâche qui permettent le passage et conséquemment aux malades de continuer à respirer.

Le Patronage en Hollande

Par le Dr VAN DEVENTER

Le patronage en Hollande date déjà du temps de la réforme des asiles. Schrœder van der Hulst exprima déjà le désir de soigner l'aliéné à son retour dans la Société. Ce désir fut témoigné déjà au Ministre de l'Intérieur en 1860. Le ministre accueillit favorablement la proposition et la soumit à l'examen des Etats Généraux des différentes provinces. L'année suivante, le professeur van der Lith fit connaître l'organisation de ce patronage à l'asile d'Utrecht, où il fonctionne encore en ce moment à la satisfaction des chefs de l'institution.

En 1863, l'asile de Murenberg eut également son patronage organisé avec l'appui de la province. Ce patronage a pour but d'assister les aliénés sortis afin d'empêcher le retour de l'aliénation mentale. Cette assistance est toujours temporaire et ne peut jamais dégénérer en secours permanent. Par ce procédé on a pu secourir un grand nombre d'anciens pensionnaires, les placer dans un milieu convenable et leur procurer du travail. La Province possède d'ailleurs assez d'institutions charitables pour venir en aide à ceux qui ont pu quitter l'asile. — La loi sur le régime des aliénés prévoit le cas inespéré pour secourir ceux qui sont nécessiteux : L'asile doit s'entendre avec le Bourgmestre du dernier lieu de domicile du patient ou avec le Bourgmestre du lieu-siège de l'asile à défaut de relations de famille.

Depuis l'inauguration de l'Assistance familiale à Murenberg, le patronage promet son concours, pour autant que le règlement le permet, en faisant des avances à l'hôte pour acheter du mobilier et autres objets nécessaires.

Cette assistance familiale s'étend progressivement.

Un grand nombre de malades souffrant de psychoses aiguës sont admis dans des hôpitaux ou des asiles de passage et en sortent à l'état guéri sans avoir passé par un asile d'aliénés. Certains aliénés chroniques sont soignés dans des instituts pour affections nerveuses ou bien dans leur famille sans passer au préalable par l'asile. Ces dispositions sont prises non seulement chez les malades de la classe aisée, mais encore chez les indigents. Durant mon

séjour à l'Hôpital Wilhelmine à Amsterdam, bien des aliénés quittèrent l'hôpital complètement guéris et à ceux-ci le patronage aurait pu procurer du soulagement.

Il serait donc désirable que les patronages puissent accorder leurs secours à tout aliéné et nécessiteux guéri rentrant dans la Société. Il faudrait à cet effet une coopération entre les médecins qui ont traité les malades et la direction du patronage afin de les recommander sans retard et de les soumettre à la bienveillance de médecins et d'infirmières nommés à cet effet. C'est ici que les infirmiers de section, étant au courant des soins à donner aux aliénés, peuvent rendre des services.

Il serait désirable de voir instituer dans toutes les grandes communes des policliniques où les aliénés libérés puissent aller prendre des conseils.

Cette extension serait encore insuffisante et les patronages devraient se confédérer dans chaque pays, même constituer une alliance internationale.

L'expérience de chaque patronage contribuerait ainsi singulièrement au plus grand bien des patients.

The relations between Hospital and Home relief

of Sick poor insmall Parisher

Par le Dr VAN DEVENTER

Depuis quelques années le nombre d'infirmières de section s'accroît notablement dans les campagnes. Sous la direction des médecins les infirmières rendent de grands services. Le traitement familial gagne ainsi en importance et le nombre de malades qui se rendent encore aux policliniques des grandes villes se trouve notablement réduit. Les petits hôpitaux se sont multipliés.

La société néerlandaise pour favoriser l'hospitalisation des malades, composée des principaux chefs médicaux des hôpitaux, a nommé une commission à l'effet de préparer un plan d'hôpital pour les indigents des petites communes, permettant à la fois d'héberger les malades atteints d'affections contagieuses et le traitement provisoire des aliénés.

Cette commission, dans son rapport en date du 31 octobre 1903, a émis le désir de voir instituer le traitement policlinique dans ces hôpitaux, et conséquemment de recommander une salle d'opération avec tous les accessoires et une place spéciale pour les opérés. Elle a encore témoigné l'avis de ne pas consacrer ces hôpitaux exclusivement aux indigents mais aussi à des malades de la classe aisée afin de pouvoir établir une situation financière assez satisfaisante pour permettre la réalisation facile de tous les besoins.

La Hollande possède déjà 22 communes qui ont des hôpitaux répondant à ces desiderata.

Dans le projet conçu, on compte 2 à 3 lits par 1000 habitants, ou 10 à 15 lits pour une population de 5000 habitants (une seule commune ou plusieurs communes réunies). Un tel hôpital réclame un terrain de 1.200 à 1800 m. ^{2}, 100 à 150 m. ^{2} par lit. Il ne doit pas être très éloigné du centre et, en vue des éventualités pour travaux d'agrandissement une certaine quantité de terrain doit être tenue en réserve.

Le terrain sera relevé avec du sable, de manière qu'un quart

seulement de la hauteur de la cour soit au-dessous du sol. — Le sous-sol renferme un local à désinfection, une morgue, une place réservée à un chauffage central et les locaux à provision, et des locaux refuges.

Le grenier renferme les chambres pour domestiques et les magasins.

Le rez-de-chaussée est réservé aux hommes, l'étage aux femmes.

Le cubage par lit est de 26,4 m. ^{3}; 6 m. de longueur, 5,5 m. de largeur et 4 m. de hauteur par 5 lits. Le prix du terrain étant évalué à environ 1 fr. le mètre, les frais de construction et d'organisation sont estimés de 40,000 à 50,000 francs.

Il serait désirable d'autoriser les infirmières de l'hôpital à faire un service comme infirmière de section et de prendre ce principe en considération lors de la construction. Ce principe contribuerait encore à former un lien entre l'hôpital et le traitement familial.

L'auteur propose de répartir l'hôpital comme suit :

Un *rez-de-chaussée* : Salle d'opération, chambre attenante, vestibule, policlinique pour les médecins, vestibule, chambre pour un malade, salle pour 5 malades, vérandah, corridor, cabinet d'aisance, local pour un aliéné, cage d'escalier, cabinet d'aisance, cuisine, arrière-cuisine, local-refuge, salle de bains, salle de bains pour b. s., locaux pour b. s., vestibule.

Un *souterrain* : Désinfection, morgue, dépôt pour charbon, cave à légumes, place pour dépôts indéterminés.

A *l'étage* : Salle pour six malades, salle accessoire, chambre pour un malade, chambre pour infirmière en chef et autres infirmières, salle de conversation, cabinets d'aisance, cage d'escalier, chambre de bain.

The Boarding out of poor Children

The methods of Organizing Home relief for Cripples

Par le Dr VAN DEVENTER.

La question de l'hospitalisation des orphelins et enfants moralement abandonnés dans des familles ou dans des établissements spéciaux reste à l'ordre du jour en Hollande.

Le traitement familial semble avoir le plus de partisans, qu'il ait lieu soit dans des petits pavillons, soit dans des familles, les deux systèmes visant le même but, la vie en famille.

L'établissement que possède la ville d'Amsterdam semble répondre à tous les désidérata d'une bonne organisation. Cet établissement date de 1665 mais a subi de sérieuses modifications dans le courant du XIXe siècle. Déjà à partir de 1810 des enfants furent confiés à la campagne. Des Commissions et Sous-Commissions furent déléguées pour faciliter et surveiller la nouvelle organisation, mais au début le résultat laissa à désirer et une réorganisation eut lieu, suivie d'un succès complet. Au 31 décembre 1903, le nombre d'enfants établis dans des familles en dehors des murs d'Amsterdam était de 444. Un certain nombre d'autres enfants purent rester dans la ville même, soit auprès des membres de leur famille, soit dans des familles étrangères. Annuellement la ville d'Amsterdam place ainsi environ 46 enfants.

Parmi ces enfants on trouve des enfants trouvés, des orphelins qui ne peuvent recevoir l'hospitalité dans un des orphelinats déjà existants, des enfants abandonnés et d'autres, issus de parents malades confiés à des hospices et conséquemment inaptes à soigner convenablement leurs enfants.

Ces enfants peuvent donc être divisés en deux catégories, les uns restant à charge de la bienfaisance jusqu'à leur majorité, les autres ne restant sous la protection de la bienfaisance que jusqu'à rétablissement complet des parents ou de leur libération de la prison. Ces derniers seuls restent hospitalisés en ville.

Au début tous les enfants passent par l'établissement qui sert de maison de passage. Les petits sont confiés à des gardiennes spé-

ciales. Si, après examen, il est constaté que les enfants ne peuvent être rendus à leurs familles ou ne peuvent être pris en considération pour le placement dans un orphelinat, le Directeur se charge de leur placement extra-muros.

Dans chaque centre de placement il y a un préposé qui représente le Directeur et qui présente un rapport sur la famille qui veut se charger d'enfants. L'établissement se charge de tout l'équipement. Le préposé veille à ce que l'enfant fréquente l'école, surveille sa conduite, son application et ses progrès, et que les nourriciers le soignent convenablement.

Pour avoir toute garantie à ce sujet et que l'assistance ne soit pas faite par pur esprit de lucre, on n'accepte que des nourriciers qui ne sont pas secourus et qui sont favorablement connus. L'établissement central soigne pour les vêtements, l'école et les soins médicaux. Pour apprendre à l'enfant à devenir économe, on stipule pour chacun une somme d'argent (masse d'habillement). S'il reste une somme non dépensée pour les vêtements, elle est inscrite à son actif pour lui être payée au moment de la sortie. La même règle est suivie, si les nourriciers se chargent eux-mêmes, en partie ou en totalité, des vêtements.

L'instruction professionnelle est très bien soignée. Le Directeur a créé dans les communes des centres où il existe des écoles spéciales pour les métiers et à qui il confie ses pupilles. Ainsi les enfants, pour qui on a prescrit l'air de la mer, ne peuvent travailler qu'en plein air dans la partie occidentale, où l'on cultive les fruits et les légumes. D'autres pupilles qui préfèrent une instruction technique, on les envoie par exemple à Livolle où ils trouvent toute facilité. Pour les filles, on les confie à un endroit où elles peuvent apprendre le travail manuel et domestique.

Les enfants, au point de vue de l'enseignement religieux, sont toujours placés chez des nourriciers professant leur religion.

Le préposé rédige au moins six rapports par an, le Directeur visite annuellement les enfants et les régents à leur tour exercent une surveillance active.

Les pensionnaires restent sous la tutelle de l'institution jusqu'à leurs 23 ans. Parfois vers leurs 18 ans, ou plus tôt même, ils sont à même de pourvoir à leur entretien. A partir de ce moment toute pension cesse et celle-ci est même diminuée au fur et à mesure qu'ils peuvent produire un travail productif.

Les résultats obtenus sont satisfaisants. Les enfants qui dérivaient à leur entrée d'un entourage peu favorable, sont confiés à un bon milieu et sont vraiment considérés comme des enfants adoptifs. Ils vivent dans un air pur, apprennent à connaître l'ordre, la discipline, l'économie, fréquentent l'école et apprennent un métier. On leur apprend à vivre par eux-mêmes, on leur laisse le choix de la profession ou des moyens d'existence, le Directeur étant appelé néanmoins à donner son avis et approbation.

Même les pupilles qui quittent après leur 19e année restent en relations avec le Directeur. A leur 23e année, et en cas de bonne conduite, ils reçoivent un pécule de sortie. Cette mesure a une influence très salutaire sur les pupilles.

La surveillance est plus facile dans les petits centres que dans les grandes villes. Toute infraction est portée immédiatement à la connaissance du préposé qui en informe le Directeur. Si le pupille est inapte au traitement familial, on le renvoie à un établissement. Ainsi, les incorrigibles sont placés dans un établissement où le régime est analogue à celui d'une école de discipline.

Les garçons qui pour cause d'invalidité physique ou psychique, réclament une éducation spéciale sont envoyés dans un établissement où ils peuvent apprendre le métier de vannier, ou de rempailleur de chaises ou un autre métier analogue.

Pour les enfants arriérés, aptes au régime familial, on paie une pension plus grande. La direction est obligée de soigner, les deux dernières années, les jeunes gens inaptes pour la Société, pour cause physique ou psychique, et sans qu'ils puissent être considérés comme aliénés, lorsqu'ils sont inaptes à pourvoir complètement à leur entretien.

Ici se classent entr'autres les épileptiques, sourds-muets, idiots, enfants négligés et autres invalides. L'assistance de ces anormaux pour la société se fait dans des familles ou dans des établissements. Dans tous ces cas on donne la préférence aux familles et l'assistance familiale n'occupe que le second rang.

Note sur l'Assistance obstétricale à domicile

Par M. BOULIER

Secrétaire général à la Chambre syndicale des Sages-Femmes.

De tout temps, indépendamment des médecins chargés du secours médical proprement dit, des sages-femmes ont été attachées aux bureaux de bienfaisance, pour opérer les accouchements à domicile. Elles étaient à Paris au nombre de 57, lorsque intervint l'arrêté du 20 avril 1853. Cet arrêté laissa au directeur de l'administration le soin de déterminer, de concert avec les bureaux, le cadre des sages-femmes par arrondissement, ainsi que le taux de l'indemnité à payer par accouchement. D'abord fixée à 5 francs, l'indemnité fut élevée à 8 francs en 1858 ; plus tard, un arrêté du 7 mai 1881 l'élevait à 15 francs, taux maintenu depuis.

Le syndicat des sages-femmes a signé une pétition qui va être présentée sous peu, si elle ne l'est déjà, demandant que le taux de ces accouchements soit porté à 20 francs. Autrefois 5 francs étaient peut-être suffisants, si l'on considère le peu de soins que recevait l'accouchée, mais depuis dix ans et en ces dernières années surtout l'antisepsie est pratiquée d'une façon rigoureuse, et comporte neuf visites avec soins, sans compter l'opération pour la modique somme de 15 francs. Et c'est une anomalie, si l'on place en parallèle que la Ville paie 20 francs au médecin ou à la sage-femme que le poste appelle la nuit pour un accouchement seulement.

Le nombre des médecins dut, naturellement, être augmenté, en raison de l'annexion à Paris, des communes suburbaines, en 1860.

Le nombre des sages-femmes fut, à la même époque, porté à 111.

Le service des accouchements se développa surtout après 1866, par suite de la mise à la disposition des bureaux de bienfaisance d'un fonds spécial, s'élevant alors à 150.000 francs, destiné à venir en aide aux accouchées à domicile. A partir de la période triennale de 1865, 1866 et 1867, le compte-rendu du service médical

distingua les accouchements des cas divers de maladie, et classa, dorénavant, les accouchées dans un tableau statistique particulier, au lieu de les confondre comme précédemment, dans le tableau général des personnes ayant eu recours à l'intervention médicale.

Le règlement général sur les secours à domicile, du 28 Juillet 1860, avait maintenu l'organisation précédente, en réduisant à trois années la durée du mandat, d'ailleurs renouvelable, confié aux médecins, et en exigeant le diplôme de docteur. Il maintenait à cette même durée de trois années, le mandat, également renouvelable, confié aux sages-femmes.

Une nouvelle organisation du personnel médical fit l'objet des arrêtés des 24 mai 1873, 15 février 1879, 27 février 1887 et 13 juillet 1889. Enfin celui du 15 novembre 1895 et la décision ministérielle du 2 mars 1900. Entre temps un décret intervenait le 12 août 1886.

En ce qui concerne les sages-femmes, l'organisation antérieure a été peu modifiée par les décrets de 1880 et 1895.

Dès 1887, suivant un vœu du Conseil municipal, leur nombre, dans certains arrondissements, cesse d'être limité. Toutes les sages-femmes justifiant des garanties professionnelles requises, purent être appelées à participer au service des accouchements à domicile. En vertu du décret de 1886, elles étaient nommées par le Préfet et placées sous la surveillance du médecin de la circonscription qu'elles devaient appeler en cas d'accouchements difficiles. En vertu du décret de 1895, elles sont nommées par le Directeur de l'Assistance publique. Le nouveau décret ne reconnaissant qu'une circonscription médicale par quartier, n'a pas imposé aux sages-femmes la surveillance des différents médecins pouvant desservir chaque quartier. Il va de soi, sans que le décret ait formulé cette obligation, que les sages-femmes doivent requérir les médecins du quartier, en cas d'accouchements laborieux, la loi elle-même leur défendant d'employer les instruments sans appeler un médecin ou un chirurgien. Les deux décrets les obligent à la résidence dans l'arrondissement où elles exercent leurs fonctions ; le décret de 1895 exige qu'elles soient de 1re classe, condition non édictée par le décret de 1886. Il donne en outre, aux femmes enceintes, la faculté de choisir leur sage-femme parmi celles qui sont préposées au service de l'arrondissement. En l'absence d'un

texte dans les deux décrets, une décision préfectorale du 9 juillet 1887 avait fixé à quatre années la durée du mandat des sages-femmes, durée réglementaire du mandat des médecins sous le régime du décret de 1886 ; de même qu'un arrêté préfectoral du 3 avril 1896, a fixé cette même durée à trois années, par assimilation à celle du mandat des médecins sous le régime du décret de 1895.

Enfin, un autre arrêté préfectoral du 17 août 1887 a fixé la limite d'âge des sages-femmes de l'assistance médicale à 60 ans.

Mais que fera la sage-femme presque toujours restée pauvre, que va-t-elle faire à 60 ans ? Le mieux est de se laisser mourir de faim, pas possible de penser faire de la clientèle. L'assistance publique ne s'est pas préoccupée de cela, et au lieu et place de celle qui semblait tout indiquée pour visiter les accouchées de l'assistance à domicile, elle a institué (dames visiteuses) des femmes d'officiers, de fonctionnaires, etc., peu aptes à remplir cette mission et très déplacées dans ce milieu ; quand la sage-femme au contraire, apporterait au milieu de cette détresse qui lui est familière, une longue expérience et un dévouement capables de surmonter la répugnance qu'inspirent la plupart des taudis de ces déshéritées.

Années	Nombre des inscriptions y compris celles pour les accouch.	Nombre des inscriptions pour traitement à domicile	Nombre de malades traités	Nombre des inscriptions pour les accouchements à domicile	Nombre de femmes accouch.	Nombre des consultations données	Nombre des consultants	Dépenses en médicaments
1854	30.715	»	»	»	»	102.472	»	153.942.13
1855	31.558	»	»	»	»	115.864	»	144.918.21
1856	32.584	»	»	»	»	178.574	»	170.784.26
1857	32.105	»	»	»	»	155.821	»	177.395.21
1858	29.737	»	»	»	»	161.401	»	158.794.58
1859	27.075	»	»	»	»	169.101	»	145.901.42
1860	37.382	»	»	»	»	168.898	»	213.375.24
1861	49.084	»	»	»	»	203.787	»	249.249.65
1862	52.060	»	»	»	»	245.870	»	226.372.20
1863	54.724	»	»	»	»	271.902	»	237.326.40
1864	57.415	»	»	»	»	287.330	»	253.108.99
1865	»	54.616	»	8.988	7.450	324.186	»	281.091.17
1866	»	56.093	»	9.344	7.588	334.191	»	297.627.94
1867	»	55.634	»	10.852	8.744	355.089	»	297.942.78
1868	»	61.035	»	11.671	9.468	355.946	»	317.103.86

Années	Nombre des inscriptions y compris celles pour les accouch.	Nombre des inscriptions pour traitement à domicile	Nombre de malades traités	Nombre des inscriptions pour les accouchements à domicile	Nombre de femmes accouchées	Nombre des consultations données	Nombre des consultants	Dépenses en médicaments
1869	»	58.612	»	12.091	9.769	347.540	»	314.844.12
1870	»	88.088	»	15.263	12.828	385.772	»	317.625.35
1871	»	68.774	»	12.906	9.349	319.160	»	332.189.37
1872	»	50.856	»	13.895	11.090	324.863	»	301.154.89
1873	»	57.377	»	13.786	11.066	390.698	»	349.146.20
1874	»	59.622	»	13.868	11.139	387.542	»	383.366.81
1875	»	59.291	»	13.219	10.544	345.940	»	351.415.61
1876	»	62.958	»	13.215	10.392	367.422	»	344.082.73
1877	»	61.286	»	13.356	10.680	424.832	»	383.572.71
1878	»	61.254	»	13.349	10.630	394.538	»	374.495.83
1879	»	71.752	»	13.971	10.958	435.945	»	396.250.52
1880	»	78.591	»	14.178	10.998	453.036	»	418.751.20
1881	»	70.128	»	14.604	11.231	431.330	»	370.542.70
1882	»	71.548	»	14.878	11.329	409.452	»	363.580.39
1883	»	71.737	»	16.023	12.118	433 868	»	394.541.40
1884	»	78.916	»	15.367	11.722	430.095	»	423.414.85
1885	»	82.358	»	15.503	11.765	476.156	»	451.131.93
1886	»	91.402	»	15.280	11.983	492.940	»	474.701.01
1887	»	88.881	»	14.751	11.383	438.044	»	445.295.90
1888	»	89 705	»	14.844	11.600	352.325	»	542.779.03
1889	»	96.338	»	14.833	11.772	332.914	»	479.862.40
1890	»	104.749	»	14.004	11.321	309.938	»	522.193.54
1891	»	102.117	»	15.248	12.677	324.985	»	555.223.14
1892	»	112.608	»	15.207	12.287	337.099	»	542.955.44
1893	»	103.964	76.391	14.976	12.181	274.313	82.712	440.239.92
1894	»	97.362	73.848	15.566	12.094	373.709	83.776	404.111.26
1895	»	105.640	80.933	14.668	11.560	239.140	84.267	449.064.79
1896	»	80.664	72.853	15.896	12.025	236.159	89.121	421.174.26
1897	»	101.197	75.700	15.482	12.892	279.223	96.452	420.760.64
1898	»	106.730	79.540	15.186	12.481	309.521	111.877	425.243.83

Observations. — De 1854 à 1865, les inscriptions pour le traitement à domicile et les inscriptions pour accouchements sont confondues.

De 1865 à 1893, la statistique n'indique que le nombre des inscriptions au traitement à domicile ; elle n'indique pas le nombre des

malades traités. En d'autres termes, un même malade, qui a requis l'intervention médicale à différentes reprises, a pu donner lieu à plusieurs inscriptions.

De 1893 jusqu'à présent, la statistique fournit à la fois le nombre des inscriptions et le nombre des malades traités ; elle présente de même le nombre des consultations données, d'une part, et le nombre de personnes ayant reçu des consultations, d'autre part.

Des crédits pour secours de sortie sont inscrits au budget de 1900 pour les chiffres ci-après :

15.000 francs, au sous-chapitre de la fondation Montyon, pour secours aux malades et aux accouchées sortant des hôpitaux.

8.000 francs, au sous-chapitre des secours à domicile, *pour secours aux accouchées sortant de chez les sages-femmes agréées.*

500 francs, au même sous-chapitre, pour les malades sortant des hôpitaux Ricord et Broca.

Il est prescrit aux Directeurs de ne pas dépasser le chiffre de 5 francs dans leurs allocations, et de les réserver, par application d'une disposition expresse de la fondation Montyon, aux seuls malades domiciliés à Paris.

2° *Fondation Bettina de Rothschild.* — Depuis quelques années, l'Administration dispose, pour secours de sortie aux accouchées, d'une nouvelle ressource importante, provenant de la fondation Bettina de Rothschild. Cette fondation résulte d'une donation faite en 1893, par M. le baron de Rothschild, en vue d'honorer, à perpétuité, la mémoire de M^me^ la baronne Albert de Rothschild, née Bettina de Rothschild, sa fille.

Les revenus de la fondation s'élèvent annuellement à 36.000 francs, qui doivent être distribués en secours aux accouchées nécessiteuses, sans distinction de religion, d'état-civil ou d'état social. La répartition en est faite, chaque année, entre tous les hôpitaux de Paris, possédant un service d'accouchement, proportionnellement au nombre de femmes qui y sont accouchées pendant l'année précédente. Aucun secours ne peut être inférieur à 10 francs, ni supérieur à 50 francs.

Les premières instructions adressées aux Directeurs d'hôpitaux, pour exécution de la fondation portaient, d'après les termes stricts de l'acte de donation, que les femmes *acccouchées à l'hôpital* pou-

vaient seules bénéficier des dispositions de cette libéralité, à l'exclusion des femmes accouchées chez les sages-femmes agréées. Depuis, M. le baron de Rothschild, consulté, a spécifié par lettre, que le bénéfice de la fondation devait s'appliquer à toute femme accouchée aux frais de l'Assistance publique, que l'accouchement ait eu lieu dans un hôpital ou dans toute autre dépendance ou annexe de l'Administration de l'Assistance publique. Cette interprétation, notifiée aux Directeurs par une circulaire du 30 avril 1895, a permis d'étendre le bénéfice de la fondation aux femmes accouchées, aux frais de l'administration, chez les sages-femmes agréées.

3° *Délivrance de layettes et maillots aux accouchées.* — Les Directeurs des hôpitaux peuvent, en outre, délivrer aux accouchées des secours en nature, consistant en layettes et maillots.

Par application du bénéfice de l'article 35 de la loi de 1893, la ville de Paris a conservé jusqu'à présent son organisation spéciale, concernant l'assistance médicale.

Cette assistance assure aux femmes enceintes, en couches ou en suite de couches, comme aux malades, soit la visite et le *traitement à domicile*, soit la consultation et le *traitement au dispensaire*.

Un registre d'inscription est ouvert au secrétariat du bureau de bienfaisance de chaque arrondissement pour recevoir les demandes de traitement ou d'accouchement gratuit. Aussitôt que cette inscription est faite, le médecin est requis de se rendre immédiatement chez le malade pour donner les soins nécessaires s'il s'agit d'un accouchement, une sage-femme reçoit de même mission de le pratiquer.

A cet effet, il serait utile que le tableau portant les noms des sages-femmes soit placé ostensiblement, de façon que la femme puisse choisir, sans pression, la sage-femme qu'elle connaît ou qui est plus près de sa demeure.

Un système mixte fut ensuite appliqué dans un certain nombre d'arrondissements, un seul médecin était exclusivement chargé d'assurer le service des consultations fonctionnant dans chacune des maisons de secours ; dans les autres arrondissements, tous les médecins du traitement à domicile remplissaient simultanément les fonctions de médecins consultants, mais chacun d'eux ne

voyait aux consultations, comme à domicile, que les malades appartenant à sa circonscription. A partir de 1873, les médecins spécialement attachés au service des consultations dans certains arrondissements, disparurent et tous les médecins du traitement à domicile, dans tous les arrondissements, furent désormais tenus de donner des consultations hebdomadaires, auxquelles n'étaient admis que les malades de leurs circonscriptions respectives, en vertu de l'arrêté préfectoral précité, le service des consultations a été séparé du service du traitement à domicile, et est assuré par des médecins spéciaux.

Nous allons faire connaître les différents modes d'organisation qui se sont succédés depuis 1854 jusqu'à présent, en ce qui concerne les accouchements chez les sages-femmes.

On a parlé déjà de créer des maternités privées chez les sages-femmes, ceci est presque encore l'*Assistance familiale*, mais comment résoudre cette question quand l'hôpital attire à lui sans bourse délier, l'indigent, c'est naturel, mais la femme, aisée qui pourrait parfaitement avec 3 ou 5 francs par jour, (l'hôpital est pour le médecin de quartier et la sage-femme ce que le grand magasin est aux petits commerçants), avec cette différence que c'est le contribuable qui paie les kilogs et kilogs de coton hydr. gâché tandis que, les pauvres à domicile n'en ont pas dans la plupart des arrondissements.

La disproportion énorme qui existe entre les crédits d'assistance obstétricale à l'hôpital et ceux en famille est rendue encore plus flagrante si l'on analyse de près les chiffres de l'assistance spéciale à domicile.

En ce qui concerne les secours de grossesse et aux accouchées, le mode actuel de répartition des secours au prorata des indigents aboutit à des conséquences invraisemblables, nous dirions presque ridicules s'il était permis de trouver matière à rire dans un sujet aussi grave (Ranson).

Le crédit affecté à ce genre d'allocation s'élève, à la somme de 339.445 francs ; l'on pourrait supposer que la répartition en est faite suivant les bases appropriées à la nature spéciale de ce secours, suivant surtout le chiffre des accouchements ou des naissances de l'arrondissement. Bien loin de là, l'on a choisi le chiffre le moins certain, le plus éloigné du résultat à attendre : l'on répartit les 339.445 francs au prorata du nombre des indigents

c'est-à-dire des vieillards et des infirmes, catégorie dans laquelle les mères allaitant ou nourrissant des enfants en bas âge ne doivent, par conséquent, n'exister qu'en très minime proportion. N'est-ce pas contraire au simple bon sens ? Et n'est-on pas en droit de se demander à quel titre et pourquoi l'Administration introduit dans le budget des bureaux de bienfaisance des allocations de cette nature qui ont des destinations spéciales et dont les deux Conseils, municipal et général, en les votant, ont naturellement négligé de fixer le mode de répartition, ne pouvant supposer que l'on se servirait de bases aussi peu en rapport avec la nature des secours ?

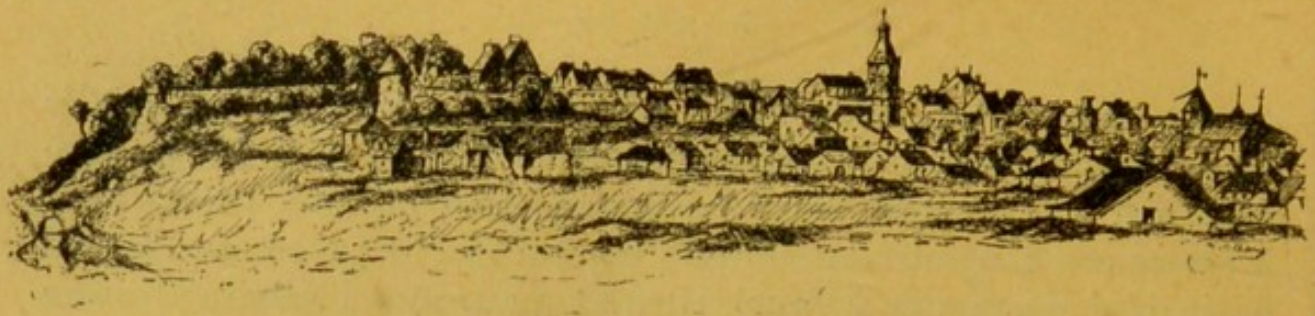
On peut donc dire qu'en l'état actuel des choses, le service des accouchements à domicile est sacrifié par rapport à celui des hôpitaux ; qu'on relève si l'on veut les conditions d'agrément des sages-femmes qualifiées pour assurer ce service, qu'on assigne aux locaux dont elles disposent pour les femmes en couches des conditions d'installation et de contrôle plus rigoureuses, mais il faudra tôt ou tard faire dans cet ordre d'idées un effort analogue à celui qui s'est fait et va se faire pour les service médicaux de traitements à domicile qui n'étaient rien hier et qui demain seront le principal corps actif de l'assistance.

Conclusion

1° Il y a lieu de développer l'assistance obstétricale à domicile pour l'accouchement dans la famille et au domicile des sages-femmes.

2° De fournir aux familles indigentes des secours en nature immédiats et appropriés.

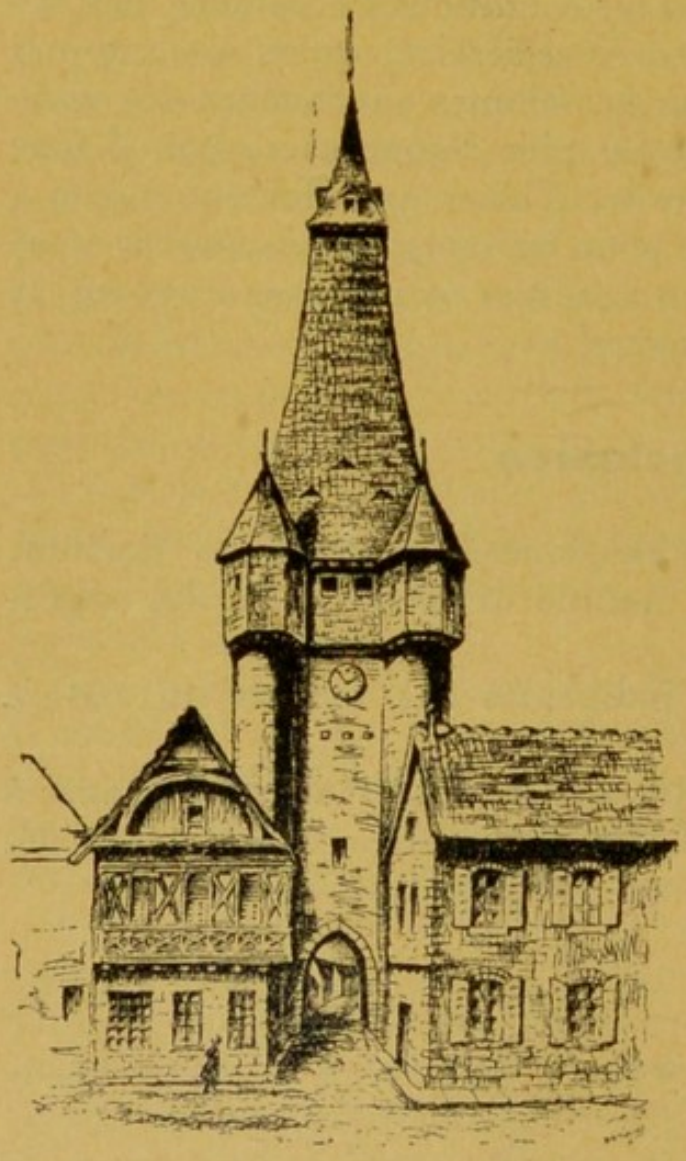
3° De confier le soin de visiter les accouchées de l'Assistance à domicile autant que possible à d'anciennes sages-femmes ou à des infirmières ou à toutes personnes compétentes.



DUN-SUR-AURON

Vue générale.

Note sur les Colonies familiales de Dun et d'Ainay (France)



S'inspirant de l'exemple donné par la Belgique et par l'Ecosse, le département de la Seine expérimente, depuis une douzaine d'années, le traitement en liberté d'aliénés inoffensifs, qu'il place dans des familles, soit dans de petites villes, soit à la campagne, dans une région éloignée de Paris. C'est de Paris, en effet, que provient la grande majorité des 13.000 aliénés dont le département de la Seine a la charge ; et il importe qu'ils ne puissent pas y revenir facilement d'eux-mêmes.

Pour éviter des redites, je ne m'attarderai pas à décrire ici la Colonie initiale créée en 1892 par le Dr Marie et souvent décrite par lui ainsi que ses annexes dont l'une a, depuis, été développée en colonie autonome pour les aliénés hommes à Ainay.

Je me bornerai à la reproduction de quelques vues de Dun et de ses placements qui s'élèvent à ce jour à plus de 1,000 avec un budget annuel de près de 500,000 francs après douze années d'existence.

Cette période de 12 ans, permet de se rendre compte des résultats obtenus, de les rapprocher des espérances que l'Administration et le Conseil général avaient fondées sur un essai, que beaucoup de personnes considéraient comme dangereux, et d'établir le bilan des avantages et des inconvénients de cette expérience.

En Ecosse, les malades sont placés chez les habitants par groupes assez faibles, et la surveillance est exercée par le médecin local, qui surveille et soigne les aliénés, comme le reste de sa clientèle.

En Belgique, au contraire, une Infirmerie, comportant un service médical spécial à chaque colonie, peut recevoir et traiter, comme dans un hôpital, les malades excités, momentanément dangereux, ou atteints de maladies intercurrentes.

C'est de ce dernier système que procèdent les colonies de la Seine. L'infirmerie, à Dun-sur-Auron comme à Ainay-le-Châtel, contient les services d'admission, où les aliénés arrivants séjournent le temps nécessaire pour que le médecin les examine, et choisisse, en connaissance de cause, le placement qui conviendra le mieux à chacun d'eux. Le but étant que le malade trouve, dans la famille où on le place, un milieu approprié à ses facultés et à son état, il importe d'étudier son caractère, ses aptitudes, afin que le malade, en utilisant ses connaissances, puisse se rendre utile aux gens chez qui il sera placé, et se les rendre sympathiques. En même temps, il se sera fait connaître au médecin, qui plus tard, saura quelle valeur attribuer à ses réclamations et à ses plaintes ; car beaucoup de malades sont exigeants et injustes. L'infirmerie créée dès le début des colonies a été d'abord une infirmerie de fortune dont nous donnons la vue extérieure et intérieure doublée, depuis, d'infirmeries définitives qui font l'objet d'une note spéciale de M. Marie.

L'infirmerie contient aussi les services économiques (caisse, registres, etc.,) le vestiaire et la lingerie ; c'est là que les nourriciers (nourricier est le nom donné en France aux personnes qui reçoivent nos pensionnaires) viennent à chaque changement de saison échanger ou prendre les vêtements destinés aux malades ; là aussi, on confectionne le linge et les robes, on procède à l'entretien et au raccommodage, et, dans une large mesure, on associe à tous ces travaux les tailleurs, les couturières et les cordonniers hospitalisés dans la colonie.

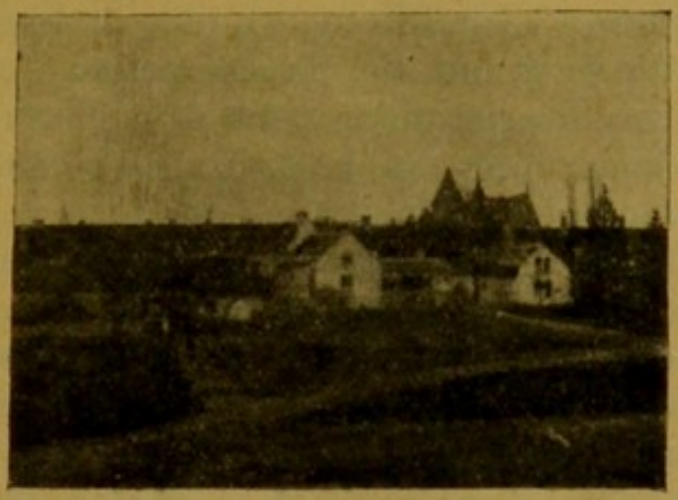
A l'infirmerie se trouvent les bains médicamenteux ou ordinaires.

Là aussi, les dortoirs et chambres où l'on soigne les aliénés atteints de maladies graves.

Là, tous les matins, une consultation est librement ouverte aux

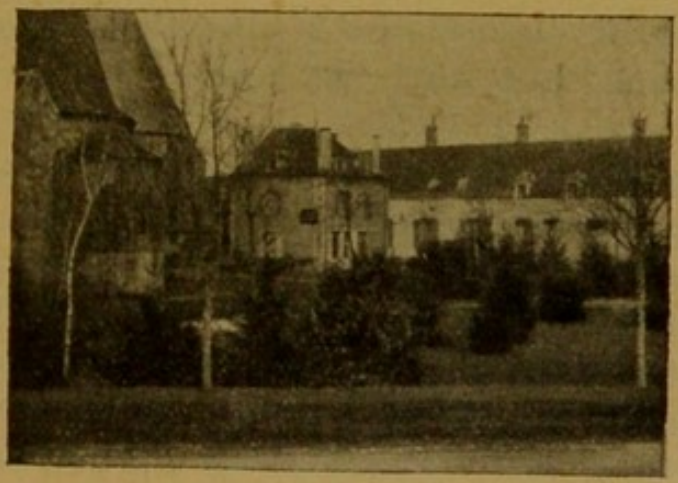
malades et aux nourriciers qui viennent demander aux médecins des avis ou des médicaments.

Enfin, la colonie contient une salle de réunions, qui sert, d'une part, à réunir les nourriciers pour leur donner des instructions générales et leur faire des conférences sur des questions d'hygiène et de médecine usuelle ; et sert, d'autre part, aux malades qui trouvent là, les jours de fête, des distractions variées, musique, jeux, etc.



Ainsi, le malade trouve dans la colonie son home, la chambre qu'il habite, la salle où il prend ses repas avec la famille à laquelle il est confié, et en même temps le centre administratif et médical qui surveille l'exécution du contrat fait en sa faveur.

L'équilibre entre ces deux éléments n'est pas toujours facile à réaliser et à maintenir. La question ne se pose pas pour les colonies du type allemand, où les nourriciers sont recrutés parmi



les infirmiers des asiles : des hommes dévoués, instruits, mais habitués à être obéis, ne peuvent inspirer confiance aux malades qui les redoutent en raison de l'autorité même dont les infirmiers sont investis dans les asiles ; mais en France ce que l'on veut, en rendant à la liberté les déments séniles, les aliénés inoffensifs, en les soustrayant aux causes d'irritation qu'ils trouvent dans leur milieu habituel et souvent dans leur propre famille, c'est les rendre à eux-mêmes en les entourant d'une atmosphère de calme, c'est leur donner confiance dans les gens qui les entourent, et dans les étrangers et les indifférents qu'ils coudoient chaque jour. A ce point de vue, le grand air, la campagne, le libre arbitre, agissent avec une efficacité qu'on peut dire foudroyante, quand on voit, quinze jours après qu'il a quitté l'asile fermé, un malade placé dans une colonie.

A Dun et à Ainay, situés dans un pays où la race est naturellement douce et accueillante, notre entreprise a bien vite été secondée par une population à laquelle elle apporte de nouveaux éléments de prospérité. Mais la bienveillance témoignée à nos malades a d'autres causes : ces Parisiens ont des idées neuves, une imagination vive, ils ne peuvent se passer de journaux, ils causent, répandent des nouvelles, égayent la table du paysan ; ces Parisiennes sont, pour la plupart, couturières ou modistes ; elles développent le goût de la propreté, de la toilette, dans les milieux les plus attardés. Et lorsqu'on arrive dans un de nos centres de colonisation, on est surpris de voir tant de gens à l'aspect bourgeois, qui causent par groupes, attendent les enfants à la sortie de l'école, rendent autour d'eux mille petits services, et ne sont autres cependant que les internés de la veille, qui, alors qu'ils étaient condamnés à vivre en contact permanent avec des fous, et à parcourir sans relâche la cour de leur quartier d'asile, avaient abandonné tout souci de propreté et toute dignité de maintien.

Le placement familial tend, de plus en plus, à s'appliquer à de nouvelles catégories de débiles. Les premiers ont été les enfants assistés, d'où est venu le nom de nourriciers appliqué à ceux à qui on les confie. Ensuite, est venue la catégorie des aliénés tranquilles ; et maintenant, on commence à hospitaliser de même les vieillards indigents pour lesquels les hospices n'ont pas de disponibilités suffisantes. Pour tous, le but à atteindre est le même :

assurer à des débiles les soins dont ils ont besoin, en s'adressant à une famille qui remplace la leur, disparue ou incapable.

Tout le bénéfice de cette conception ne serait-il pas compromis, dans les colonies d'aliénés, si les malades se trouvaient entraînés à fréquenter le centre colonial, de préférence à l'intérieur qu'on a voulu leur donner ? Evidemment, un lieu de réunion, où l'on trouve des journaux, des jeux, où l'on se rencontre avec des gens de même origine, avec qui la conversation est toujours plus facile, où l'on se procure à prix de revient ou gratuitement des boissons hygiéniques, cela constitue de tels avantages que l'on comprend la tendance des malades à désirer le développement de l'infirmerie. De leur côté, les médecins sont heureux que leurs malades échappent ainsi à la tentation des cabarets, et c'est un point sur lequel on comprend leur insistance étant donnés les dangers spéciaux de l'alcoolisme pour les aliénés ; mais, c'est l'affaire des nourriciers d'exercer à ce sujet une surveillance efficace, car, s'ils savent empêcher leurs pensionnaires d'être nuisibles aux autres, ils doivent, à plus forte raison, les empêcher d'être nuisibles à eux-mêmes.

Il faut enfin considérer que les salles de réunion ne peuvent servir aux malades disséminés dans la campagne et qu'il ne faut pas mettre en état d'infériorité ces placements, tout à fait bons au point de vue médical.

En résumé, il importe que le médecin voie le malade dans la famille à laquelle il est confié, il faut qu'il s'assure par lui-même que ses prescriptions sont exactement suivies ; et c'est à la famille seule qu'il doit donner les indications sur la surveillance spéciale à exercer sur le malade ; c'est en allant sans cesse chez les nourriciers que le médecin contrôle l'alimentation, le couchage, la propreté qu'ils doivent assurer à leurs pensionnaires ; et c'est ainsi seulement qu'il arrive à créer avec eux la communauté d'esprit qui fera du nourricier un infirmier approprié à son malade. D'autre part, il est utile que l'aliéné ne soit pas en contact continuel avec d'autres aliénés ; et c'est la vie de famille qui le distraira de camaraderies dangereuses ; il faut surtout que les pensionnaires n'en arrivent pas, en vivant en dehors de la famille, à considérer leurs nourriciers comme de simples serviteurs chargés de les loger et de les nourrir, et desquels ils pourraient, sans cordialité aucune, exiger tous les services qu'ils croient leur être dûs. Peut-être

suffirait-il, pour éviter les inconvénients des salles de réunion, d'en réglementer l'usage en le limitant à des réunions hebdomadaires. L'important était de montrer la nécessité de maintenir à la colonisation familiale son caractère essentiel de vie de famille, en restreignant les services centraux à leurs plus strictes nécessités.

Avec un centre médical composé d'un médecin chef de service, d'un médecin suppléant, et au besoin d'assistants placés près des groupements éloignés du centre, la surveillance des malades est assurée de manière à pouvoir en placer un grand nombre dans un même lieu.

A Dun, on a pu sans inconvénients dépasser la proportion d'un malade pour dix habitants.

Au début de l'expérience on n'a hospitalisé que des femmes ; la colonie d'Ainay a démontré que la colonisation des hommes était aussi facile ; et même les hommes rendant plus de services, étant aussi plus faciles à vivre, sont plus recherchés par beaucoup de nourriciers.

Suivant les cas, il y a lieu de choisir pour les malades le séjour à la ville, au village ou en pleine campagne : c'est affaire de tact et l'on peut toujours par voie de mutation arriver à placer un malade dans les conditions qui conviennent le mieux à son état.

En France, comme en Belgique, comme en Ecosse, l'expérience a montré combien l'application de ce système était facile puisqu'il suffit d'en adapter les conditions au caractère et aux mœurs de chaque pays. C'est un puissant encouragement pour tous ceux qui voudraient voir de plus en plus réserver les asiles fermés aux seuls aliénés dangereux.

Henri Le Roux,

Directeur honoraire à la Préfecture de la Seine.

De l'Assistance chirurgicale des Aliénés

Par M. L. PICQUÉ

Chirurgien en Chef des Asiles d'Aliénés du département de la Seine.

L'Assistance chirurgicale organisée d'une façon officielle pour les Aliénés parisiens depuis le 4 mai 1901, a été conçue dans le but humanitaire de permettre à des Aliénés curables de bénéficier des secours de la chirurgie et de ne pas succomber à une affection intercurrente qui pourrait éclater pendant le temps souvent court qu'ils ont à passer à l'Asile.

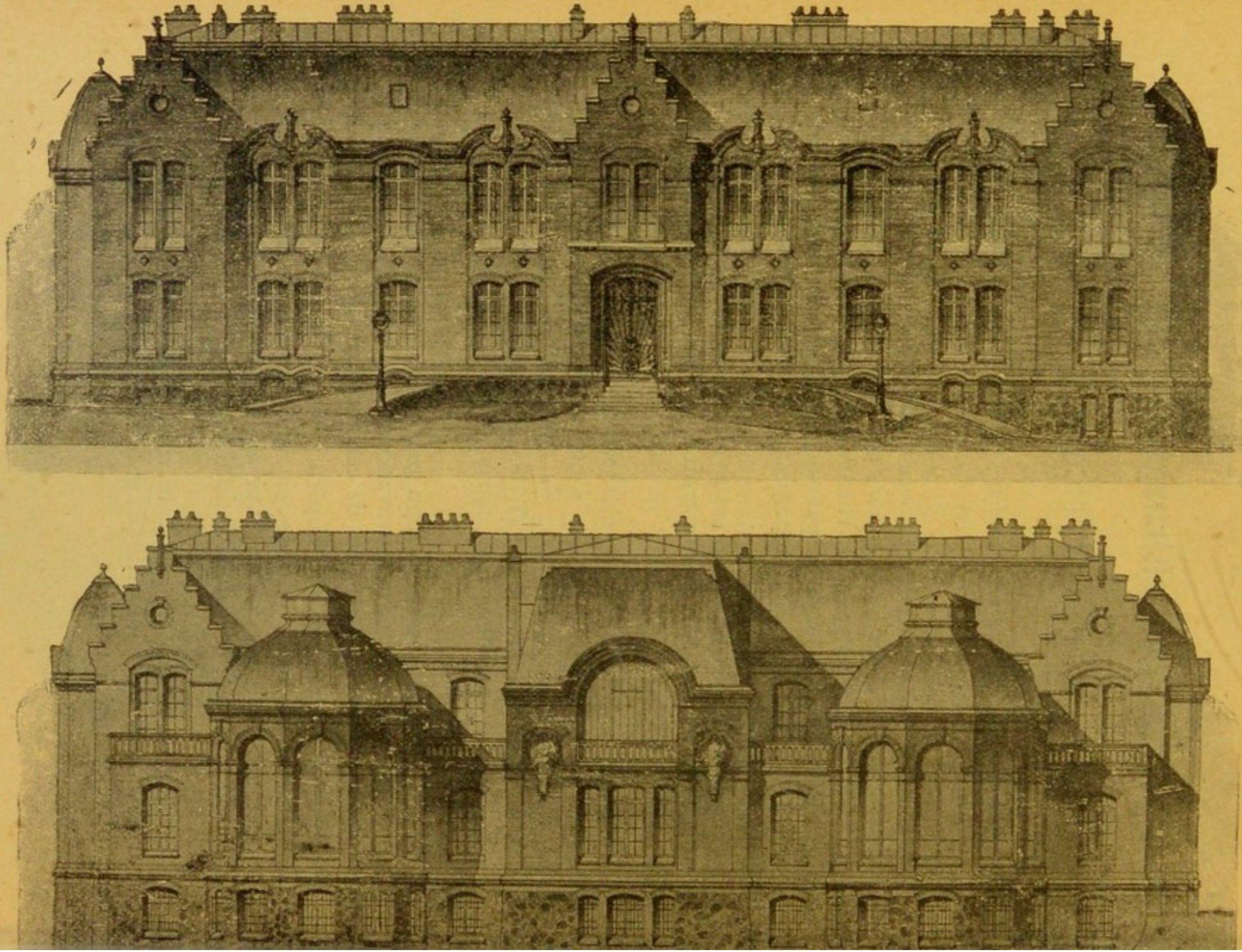
Les résultats inattendus que cette chirurgie a fournis depuis l'ouverture du service spécial construit à cet effet à l'Asile clinique ont été les suivants :

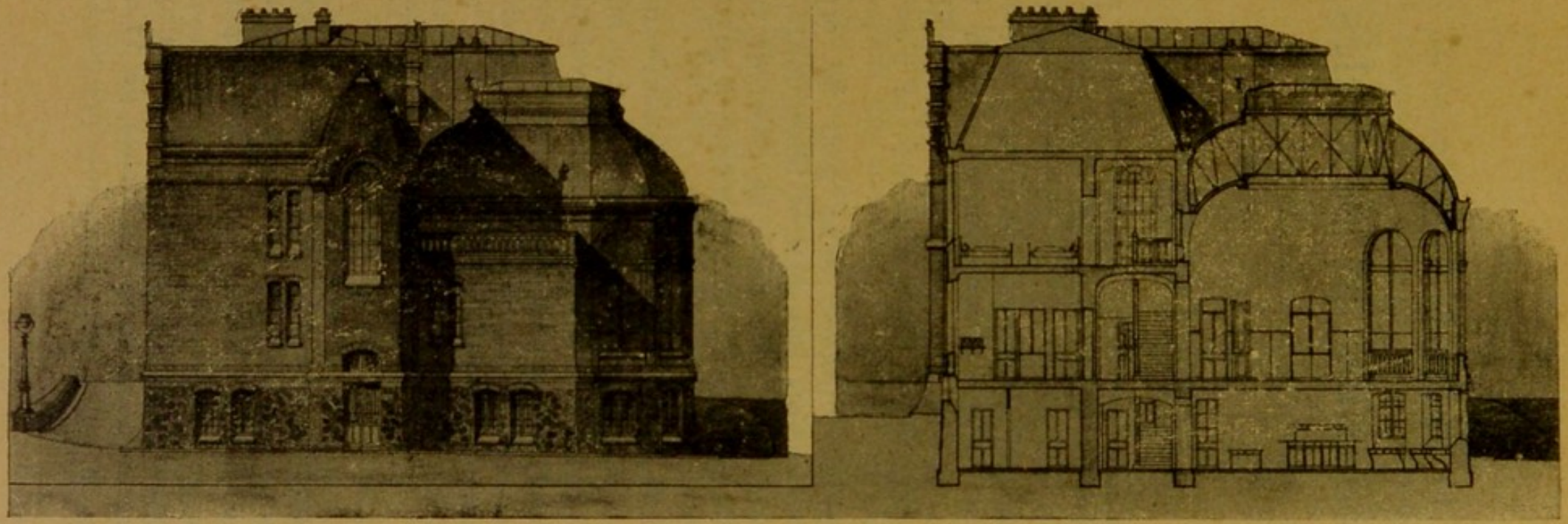
1° En instituant le traitement méthodique des suppurations anciennes, le chirurgien de service a pu, par la suppression d'un grand nombre de vieux foyers de suppurations, contribuer à améliorer l'hygiène générale des Asiles, en même temps qu'il supprimait, chez les malades, une cause importante de déchéance physique et morale ;

2° La chirurgie orthopédique a pu permettre à un certain nombre de malades de reprendre le travail dans les ateliers et par conséquent d'améliorer l'état mental de certains malades ;

3° Enfin, un certain nombre d'opérations, pratiquées d'après les indications ordinaires de la chirurgie, ont pu, dans des conditions dont quelques-unes sont aujourd'hui nettement précisées, amener la guérison complète et définitive du délire.

N. — Nous donnons les plans et vues du pavillon spécial de chirurgie annexé à l'Asile clinique et qui fera l'objet d'une note descriptive complémentaire.





COUPE ET ÉLÉVATION DU PAVILLON CHIRURGICAL DE L'ASILE CLINIQUE DE PARIS

RÉSUMÉS

et conclusions générales

Pour l'enfant

A défaut de famille naturelle, on doit procurer aux enfants malheureux une famille d'adoption. Un foyer, même médiocre, sera toujours bien préférable à l'internat. Philosophes, sociologues, législateurs, philanthropes, éducateurs, ont tour à tour signalé, avec une éloquence communicative et de nombreuses preuves à l'appui, les périls très réels de l'internat. Si parfois ils se sont vus comme forcés de l'admettre, ce n'est qu'à titre d'exception.

L'adoption familiale s'impose donc pour les orphelins, les enfants trouvés, les enfants moralement abandonnés, les demi-orphelins. Les avantages qu'elle offre, au point de vue matériel comme au point de vue moral, sont de nature à gagner tous les esprits non prévenus.

L'apprentissage familial est le véritable apprentissage de la vie.

Pour travailler à une œuvre aussi grande et aussi nécessaire, ce n'est pas trop du concours de toutes les bonnes volontés. Durant ces dernières années, on a réalisé des merveilles en faveur de l'enfance. Il reste encore beaucoup à faire. Aussi la charité privée ne voudra pas s'arrêter en chemin. Souhaitons que nos congrès suscitent de nouvelles et généreuses initiatives en ce sens.

Abbé J. Toiton.

L'Assistance familiale de l'Enfance doit être une école de prévoyance sociale pour les assistés comme pour les nourriciers ; la bienfaisance privée comme l'Assistance publique, peuvent aider puissamment dans cette voie.

Le repeuplement des campagnes et la réadaptation à la vie rurale doivent être le but de cette Assistance de l'Enfance. Elle doit être orientée, en outre, vers l'amélioration de l'habitabilité

des maisons paysannes et leur relèvement au point de vue du confort et de l'hygiène. L'éducation ménagère des enfants et de leurs nourriciers peut aider puissamment à diminuer la morbidité dans les campagnes.

MM. Mabilleau, Dr Marie et F. Roussel.

Pour la mère

1° Il y a lieu de développer l'assistance obstitricale à domicile et la puériculture maternelle par l'assistance et l'accouchement dans la famille ou au domicile des sages-femmes.

2° Par la fourniture aux familles indigentes des secours en nature immédiats et appropriés.

3° En confiant le soin de visiter les accouchées de l'Assistance à domicile autant que possible à d'anciennes sages-femmes ou à des infirmières ou à toutes personnes compétentes.

4° Ces personnes chargées de l'Assistance familiale des mères s'efforceront de préconiser l'allaitement maternel ou, à son défaut, d'éduquer les mères et nourrices en les armant contre la mortalité infantile par les moyens scientifiques modernes (distributions de laits stérilisés et d'appareils à pasteuriser, surveillance des laits, etc).

M. Boulier.

Pour les Malades

Par l'amélioration du logement des pauvres, l'Assistance à domicile doit devenir progressivement l'assistance normale et la règle, dont l'àssistance centralisée deviendra l'exception pour toutes les catégories de malades enfants et adultes.

De cet échelon doit dépendre la sélection initiale chargée d'alimenter les établissements hospitaliers de tous ordres.

Ces derniers, surtout lorsqu'ils sont urbains peuvent être orientés dans le sens des secours d'urgences et consultations externes quand des dispensaires urbains manquent ; les services extérieurs doivent être, comme ceux de l'admission, fondés sur la

participation effective d'un personnel médical et administratif normal de secours à domicile.

Ce secours à domicile doit comporter des ressources suffisantes pour assurer une assistance complète, et non pas seulement médicale et pharmaceutique.

Les prêts de matériel (linge, literie, etc.), les secours de loyer, les bons d'aliments et les soins ménagers d'auxiliaires compétents des deux sexes doivent être organisés à domicile.

L'éducation et l'instruction de ces auxiliaires, doivent être confiés surtout au personnel médical qu'ils doivent seconder.

Ces règles générales s'appliquent aussi bien à l'organisation publique de l'assistance, qu'à ses manifestations privées.

Une entente étroite entre ces deux organismes, lorsqu'ils coexistent, est particulièrement nécessaire en ce qui concerne l'assistance à domicile, pour éviter les abus. La même entente est indispensable entre le service d'assistance à domicile et celui des hôpitaux pour assurer la sélection judicieuse préalable comme le désencombrement constant nécessaire.

Drs Billon, Marie, Courieu, Roussel.

Pour les tuberculeux

« Parallèlement au développement du sanatorium qui devrait n'être qu'une école de discipline de traitement et un établissement d'isolement momentané, il y a lieu de procéder, pour favoriser le traitement familial de la tuberculose :

1° A la fois à la transformation des Dispensaires urbains et des hôpitaux ruraux et à la création *dans les centres régionaux de placement familial* de petits sanatoria économiques comportant bureau de distribution et station sanitaire dans le but de mettre à la portée des tuberculeux en traitement soit dans leur famille, soit dans des familles rurales étrangères (soigneusement choisies et surveillées) les secours médicaux, les secours en nature, et au besoin le lit d'hôpital ou d'infirmerie que pourrait exiger un incident passager.

2° Au développement de *colonies de santé à la campagne* pour les enfants de tuberculeux, et de toutes les mesures propres à faire

apprécier par les candidats à la tuberculose les avantages de la vie rurale, et à favoriser ainsi l'exode à la campagne, de tous les déracinés qui s'étiolent dans les grandes villes et y sont sous la menace permanente de la tuberculose.

3° Il y a lieu d'établir une entente internationale entre les comités qui dans les différents pays se chargent d'organiser l'assistance familiale aux tuberculeux. Cette entente aurait pour but le rapatriement des étrangers tuberculeux, qui pourraient trouver dans le pays natal le climat propice et la guérison de la tuberculose contractée dans le pays où les nécessités de leur existence les avaient incités à venir chercher du travail. »

Dr Papillon.

Pour les aliénés

L'ASSISTANCE FAMILIALE COMPARÉE

Le placement familial des aliénés est un régime normal d'assistance applicable à tous les milieux et susceptible d'affecter les formes les plus variées pour s'adapter aux diverses régions.

On ne saurait, en principe, opposer telle ou telle modalité de ses applications de préférence à telle autre, toutes conviennent selon l'importance du milieu où on les implante et selon le nombre des assistés à y grouper.

Dans les pays d'une densité de population faible, mais où les moyens de communication sont multiples et faciles, la dissémination suffit pourvu que de grands asiles servent de filtre et que les médecins régionaux connaissent la psychiâtrie (système écossais).

Là, où l'agglomération le comporte ainsi qu'une longue spécialisation d'antique date, l'agglomération maximun peut donner de bons résultats comme à Gheel où toutes les catégories sont admises grâce à une infirmerie générale fermée.

Ailleurs, de petits centres indépendants ou annexés aux asiles trouveront place et dans un même pays, les diverses sortes d'applications familiale peuvent être réalisées parallèlement. C'est ainsi qu'en France on tend à multiplier les centres d'une importance limitée à celle de Lierneux, tandis qu'au voisinage de grands asiles on pourra pratiquer le placement disséminé de convalescents, tant rural (système Italien) qu'urbain (système berlinois).

Drs Marie, F. Roussel.

Il y a lieu de perfectionner l'organisation matérielle de l'assistance familiale tout comme l'assistance centralisée et suivant les mêmes principes d'hygiène générale.

Des types variés de pavillons familiaux économiques, sont à étudier, dont les détails d'aménagement intérieur correspondent aux principes modernes de l'hygiène et du confort.

Le choix du terrain et des matériaux, l'orientation, le cubage, la chambre individuelle avec salle de jour distincte, le chauffage, l'éclairage et la ventilation seront à résoudre scientifiquement, tant pour le placement rural qu'urbain, en évitant l'uniformité des maisons.

Dr Meeus.

L'éducation des nourriciers, de l'assistance familiale, doit comporter comme corollaire du service médical des gardes infirmiers des deux sexes bien stylés, auxquels incombera le soin d'initier avec tact la population à ses devoir multiples et à l'observation rigoureuse des réglements.

Le rôle de surveillantes femmes est spécialement indiqué pour le contrôle des soins ménagers et l'enseignement particulier qu'il comporte pour les nourriciers et leur enfants.

Dr Meeus.

Pour les Convalescents

L'assistance aux convalescents de maladies mentales, implique entre l'internement et la sortie, une série de mesures transitoires graduées, susceptibles de réadapter progressivement le convalescent à la vie sociale et à la lutte pour l'existence.

A l'asile même ce sont :

Le travail-traitement dans des ateliers appropriés hors des sections fermées, alternant avec des distractions variées, physiques et morales.

Ce sont, à un degré plus avancé, les congés d'essai et sorties provisoires ainsi que le placement dans une section ouverte ou demi-ouverte dépendant de l'asile fermé.

Hors l'asile c'est l'abri indépendant de l'asile sous forme de gîte

de convalescents avec ateliers distincts des ateliers ordinaires, où sévit l'alcoolisme, les secours en nature parallèles au travail procuré et la reconstitution progressive du foyer (retraits des Monts de Piété, avances d'outils, de loyers, de trousseaux, etc.). C'est enfin le patronage familial, transitoire et l'appui moral et matériel étendus à toute la famille du convalescent pendant la phase critique de la première reprise du travail.

L'éducation des milieux sociaux auxquels il importe de réadapter les blessés du cerveau rentre dans l'office des œuvres de patronages spéciales à ces convalescents.

Dr Marie et F. Roussel.

Pour les adultes valides

En ce qui concerne le patronage des sans travail, comme pour l'organisation des Workhouses, les principes généraux sont les mêmes. Il faut que l'homme secouru soit placé dans une situation moins bonne que celui qui se suffit à lui-même, que l'Assistance soit considérée par le travailleur comme un pis-aller et cesse aussitôt qu'il peut se suffire ; cette Assistance doit comporter une économie rigide et un régime sévère pour ne pas être enviée par les ouvriers laborieux.

Il est de principe de réclamer à l'Assisté une contribution sur son travail, dans son propre entretien et proportionnellement à ses forces.

La prophylaxie du chômage doit être organisée comme celle de l'invalidité passagère et permanente par des mesures de prévoyance sociale comportant participation des bénéficiaires, de la philanthropie privée et des pouvoirs publics.

Aux ententes d'assistance internationale, de prévenir ou atténuer les conséquences des crises économiques entrainant le chômage et la misère des classes pauvres de travailleurs de toute nationalité ; à elles aussi de pallier les suites des calamités indépendantes de la société humaine.

MM. Marie et Veille.

Pour les Délinquants

Le délit a diminué en France depuis 1894 en (10 ans) d'environ 10 o/o (de 15.000 délits en moyenne).

Cela malgré une diminution progressive des gravités pénales (loi du 5 septembre 1875 : réduction de 1/4 pour la cellule. Loi de libération conditionnelle à 1/2 terme 14 août 1885. Loi de détention préventive du 15 novembre 1892. Loi de sursis du 26 mars 1891).

Le nombre des prévenus est tombé de moitié :

On a déclassé 10 maisons centrales, et l'effectif des maisons d'arrêts s'est réduit de 1/3.

Les prisons se vident (de moitié depuis 1875); de 55.000 on en est à 28.000 détenus.

Au contraire, la récidive a augmenté malgré la relégation (bien qu'elle reste stationnaire depuis 6 à 8 ans). Or, il y a 19 ans (27 mai 1885) que la loi de relégation existe (loi d'aggravation) ;

En admettant que tous les relégués fussent revenus, il resterait encore une diminution notable dans le nombre des prisonniers. (Il y a eu 14.000 relégués depuis la loi).

Le vagabondage spécial vient d'être remplacé par un délit nouveau, qui va encore purger par la relégation le contingent des délinquants récidivistes ; les atténuations pénales, loin d'accentuer la criminalité l'atténuent donc, et on peut envisager l'éventualité d'une pénalité indéterminée telle qu'elle est préconisée en Amérique comme un nouveau pas vers la lutte contre le mal par la bonté et le pardon. Cette phase prochaine ne sera réalisable qu'autant que la réadaptation sociale des délinquants sera étudiée et pratiguée par des Patronages de libérations rétablissant un foyer familial au repenti et le reclassant dans le milieu social normal.

F. Roussel.

Pour les vieillards infirmes et incurables

Pour les invalides de toutes catégories, aveugles, sourds-muets, mutilés ou infirmes comme pour les vieillards auxquels ils sont assimilables comme incurables, il y a lieu d'assurer l'Assistance

sous sa forme la plus humaine et aussi rapprochée que possible de la vie familiale et sociale.

L'assimilation possible de ces catégories avec les délinquants au titre de vagabonds ou mendiants, provient plus d'un vice social que des vices individuels et doit être rendue aussi rare que possible par l'organisation d'une assistance complète en attendant des mesures de prévoyance sociale appropriées.

Dr Marie et Félix Roussel.

VŒUX ÉMIS

PAR LES PRÉCÉDENTS CONGRÈS

Vœu général du Congrès international d'Assistance publique et de bienfaisance privée tenu à Paris en 1900.

« La 2e section, considérant les résultats décisifs obtenus par l'Assistance familiale des aliénés de la Seine, émet le vœu que cette méthode soit érigée en système d'Assistance générale, par le placement des malades, soit dans leur propre famille, soit dans les familles étrangères, sous le contrôle du médecin ».

Vœux généraux émis par le 1er Congrès d'assistance familiale pour l'enfance

1° Qu'il soit constitué dans chaque commune ou dans chaque canton, une organisation complète de secours à domicile aux indigents valides ou malades, de tous âges avec le concours de l'Assistance Publique et de la bienfaisance privée, sous le contrôle de l'État ;

2° Qu'en toute occasion, qu'il s'agisse d'enfants, d'adultes malades ou de vieillards, l'administration n'ait recours à l'hospitalisation qu'après avoir épuisé tous les moyens en son pouvoir pour assurer le maintien de l'assisté dans sa propre famille ou à son défaut dans une famille d'adoption. (Vœu adopté sur la proposition de MM. Hamel et Davodet).

— Considérant que les sanatoriums marins ou d'altitude nécessitant des frais considérables de construction, d'entretien et d'administration, ne conviennent dans les circonstances actuelles qu'aux familles riches ou aisées ;

Attendu que la classe indigente, par suite du progrès de l'alcoolisme et de son exode de la campagne à la ville, paie le plus grand tribut aux maladies nerveuses, osseuses et gastro-intestinales se manifestant généralement dans lès première et seconde enfance ;

Attendu qu'en présence de l'intensité croissante de la lutte pour l'existence, il importe, parallèlement à son augmentation, que la

population ouvrière de notre pays soit saine, robuste et bien équilibrée ;

Pour ces motifs, il convient de faire appel à l'initiative privée : 1° en agissant le plus efficacement et le plus promptement possible tant auprès des syndicats industriels, agricoles et commerciaux que des sociétés de secours mutuels coopératives, de mutualité scolaire, en vue de l'établissement d'une caisse spéciale destinée au placement des enfants débiles des membres participants, dans des familles habitant au bord de la mer ou de la montagne, toutes les fois qu'en sera démontré l'avantage et la possibilité ;

2° En assimilant les frais du traitement à ceux visés par la loi du 15 juillet 1893, sur l'assistance médicale gratuite, en ce qui concerne les participations de l'Etat. (Vœu adopté sur la proposition de M. le Dr Barthès).

— A défaut de sanatoriums spéciaux, le Congrès recommande, pour le traitement des enfants scrofuleux, rachitiques ou débiles, le placement dans des familles habitant à la campagne, dans les montagnes ou au bord de la mer. En conséquence, le Congrès invite toutes les associations ayant pour objet l'assistance ou la solidarité, telles que les sociétés de secours mutuels, les syndicats, les coopératives, etc., à assurer aux enfants débiles qu'elles ont à protéger les bienfaits du placement familial en recherchant soit le concours officieux des inspecteurs départementaux de l'Assistance Publique, soit l'aide des sociétés de bienfaisance qui pratiquent le placement familial.

— Une Société d'assistance par la famille dont le siège serait à Paris, devrait avoir dans chaque département, au chef-lieu, à l'Inspection même des enfants assistés, une section qui se recruterait dans le département et dont l'organisation et le fonctionnement se conformeraient aux usages du pays, tout en ne s'écartant pas du but poursuivi par la Société, c'est-à-dire procurer à tous les enfants des deux sexes indistinctement le moyen d'arriver par le travail à une position selon leur goût, en les préservant de la contamination morale à laquelle la surveillance et la protection trop souvent insuffisantes de leurs parents les laissent exposés.

L'Inspecteur des enfants assistés et l'inspecteur du travail dans chaque département, pourraient peut-être essayer de former dans ce but la section dont je parle. (Proposition de M. Grèges).

— Il y a lieu de former une alliance générale, en vue d'une

action commune, de toutes les œuvres d'assistance familiale, tendant à relever la famille pour lui donner, avec un peu plus de bonheur matériel, plus de dignité morale et faire de ses membres des forces sociales conscientes de leurs droits, c'est-à-dire des éléments de liberté et de progrès (Proposition de M. Bessières).

— Il y a lieu de pourvoir au remplacement de la mère absente par maladie ou autre cause majeure, par une autre mère. Ce service serait mis sous le contrôle et l'action de l'administration générale de l'Assistance Publique. Cette dernière prendrait les renseignements nécessaires dès qu'un placement se présenterait ; il serait opéré autant que possible dans le voisinage le plus proche, en encourageant autant que faire se peut le placement familial dans la propre famille de l'enfant momentanément délaissé.

Les médecins du traitement à domicile seraient les auxiliaires naturels de ce service, qui devrait être aussi expéditif et simplifié que les envois aux hôpitaux (Proposition de MM. Séailles et Weill).

— 1° Il y a lieu de développer l'assistance obstétricale à domicile par l'accouchement dans la famille et au domicile des sages-femmes ;

2° de fournir aux familles indigentes des secours en nature immédiats et appropriés ;

3° De confier le soin de visiter les accouchées de l'assistance à domicile à d'anciennes sages-femmes ou à des infirmières ou à toutes autres personnes compétentes. (Proposition de M^me^ Boulier).

Le Congrès d'assistance familiale émet le vœu que la Chambre des Députés inscrive à son ordre du jour, le plus tôt possible, le projet de loi de M. Emile Rey sur l'assistance aux familles indigentes, adopté à l'unanimité, dans ses dispositions essentielles, par le conseil supérieur de l'Assistance Publique. (Vœu adopté sur la proposition de M. Savouré-Bonville).

1° Que les lois protectrices de l'enfance, notamment celle du 24 juillet 1889, sur les enfants moralement abandonnés, soient appliquées régulièrement dans tous les départements et que par voie de conséquence, les services d'assistance départementale soient convenablement dotés. (Proposition de M. Rollet).

« Considérant que, parmi les causes du grand nombre d'enfants arriérés, la science reconnaît aujourd'hui les affections maternelles pendant la gestation, la délivrance, et les maladies consécutives de la première enfance ; considérant que ces causes sont

malheureusement liées aux conditions de notre vie sociale, — il s'agit de voir comment on pourrait s'y opposer ;

« En attendant une amélioration de ces conditions, le Congrès de l'assistance familiale, avec ses différentes sections, pourrait et devrait intervenir.

« Nous proposons donc au Congrès la nomination de deux commissions : l'une technique pour étudier l'importance relative des diverses causes d'ordre pour ainsi dire social de la phrénasténie ; — l'autre, de propagande, pour rechercher les moyens pratiques de remédier aux conditions déplorées (Dr Ferrari). C'est de l'assistance familiale avant la lettre.

« Le Congrès, considérant l'importance, au point de vue de la prophylaxie sociale, de l'éducation des enfants idiots et imbéciles ;

« Considérant que pour la grande majorité de ces enfants, le système familial est le meilleur ;

« Emet le vœu de voir établir des colonies familiales avec asile-école où ces enfants pourront, sous une direction médicale compétente, recevoir le traitement médico-pédagogique intégral.

« Les enfants auraient subi, avant cela, dans les écoles spéciales et les instituts médico-pédagogiques une période d'observation suffisante ».

« Que les enfants aliénés aptes à séjourner dans un institut seront renvoyés au moment opportun dans leur famille, dans l'asile ou dans la colonie.

« Considérant que les enfants anormaux ne peuvent suivre les cours des écoles ordinaires.

Considérant que ces enfants renvoyés des écoles, comme troublant l'attention des enfants normaux et étant pour eux un exemple dangereux, ne peuvent être surveillés par les parents occupés à l'usine ou à l'atelier ; que par ce fait ils vagabondent et que leur état mental en est notablement aggravé.

Il y a lieu de renouveller le vœu du Congrès de Paris pour la création dans les écoles de classes spéciales sous la surveillance de médecins pour les enfants arriérés maintenus dans leurs familles.

« Les instituteurs de ces écoles recevront à l'école normale des rudiments de psychiâtrie. »

(Dr Keraval, Dr H. Leroux, Dr Marie, Dr J. Voisin.)

Vœu général du Dr Alt :

« 1° Pour une partie assez considérable d'aliénés, qui ont besoin d'assistance, et qui peuvent être soumis à ce traitement, la colonie familiale représente la forme d'assistance la plus naturelle, la plus libre, la meilleure et la moins coûteuse, et constitue, en outre, pour un grand nombre de malades, un facteur thérapeutique important;

« 2° L'assistance peut être ajoutée à toute institution, qui est dirigée par un psychiâtre et installée suivant les exigences du temps, spécialement lorsque les infirmiers jouissent, pour eux-mêmes et pour leur famille, de conditions favorables d'habitation, ce qui est, du reste, indispensable pour obtenir de bons infirmiers ;

« 3° Mais, dans la plupart des grand instituts, l'assistance familiale ne pourra prendre qu'une extention restreinte. La généralisation de cette assistance ne peut être obtenue que par la fondation, dans des contrées convenables, d'établissements centraux reproduisant en petit les institutions spéciales connues et servant de points d'origine pour la fondation des colonies familiales ;

« 4° Les colonies familiales n'annihilent pas nécessairement les établissements existants, ne constituent nullement le séjour le plus convenable pour toutes espèces d'aliénés, mais elles peuvent arrêter d'une façon pratique, active et peu coûteuse l'accroissement de ces établissements. (Dr Alt.)

Assistance familiale de la vieillesse

Par l'assistance familiale il y a lieu de :

1° Placer l'assisté dans le milieu qui est le mieux approprié à ses soins physiques et à son développement intellectuel et moral.

2° Utiliser les ressources des malheureux en les faisant servir exclusivement à leur assistance et pas du tout aux frais généraux de construction ou administration ;

3° Enfin, d'améliorer le sort des campagnards, travailleurs et économes, et développer l'esprit de solidarité chez les paysans qui forment la base solide sur laquelle repose tout l'édifice social et économique d'un pays. (Dr Sardet.)

Le placement dans des familles urbaines peut être réalisé par le moyen de l'allocation de pensions représentatives d'une valeur variable, suivant les situations particulières.

L'assistance demi-familiale, c'est-à-dire celle qui permet au vieillard valide de rester au centre de ses affections et de ses habitudes journalières, peut être facilitée par la construction de maisons où le logement serait donné gratuitement, ce qui constituerait le principal élément de sécurité et de tranquillité pour les intéressés.

L'assistance familiale, en général, aux malheureux de toute catégorie, serait rendue plus pratique par la modification des coutumes de la location parisienne en ce qui concerne le mode de payement des loyers et la fixation des termes, pour les logements d'un montant minime à déterminer, de manière à resteindre la durée des contrats et à asservir les dates de payement aux époques du règlement habituel des salaires. (C. Tesson.)

Le Congrès,

Proclamant une fois de plus le droit pour les vieillards à l'assistance sociale ;

Considérant que l'assistance dans la famille naturelle ou à défaut, dans une famille d'adoption, constitue le meilleur mode d'assistance aux vieillards valides ;

Considérant que ce système est beaucoup plus économique et permet de secourir un plus grand nombre de vieillards ;

Emet le vœu :

1° Que le régime du placement familial des vieillards valides soit progressivement substitué à l'hospitalisation, ce dernier régime étant réservé aux vieillards infirmes et à ceux qui refuseraient le placement en famille.

2° Considérant que la création de ressources financières domine toute la question de l'assistance aux vieillards ;

Considérant qu'il importe d'orienter de plus en plus vers une organisation qui assure l'existence des travailleurs âgés à l'aide de ressources leur appartenant en propre ;

Considérant cependant qu'il ne lui appartient pas de prendre parti entre les divers systèmes de retraites actuellement à l'étude ;

Emet le vœu :

Que le problème des retraites ouvrières reçoive sans retard une solution.

3° Considérant que la question des retraites ouvrières n'est pas encore résolue et qu'en admettant qu'une solution intervienne rapidement, ses effets ne se feront sentir que dans un certain nombre d'années ;

Considérant que dans beaucoup de cas la pension de retraite sera insuffisante pour assurer la vie normale du vieux travailleur, qui en sera titulaire et éventuellement la vie de sa femme ;

Emet le vœu :

Que le Parlement prenne en faveur des travailleurs âgés, des mesures législatives de protection semblables à celles que les lois du 18 mars 1889 et du 15 juillet 1889, complétées par les décrets du 4 juillet 1890, 8 juillet 1892 et 15 juillet 1889, ont assuré aux sous-officiers rengagés et même aux sous-officiers et caporaux comptant 5 ans de services militaires et 2 ans de grade ;

Qu'à cet effet il adopte une loi ordonnant : Que dans toutes les administrations de l'Etat, des départements et des grandes communes ainsi que dans les compagnies concessionnaires de ces divers pouvoirs publics, des emplois, dont la liste sera établie par un règlement d'administration publique, soient réservés aux travailleurs valides âgés de plus de 55 ans ; que la durée du travail imposé à ces ouvriers et employés soit réduite à la moitié de la journée normale, le salaire qui leur sera payé devant subir une réduction rigoureusement proportionnelle. (L. Martin).

1° Que les vieillards valides soient séparés des infirmes et des incurables ;

2° Que l'assistance familiale devienne la règle pour les vieillards valides, et que ce placement soit fait de préférence à la campagne ;

3° Que cette assistance soit donnée à tous les vieillards qui ont atteint l'âge de 70 ans, même s'ils peuvent encore travailler ;

4° Que les lois d'assistance qui seront désormais votées, contiennent pour les départements et les communes, l'obligation de les exécuter intégralement. (Emile Mahé).

Conclusions :

Les vieillards valides et incurables privés de ressources à 70 ans doivent être assistés.

Il y a lieu de réserver les lits d'hospices pour ceux qui ne peuvent être assistés en famille.

L'assistance familiale directe, c'est-à-dire dans la propre famille des vieillards, est préférable toutes les fois qu'elle est possible.

L'assistance familiale indirecte, c'est-à-dire en famille étrangère ne doit avoir lieu qu'avec l'assentiment de l'intéressé et de préférence à la campagne.

Elle doit être soumise à une règlementation au point de vue de l'hygiène et de l'alimentation, variable suivant les régions; une inspection spéciale est nécessaire comme pour l'assistance familiale de l'enfance et des aliénés. Le rayon de surveillance et le nombre de surveillés doivent être réduits dans les proportions nécessaires pour que l'inspection et la surveillance restent efficaces.

Les retraits et mutations doivent être faciles et constituer la principale sanction du contrôle, aussi bien pour l'assistance familiale directe que pour l'assistance en famille étrangère.

L'assisté aussi bien que le nourricier, doit être admis à formuler des demandes de déplacement.

Il serait désirable que les familles recueillant les vieillards en ville bénéficient de locaux particuliers de la part des communes, patrons, sociétés et entreprises d'habitation à bon marché, etc....

Les familles dans l'impossibilité matérielle de recueillir leurs vieillards devront bénéficier de réductions de transport pour les visiter dans les colonies familiales où ils seront placés, toutes les fois que cela sera possible.

Les vieillards placés en famille n'y seront pas obligés, en principe, de travailler au profit de leurs nourriciers ; s'ils travaillent volontairement, il leur sera attribué un salaire comme dans les hospices et asiles.

Le nourricier au bénéfice duquel travaille le vieillard pourra subir une retenue au profit de ce dernier s'il ne l'a pas payé pour son travail.

Cette retenue sur le prix des pensions sera opérée par l'administration proportionnellement à la dette et aux moyens du nourricier.

(Dr Marie).

Assistance familiale des adultes malades

VŒUX GÉNÉRAUX :

Le dispensaire peut être défini le poste de distribution, locale des secours de toute nature en vue de leur emploi à domicile.

C'est un rouage indispensable au développement de l'assistance médicale familiale.

Pour ces motifs le Congrès d'Assistance Familiale renvoie au Congrès International d'Assistance en 1902 le débat sur le fond de la question conformément à l'entente établie avec le groupe de la section internationale des études d'assistance.

1° Le traitement à domicile est préférable, en général, au traitement hospitalier.

2° Les malades n'ayant pas de famille seraient utilement placés dans des familles étrangères consentantes, pour y être logés, nourris et soignés durant leur maladie.

3° Les malades aptes à profiter du placement familial étranger sont d'abord les chroniques et les convalescents, puis ceux atteints d'affection de longue durée et non contagieuses.

4° Les soins seront donnés aux malades placés par les médecins de l'Assistance médicale gratuite.

5° Les familles d'assistance seront, autant que possible, choisies à la campagne quelques-unes seront cependant choisies en ville pour le placement des malades qui se refuseraient à tout déplacement.

6° Les familles d'assistance recevront une allocation prélevée sur l'économie réalisée par le traitement en famille des malades ; cette allocation, variable suivant les cas et les localités, devra être suffisante pour indemniser les familles bénévoles.

(D. Dorizon).

L'assistance à la famille et le placement familial désirables pour les tuberculeux méritent d'être étudiés dans leur principe comme dans leur délicate application par tous ceux qui ont le souci de la défense contre la tuberculose. (Pr Landouzy).

La 3e section du Congrès émet le vœu que des dispensaires destinés à faciliter l'assistance familiale soient construits de pré-

férence aux hôpitaux, dans les régions dépourvues de ces derniers établissements. (Dr Noir).

1° Les tuberculeux peuvent être justiciables de l'assistance familiale.

2° Cette assistance familiale devra surtout se faire à la campagne en tenant compte des conditions climatériques.

3° Elle est à préférer au traitement en sanatorium qui est plus onéreux et moins immédiatement réalisable, et permet d'éviter la création de dispensaires anti-tuberculeux spéciaux partout où existent les services de l'assistance médicale gratuite.

4° Hôpitaux, stations sanitaires, bureaux de distribution devraient être groupés sous la direction de médecins chargés de la surveillance des malades en traitement dans les familles de la région. Ce médecin pourrait être l'inspecteur des enfants en bas âge, le médecin de l'assistance médicale, etc...

5° L'internement dans un sanatorium ou dans un hospice doit être réservé aux malades contagieux et qui constituent un danger réel pour leur entourage. (Dr Berthod).

La 3e section du Congrès appelle l'attention sur les points suivants qui demandent une solution pour l'utilisation pratique de l'assistance familiale :

1° Transformation du système municipal d'assistance dans le sens de l'unification et de la simplification des rouages administratifs et des formalités.

2° Augmentation de l'autorité des médecins de l'assistance.

3° Développement du système des secours en nature et du prêt des objets mobiliers ; le secours en argent devrait être limité à l'allocation versée à la famille où est placé le malade.

(Dr Dorizon).

Le premier Congrès d'assistance familiale préconise la création des dispensaires anti-tuberculeux à la condition qu'ils soient exclusivement réservés aux indigents et nécessiteux. (Dr Gourichon).

C'est par le concours de l'assistance publique et de l'assistance privée qu'on obtiendra le maximum des résultats dans la lutte contre la tuberculose.

La 3e Section approuvant les résultats obtenus par l'association des mères de familles et en Seine-et-Oise, par l'asssociation des Dames Mauloises, émet le vœu que ces créations soient favorisées et étendues le plus possible. (Dr Edmond Pillet).

La Section considérant que l'assistance familiale est plus morale, plus conforme aux données de l'hygiène, plus économique que l'hospitalisation ; qu'elle est susceptible d'augmenter le bien-être matériel et l'amélioration morale dans le milieu assistance, émet le vœu que des tentatives soient faites dans cet ordre d'idées pour les malades chroniques. (Dr Dufournier).

Le Congrès émet le vœu que le Conseil supérieur de l'Assistance publique demande la création d'urgence d'un budget nécessaire pour assurer le régime alimentaire aux malades soignés par le médecin de l'Assistance médicale gratuite. (Dr Séailles).

« Le Congrès émet le vœu que l'administration de l'Assistance publique soit invitée à engager les chirurgiens et internes des hôpitaux à n'accepter dans leur services que les blessés du travail dont les lésions sont tellement graves que tout traitement à domicile est manifestement impossible. » (Dr Dorizon.)

1° *conclusion.* — On s'efforcera de trouver autour des villes industrielles, des familles consentant moyennant une rétribution égale au demi salaire du blessé à recevoir chez elles, pour les soigner, les ouvriers célibataires victimes d'accidents du travail. A défaut de ces familles on installera des maisons de santé ouvrières à un prix de journée modique, où le blessé pourra être soigné par le médecin de son choix et assisté par une personne de sa famille.

2° *conclusion.* — Dans les cas exceptionnels où le blessé aura été soigné à l'hôpital, on obligera le chef d'entreprise à payer le chirurgien d'hôpital, comme s'il avait soigné le blessé à son domicile, c'est-à-dire au tarif ouvrier.

3° *conclusion.* — Une démarche sera faite par le Congrès auprès des sénateurs pour les prier de voter les modifications à la loi du 9 avril 1898 réclamées par le corps médical.

(Dr Dwerneresse).

Le Congrès émet le vœu que les dispensaires destinés à faciliter l'assistance familiale soient construits de préférence aux hôpitaux, dans les régions qui sont dépourvues de ces derniers établissements.

Vœu adopté sur l'initiative de MM. Noir et Lefilliâtre.

Assistance familiale aux aliénés. Vœux émis en 1901

Qu'il soit établi une surveillance administrative et médicale sur les aliénés non internés, dans les asiles ou dans les maisons de santé privées. (Dr Van Andel.)

Que l'assistance familiale des aliénés soit appliquée dans les milieux urbains ; (Drs Marie et Mantenner.)

Qu'il soit possible, de préférence à la création de quartiers de convalescence, de placer des aliénés dans les familles sans les soumettre à la loi de 1838 et tout en les rendant l'objet d'une surveillance médicale et administrative ayant surtout le caractère d'un patronage. (Dr Toulouse.)

La section signale parmi les remèdes à opposer à l'émigration dans les départements, les secours à domicile et en particulier la création de colonies familiales dans les régions pauvres.

La 3e Section bis, émet le vœu que la législation sur les aliénés soit réformée pour permettre le traitement familial des aliénés non dangereux, soit dans les familles elles-mêmes, soit dans les maisons libres surveillées, soit chez les particuliers comme cela existe dans divers pays étrangers et comme cela est déjà pratiqué en France avec succès à Dun-sur-Huron et Ainay-le-Château, et dans le département de la Somme. (Dr Leblond.)

Qu'il soit créé des asiles ou colonies-écoles départementaux pour les enfants idiots, imbéciles, arriérés et épileptiques.

Qu'il soit créé dans toutes les villes des classes spéciales, annexées ou non aux écoles ordinaires :

1° Pour les idiots et imbéciles améliorés ;

2° Dans les asiles-écoles, pour les enfant débiles qui ne peuvent suivre utilement les classes des écoles primaires.

(Dr Bourneville.)

1er vœu. — Tous les aliénés judicieusement choisis et bien surveillés peuvent être sans danger placés sous le régime de l'assistance familiale ; (Dr Peters.)

2e vœu. — Vœu que dans l'examen d'études des facultés, permettant d'obtenir le grade de docteur en médecine, il soit établi un examen spécial portant sur la psychiâtrie. (Dr Leblond.)

3° Le Congrès considérant les résultats décisifs obtenus par l'assistance familiale des aliénés, renouvelle le vœu que cette méthode soit érigée en système d'assistance générale par le placement des malades, soit dans leurs familles, soit dans les familles étrangères ou établissement ouvert sous une surveillance médicale;

Il renouvelle également le vœu que l'internement cesse d'être le seul mode possible d'assistance pour les aliénés, et qu'il soit organisé, à côté des placements forcés dans les asiles ou les colonies, des placements libres dans les hôpitaux ouverts et en famille surveillés.

Vœu. (Dr Albert Le Blond). Qu'il soit établi dans *tous* les endroits publics des tableaux indiquant la quantité d'alcool pur équivalente en eau-de-vie absorbée par toute personne ayant bu un litre de vin.

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Si la société a le droit incontestable de se défendre contre les dangers que peuvent lui faire courir certains malades, tels que contagieux, impulsifs, etc., en procédant à leur isolement, elle a

le devoir de ne les priver de leur liberté qu'en cas de nécessité absolue. En conséquence le Congrès

Emet le vœu :

Que l'internement des aliénés cesse d'être la règle générale et ne soit prononcé que contre les aliénés reconnus dangereux ;

et que l'hospitalisation familiale sous toutes ses formes soit préconisée et appliquée dans la plus large mesure.

Corollaire : Considérant que l'accès facile et l'entrée précoce à l'*hôpital psychiâtrique de traitement* sont le plus sûr garant de guérison de la folie, le Congrès émet le vœu que toutes facilités soient données au traitement externe comme à l'admission rapide en traitement des malades dès les 1ers signes de maladie et sans certificat constamment obligatoire.

(Dr J. Voisin, Dr Marie, H. Leroux, Dr Alt, Pr Francotte.)

Le Congrès émet le vœu que tous les établissements fermés publics ou privés soient pourvus de médecins en nombre suffisant (médecins, chefs et assistants résidents) et d'organisations annexes permettant l'application du régime familial sous une surveillance médicale effective, pour tous les malades actuellement internés qui pourraient en bénéficier, soit comme moyen curatif de convalescence, soit comme moyen d'assistance des chroniques tranquilles aptes à une liberté surveillée.

Le Congrès estime que les progrès de la science psychiâtrique contemporaine condamnent l'emploi des moyens de contrainte.

(Dr Alt.)

« Le Congrès reconnaissant qu'il est indispensable que les aliénés bénéficient des progrès actuels de la chirurgie, émet le vœu que l'assistance chirurgicale des aliénés soit organisée régulièrement dans les colonies et asiles de l'Etat et qu'elle soit rendue obligatoire dans les établissements privés.

(Dr Picqué.)

Il importe que le personnel attaché aux colonies et aux asiles reçoive une instruction théorique et pratique. Cette instruction doit être confiée au corps médical des asiles.

(Dr Sano.)

Le patronage familial, surtout pour les avantages curatifs et nouveaux, mérite d'être adopté, à côté des asiles, dans l'assistance des aliénés.

Le meilleur moyen pour l'activer c'est de l'initier dans les villages prochains des asiles, en plaçant les malades dans les familles bien choisies, et sous la surveillance directe et continuelle des médecins de l'asile.

Tous les efforts doivent tendre à améliorer, pour autant que cela serait encore possible, les colonies aussi bien que les asiles. (On ne doit pas opposer l'un à l'autre, mais compléter l'un par l'autre.)

(Dr Tamburini.)

International Home Relief Congress.

EDINBURGH, 1904.

(Assistance Familiale).

Section III.—ABLE-BODIED ADULTS.

Secretaries: Dr. Jas. C. Dunlop, 33 Chester Street, Edinburgh, and Jas. R. Motion, Parish Council Chambers, 266 George Street, Glasgow.

COMPULSORY DETENTION
OF
IN-DOOR POOR OR VAGRANTS.

By JAS. R. MOTION,

Inspector of Poor, Parish of Glasgow.

The subject of the compulsory detention of the indoor poor or vagrants has only within the last six years become of an acute character by reason of the amalgamation or unification of parishes, and the expense and annoyance to the public at large caused by their wanderings over the country call for some form of treatment by home relief, whether in the Poorhouse or the Labour Colony, as the Home is yet to be settled by public opinion.

In Scotland up to 1898 the unit of Poor Law Administration was the area of the ancient ecclesiastical parish, or in a few cases of a group of small parishes. Following upon the Local Government Act of 1889, which aimed largely at unification of County areas, the other Local Government

Act of 1894 made this more pronounced, with the result that within the succeeding four years a large number of urban parishes were amalgamated; in a number of instances making the City or Municipal boundary the parish or Poor Law area. In this manner the principal Cities and Towns of Scotland became practically the parish.

The effect of this was to take under one administration the whole of the pauperism of these enlarged areas, which included the indoor poor, or those unfortunates and depraved people who had, from a variety of causes, to seek the shelter of the Poorhouse or Workhouse. The result was that larger numbers came to be dealt with, and these larger numbers were found to be more or less constantly going in and out of these places of shelter and recuperation as to cause something like a scandal. They should either not be in the Poorhouses, or if, and when there, they should remain, in respect they were physically unfit to earn even a small daily wage for their maintenance.

The applicant for admission to a Poorhouse for the first time can, immediately after admission, if the place and treatment does not please him, give notice of 24 hours that he shall leave, and at the end of these 24 hours it is illegal to detain him. On the other hand, the applicant who has been previously an inmate and leaves it upon his own intimation, shall only be allowed to quit the Poorhouse on the expiry of 48 hours, after having intimated to the Governor his desire to leave; and in cases where inmates have been three or four separate occasions inmates of the Poorhouse, and have left it upon their own iutimation, they shall only be entitled to quit the Poorhouse on the expiry of 72 hours, after having intimated a desire to leave. And in practice this is only enforced in extreme cases—the management is only too glad to get rid of a pestilent man or woman.

The consequence is that when they are beat outside, by a variety of causes, inability to earn, beg, or steal sufficient

for maintenance with their friends or in low-class lodgings, or following a course of debauchery, even from scanty earnings they fall back upon the shelter of the Poorhouse, in many cases worse than when they left, so much so as to require the care of the Hospital administration with all its nursing, dietary, etc., till they are ready again to repeat the process.

And that process is a very expensive one in the necessary employment of officials, medical and lay, and transport.

By law every applicant, no matter how often he may have been chargeable as a pauper, must have his application duly recorded, a printed form filled up, a certificate procured from the medical officer in attendance at the office, an entry made in his record or history, thereafter he is transferred by a conveyance—an omnibus—sometimes by an ambulance, to the Poorhouse, where his name is again recorded in the register, his person cleansed by a bath, clothed from the skin in the dress of the institution, and then examined by the Poorhouse doctor, who has to decide to what department of the Poorhouse he is to go. All this has to be gone through over and over again, and the man or woman may leave the next day.

Another feature in connection with this question is the facility with which this class can roam over the whole country. We have isolated cases who go over the Borders to England, and are removed back to their Parishes by the English Poor Law Authorities, but the great bulk of them prefer even the changeable climate of Scotland.

In my Parish alone, the Glasgow Parish, we have a number of wanderers who leave the Poorhouse and tramp all over the country; they break down now and again, and in some cases have to be sent back by train or steamer. But the great number of them have rested and recruited in the nearest Poorhouse before we can be communicated with

and give instructions for their disposal, which, no matter what may be, only sends them off on another journey, only to break down again in some other, and probably, more distant Poorhouse.

Another class gravitate between the Prison and the Poorhouse; they are as often in the one as the other, and generally in prison for trivial offences, such as begging, importuning or drunkenness.

Some years ago, in 1894, in connection with the enquiry by a Departmental Committee, under the presidency of Sir Charles Cameron, I stated that on making enquiry for the Barony Parish, there were then in the local prison 19 men and 10 women who were well known paupers, and if the City Parish returns were examined it would show a much larger number. But we have more recent returns with reference to this point. From figures supplied by the Governor of Barnhill Poorhouse, it appears that 3,286 men were admitted to that Poorhouse in one year—ending 31st October, 1903. Of these, 1,819 or 55·4 per cent. had been in prison; 97 per cent. had been given to drink; 92 per cent. came from common lodging-houses; and only 8 per cent. from their own homes; 55 per cent. were single; 24 per cent. widowers; and only 21 per cent. were married.

The population of the Parish of Glasgow at 1901 was 571,569, and the pauperism 16,068, or equal to 2·96 per cent. There is accommodation in the Poorhouses, Hospitals, &c., for 4,550, and the highest number we had this winter was 4,166, on 15th January, 1904. The most recent statistics embrace the year from 16th November, 1902, to 15th November, 1903, and during that period there were 3,317 applications for admission to the Poorhouse, the number varying from one to forty-two times. Of these 3,317, 952 applied for the first time during the currency of this year, although they may have been in the Poorhouse over and over again in previous years, and 711 applied over two and up to forty-two times, as detailed below.

I shall therefore deal with these 711:—

For the second time,	254	males,	113 females.
„ third to sixth time,	198	„	95 „
„ seventh, to the twelfth time,	28	„	11 „
„ thirteenth to the forty-second time,	8	„	4 „
	488	males,,	223 females.

Of the males—nine were under 20 years of age, twenty-nine over 20 and under 30, one hundred and two over 30 and under 40, one hundred and forty-three over 40 and under 50, one hundred and thirty-one over 50 and under 60. and twenty-four over 60.

Of the females—one was under 20 years of age, eleven over 20 and under 30, thirty-five over 30 and under 40, fifty over 40 and under 50, fifty-eight over 50 and under 60, and sixty-seven over 60.

Of the total of 711, I find that 50 men and 22 women contributed 690 admissions for this period. Their ages are as under:—

MALES.	FEMALES.
9 under 40	6 under 40
15 „ 50	5 „ 50
17 „ 60	7 , 60
9 over 60	4 over 60

They were certified as follows:—652 as suffering from bronchitis, 527 from rheumatism, 419 from debility, 225 from injuries, received more or less as a consequence of their drunken habits, 106 from lumbago, 101 from alcoholism, 101 from consumption, 100 from cardiac, 90 were certified able-bodied and refused, 85 from ulcers, 80 from blindness, 78 from paralysis, 74 from skin disease, 71 from dyspepsia, 66 from privation, 55 from venereal, 55 from inflammation, 50 from stricture, 43 from vertigo, 36 from sore feet, 30 from abscesses, 29 from diseases of throat and

ear, 26 from diseases of women, 25 from hernia, 25 from deformities, wants arms, &c., 23 from epilepsy, 23 from varicose veins, 23 from diarrhœa, 18 from weak intellect, 17 from piles, 15 from nervous disease, 15 from influenza, 10 from pleurisy, 8 from pregnancy, and 16 from miscellaneous diseases.

They came from a variety of lodgings, chiefly the low-class ones, and from Night Asylums, and the Salvation Army Home; and a large number were said to be homeless.

One man came seven times from so-called Model Lodging Houses, twice from Night Asylum, and seven times said to be houseless; one man thirteen times from lodgings; one woman came five times from Salvation Army Home, three times from Night Asylum, and seven times from Models.

Another woman (drunkard) three times from lodgings, four times houseless, twice from H.M. Duke Street Prison, and on seven different occasions re-admitted same day as left.

These are typical cases—the man who has been in and out thirteen times came from lodgings on twelve occasions; the other time said to be houseless. One of the women—a well-known drunken character—has been nineteen times in and out, she came twice from Salvation Army Home, four times from H.M. Prison, Duke Street, eight times re-admitted same day as left, once from lodgings, once houseless, once from Model Lodging House, and twice from Gartloch Asylum, in which Institution she is at the present time.

The man who has been in and out forty-two times came from Models on twenty-six occasions, once from Barlinnie Prison, three times from Night Asylum, and twelve times said to be homeless. He is weak-minded, and was twice certified for the Observation Wards. On the last application he was certified "insane" and removed to Woodilee Asylum.

During the same period we had 1,411 claims from other parishes throughout the country for

Glasgow tramps who had fallen ill on the road—504 of these were new cases, and 907 well-known paupers of Glasgow. Taking 100 of these I find:—

1 has been 25 times chargeable, and his tour takes in Inverness three times, Stonehaven and Glasgow twice, Galashiels, Inveresk, Edinburgh, Dunfermline, Kirkcaldy, Brechin, Montrose, Aberdeen, Elgin, Rosskeen, Creich, Glassary, Kilmore and Kilbride, Kilwinning, Girvan, Stranraer, Kirkcudbright and Paisley one each.

1 has been 21 times chargeable, and his tour takes in Coatbridge, Airdrie, Motherwell, Paisley, Port-Glasgow, Greenock, Row, Dumbarton, Edinburgh and Leith.

1 has been 17 times chargeable, and his tour takes in generally Kilsyth, Dumbarton, Paisley, Greenock and Edinburgh.

1 has been 15 times chargeable, and his tour takes in Motherwell, Airdrie, Coatbridge, Hamilton and Bothwell.

2 have been 13 times chargeable, and their tour takes in Fife and Stirlingshire, Dunfermline, Kirkcaldy, Burntisland, Wemyss, Cupar, Alloa, Stirling, Kilsyth, Falkirk, Grangemouth, Inveresk and Hawick.

2 have been 12 times chargeable, and their tour takes in Edinburgh and Leith Districts, Haddington, Jedburgh, and Dumfries.

4 have been 10 times chargeable, and their tour takes in Hamilton, Bothwell, Cambusnethan and Dalziel.

2 have been 9 times chargeable, and their tour takes in Stirling, Perth, Blairgowrie and Crieff.

3 have been 8 times chargeable, and their tour takes in Greenock, Paisley, Dumbarton and Helensburgh.

3 have been 7 times chargeable, and their tour takes in Perth, Dundee, Montrose, Aberdeen, Inverness and Elgin.

10 have been 6 times chargeable, and their tour takes in Edinburgh, Hamilton, Strathaven and Larkhall.

1 has been 5 times chargeable, and his tour takes in Falkirk, Linlithgow, Bo'ness and Grangemouth.

9 have been 4 times chargeable, and their tour takes in Bothwell, Coatbridge, Motherwell and Wishaw.

10 have been 3 times chargeable, and their tour takes in Kilmarnock, Ayr, Maybole, Girvan and Stranraer.

50 have been 2 times chargeable, and their tour takes in the larger towns all over Scotland—Edinburgh, Dundee, Aberdeen, Paisley, Greenock, Ayr, Crieff, Dumfries, Dumbarton, Dalkeith, Elgin, Falkirk, Forfar, Greenock, Girvan, Inverness, Kilmarnock, Kirkcaldy, Kilwinning, Lanark, Perth, Paisley, Peterhead, Stirling, Hawick and Dumfries.

These towns and parishes may be unintelligible to a number of people, but generally it may be stated that most of them are many miles distant from Glasgow, and often fifty to one hundred miles distant from each other.

Of these 100, 56 were males and 44 females.

It will be seen that the larger towns on the "Tramps' Route" between Glasgow and Dundee, *via* Stirling and Perth, also that to Edinburgh, *via* Coatbridge and Hamilton, bulk most frequently in the claiming parishes where they have taken a rest in the poorhouse, arising from the fact that this class generally follow the calling of street vocalists, so-called hawkers, etc.

Taking the first case mentioned, that of John White, single, 39 years of age, who is generally certified "Old Venereal Disease, Fistula, etc." During the last ten years he has been 121 times chargeable, 18 of which were from Models and shelters in Glasgow, and 103 to other Parishes. He first became chargeable on 1st October, 1884, when 19 years of age, and the chargeabilities mentioned are an indication of his career since that date. He is a well-known dodger,

and on being admitted to the Poorhouse as much as 6s. has been found concealed in the toes of his boots.

The second case is that of Mary M'Donald, a single woman 50 years of age, who hawks all over the country, and generally breaks down every few weeks from Bronchitis.

The third case is that of a well-known dodger, James Cairney, a single man, 37 years of age, slightly paralysed, who makes it his business to get admitted on some pretence to Convalescent Homes, and live as best as he can on the fruits of his begging.

The fourth case is that of a woman, Mary O'Donnell, single, 46 years of age, who attempts field work, and generally after a few days' work gets certified used up from Catarrh.

To illustrate how this class is propagated, I will instance that of Hugh M'Dermid, 15 years of age, the illegitimate son of an Irish tramp, who happened to be born in the City Parish Poorhouse. He has been chargeable in various parts of the country along with his mother, whose settlement is in Ireland, but the lad, being now *foris familiated*, has his own settlement in Glasgow, and has been chargeable no less than eight times already since he became 14 years of age. His mother is a thorough bad lot, and has been removed to Ireland on several occasions. She has also been convicted of theft, fraud, and other misdemeanours, and he is proving an apt pupil.

Closely allied to the question before us is that of the vagrant and the beggar; and without trenching upon the functions of another writer, I must make some passing remarks upon these pests of society. In the Forty-first Annual Report of the Inspector of Constabulary for Scotland for the year 1898. Captain Munro says:—

"The 15th Section of The Prevention of Crimes Act, 34 and 35 Vict. cap. 113, is enforced in 19, and the Trespass Act, 28 and 29 Vict. cap. 56, in 30 counties. The 57th Section of the Local Government (Scotland) Act, 1889, gives County Councils powers to make bye-laws for the prevention of vagrancy, and these have

been framed in 20, but not in 11 counties. Where enforced, these bye-laws have been found of service; but, unfortunately, in consequence of a decision in a Midlothian case by the High Court of Justiciary, these desirable bye-laws have, in a number of instances, either not been framed or are in abeyance."

There are thirty-one counties in Scotland whose police are under Government inspection.

The very same words are used in the reports of 1899 and 1900, but in 1901 and 1902 the subject is not even mentioned.

From the reports of the Inspector of Constabulary before referred to it appears that there were in

1898, - -	13,590	adult vagrants, with	2600 children
1899, - -	13,269	„ „	2518 „
1900, - -	12,820	„ „	2342 „
1901, - -	13,330	„ „	2529 „
1902, - -	12,772	„ „	2467 „

noted in Scotland.

Taking the whole of Scotland it appears from these returns that for the year 1898 there were only 901 of these vagrants convicted, in

1899, - - - - - -	713
1900, - - - - - -	677
1901, - - - - - -	844
1992, - - - - - -	968

Bnt if we analyse some of the counties and burghs we find the differences more striking. In Aberdeen County, for instance, there were, in 1902, 524 vagrants with 29 convictions, while in the City of Aberdeen there were 196 with 22 convictions. In Ayr County there were 406 vagrants and 86 convictions, while in the Burgh of Ayr there were 447 vagrants with only 9 convictions. In the County of Dumbarton there were 390 vagrants and 22 convictions, while in the Burgh there were only 37 with 17 convictions, and this is an industrial centre. In the County of Edinburgh there were only 325 vagrants with the large number of 105

convictions, while in the City there were the large number of 817 vagrants with only 95 convictions. Again, take Lanark, with the greatest population and large industrial centres, we have only 372 vagrants with the large proportion of 307 convictions, while in the City of Glasgow there were 1076 vagrants with only 264 convictions. Take again Linlithgow County, containing large mining centres, we have 448 vagrants with only 3 convictions. In Renfrew, another great industrial and populous county, there were only 117 vagrants with 30 convictions, while in the large town of Greenock there were 119 vagrants and 6 convictions, and in Paisley 101 vagrants with 9 convictions. Included in these figures are to be found the men and women who leave the poorhouses and go on tramp, particularly in the summer and early autumn, and reference is made to this class in another part of this paper.

It is clear, therefore, that something is far amiss in the working of the vagrancy clauses of the present statutes. It is needless analysing further these figures which speak for themselves, and show a lamentable lack of efficient control and administration by the government of the country.

These wanderers are a perfect menace to the well-being of the country, a source of contagion of all forms of disease, causing untold misery and death among the well-doing people of the country, and adding enormously to the expense of the local government thereof in police charges, cost of public health and pauperism, while the farmer suffers from the fires and destruction caused by these people which so often take place throughout the country.

The relation of the tramp to smallpox has been vigorously taken up by Medical Officers of Health, but we are as far off as ever from remedial measures. It seems the height of absurdity that the Government should insist upon re-vaccination in the Army, Navy and Postal services, yet allows the vagrant to wander about in times of epidemic without let or hindrance. It has been found that the most

subtle agency for distribution of this loathsome disease was not to be found in commercial intercourse with communities, but in the wanderings of the vagrant and the tramp. Philanthropic sentiment has very much to answer for this state of affairs. It takes very little to keep a "Weary Willie" on the road, but if people would stop giving little coins to beggars, which they too often do to make themselves feel good at small outlay, and which too often becomes very expensive to others, the tramp would very soon cease to be on the road. Let the charitably disposed people exercise that moral principle by dispensing their charity at their own sight and at some trouble to themselves by visiting the poor in their own neighbourhood and in their own parish, and not pass on the wastrel to another like minded.

The Lancet says:—

"A Hysterical Generation.—The vagabond who has drunk himself into a condition of hepatic cirrhosis makes of the workhouse—where of course he does not work—a temporary home while he gathers strength for a fresh debauch; the hulking scoundrel who cultivates an ulcer of the leg as an excuse for spending his life in bed in the comfortable ward of the infirmary, where he lies grumbling at the food and using foul language to the nurses; these are the people over whom a hysterical generation weeps, while it has neither eyes nor ears for the quietly borne sorrows of the real children of adversity."

The only cure for this state of matters is the creation of Labour Colonies. With this it would be necessary that there should be some form of registration if a man must go on the road for employment with the permission of the authorities.

The tramp and the vagrant are created by themselves or their progenitors. They are the weeds of the cities and towns, the men who are late for their work in the morning, the drunkards, the quarrelsome, ill-conditioned labourer, the small petty thief who preys upon his master's goods and the workmen's tools. These are the men who first get their discharge from settled employment, and they then take to casual jobs of any kind, and roam between the Poorhouse, the Prison, and the country roads.

They are, as a whole, useless indeed in any unemployed labour yard. They even then dodge the foreman, and scamp the work they get to do. The Bishop of Stepney the other day strongly condemned any proposal to emigrate the unemployed of the East End of London to Canada. He declared that they had neither brain nor muscle, nor tenacity of character to contribute to any industry in which they might be engaged. The majority of them would be as unemployable in Canada as they were in East London.

I make no apology for closing this paper with an extract from an article, "The Rise and Influence of Darwinism," from the *Edinburgh Review* (Centenary Number) No. 402, October, 1902, p. 401 :—

"Indirectly and in detail the Darwinian principle has in several directions forced itself on public opinion. Mental disease and crime are to a large extent hereditary, and it becomes a pressing problem how far it may be necessary to segregate those who exhibit those aberrations from the community like lepers, and prevent their continuing their race. What is to be done with the 'professional criminal,' of whom the Prison Commissioners report :—'His crime is not due to special causes, such as sudden passion, drunkenness, or temporary distress, but to a settled intention to gain a living by dishonesty'? For such 'moral cripples,' Huxley thought, 'there is nothing but shutting up or extirpation.'

"By improving the standard of conduct, the indirect influence of education is not inconsiderable. Drink, betting, and ignorant or careless housekeeping are more potent causes of poverty than a low wage. Education, by restraining self-indulgence, may do much to remedy its effects and raise the power of wage-earning. That it has actually done something, the orderliness of our vast crowds is a conspicuous testimony. A well-nourished population supplies one of the conditions for the perpetuation of a vigorous race."

JAS. R. MOTION.

ON THE NEED FOR FAMILY CARE OF PERSONS OF UNSOUND MIND IN IRELAND.

By CONOLLY NORMAN, F.R.C.P.I.,
Medical Superintendent, Richmond Asylum, Dublin.

The question of the adoption in Ireland of family care as a method of dealing with mental unsoundness is at once highly academic and highly practical: academic because this mode of treatment has never been hitherto attempted in that country; and practical, because it may be said, with a slight modification of a familiar line, that no nation wants it so much. Perhaps all this is only another way of saying that the question stands exactly in that position in which any earnest and vigorous reformer likes to take a subject up. The crop is ripe, but no sickle has yet swept over the field.

How fresh the topic is in Ireland may be indicated by the remarkable discussions that have been lately going on with reference to the public treatment of the insane in that island. Ireland is probably the poorest country in Europe, and the country in which the great majority of the population live under the least complex and the least highly-developed conditions. Circumstances of various kinds, however, have brought the lunacy problem into extreme prominence—a prominence rarely obtained for it in any other comparatively primitive country. The complete transference of power in respect of matters of local government from one portion of society to another, the latter having been until recently quite unaccustomed to the responsibilities of self-government, has tended to bring prominently before the public mind a number of social problems that were hitherto hidden more or less below the surface. The comparative accuracy of modern statistics, the effect of the accumulation of patients in asylums under improved management, and a possible real increase in occurring

insanity, due to the indirect results of excessive emigration, have together contributed to bring about this curious state of affairs, that the number of insane who are registered is rapidly and largely increasing, while the general population is decreasing. According to the most recent official calculations, there is in Ireland one person of unsound mind to every 178 of the general population. Meanwhile, wealth—at least, such wealth as is represented by the margin available for charitable purposes—is not increasing, while the struggle for existence is daily becoming more keenly felt.

Some counsels that have been suggested in this matter savour of desperation. It has been held, apparently on the authority of an illustrious literary man and distinguished doctrinaire politician, that the asylums themselves are responsible for the increase of insanity, inasmuch as by keeping alive and curing persons of unsound mind they have led to a degeneration of the race. There are even nebulous hints floating in the air that it might be well to render those who have been insane incapable of propagating the species so as to lead to a greater freedom from disease in succeeding generations. There is a pretty general and strong prejudice against asylums conducted on modern lines. Those who do not openly call them nurseries of insanity at least look upon them as places where the mentally affected receive treatment which is unduly costly in proportion to the advantage accruing to the rest of the population. If we had not learned of recent years to regard as entirely too narrow that view of development which looks upon natural selection as being only an instrument to bring about the immediate betterment of the physical condition of the existing generations, we might have some sympathy with the sentiment which would dictate that the insane should be practically left uncared-for, and should be allowed to perish by natural processes. But the more extended and philosophical view which we now see to be the only tenable one forces us to conclude that the care of the unfit subserves some great ulterior developmental end, and is—to take no higher view of it—the necessary step towards the attaining of a more perfect social state. Indeed, that it should be requisite to discuss this aspect of the matter at all is surprising, and appears to show the chaos of public feeling on such topics in my country.

It may be said that these are themes which it is unnecessary

to more than hint at in addressing my present audience, and in fact I have merely referred to them as indicating that the question of reform in the treatment of the mentally afflicted is ripe for consideration in Ireland, and that the present is probably a favourable opportunity for ventilating the subject. It is easier to obtain a hearing for the suggestion of humane and advanced methods when the public is interested in the whole question, even though wild doctrines are being hurtled abroad, than in times when the public is apathetic.

Now, the existing state of affairs is this: the local governing bodies have determined to build no more expensive—that is to say, modern—asylums, and yet it is felt that, pending the operation of more drastic measures, some provision must be made for the increasing numbers of the insane. When the Irish Local Government Act was passed in the year 1898, its authors, acting apparently on very insufficient information, and having accepted very hasty and immature views, were unfortunate enough to adopt an enactment whereby a rate-in-aid, amounting to 2s. per head per week, was to be available for insane persons who were chronic and harmless, and who were to be maintained in disused workhouses or other suitable buildings apart from the existing lunatic asylums. The amount of rate-in-aid for these new institutions is just half of that which is available for the existing asylums, and thus the suggestion is made by the Government that a number of asylums should be started in the country at about half the cost of the existing institutions—such new asylums to be filled by the class called chronic and harmless. If some better scheme be not adopted within a few years there can be little doubt that these new cheap and inferior asylums will spring up all over the country, that they will fail to work satisfactorily, and that they will eventually be either suppressed or profoundly modified. There can be no doubt but that in the meantime they will have done an immensity of harm. It is, therefore, the more necessary at present to suggest some other mode of dealing with the existing problems—some mode which will not revolt the public conscience by insufficient humanity, and will also not prove too great a drain on the public purse in a very poor country.

It would ill become a member of our speciality to encourage in any way the popular prejudice against asylums. In the first place, no one who reflects can fail to see that this prejudice is really to a large degree merely a survival, under slightly modified

form, of the old prejudice against the insane themselves. The deep instinctive dread and hatred of insanity and of the insane is at the present day recognised as a thing which cannot be avowed, but those who one hundred years ago would have been loudest in giving expression to these feelings, and must now conceal them, satisfy the primæval instinct by abusing asylums and their directors. Besides, asylums must be accepted as an evil, if you will, but a necessary and inevitable evil in many cases. When all this has been said, the fact remains that there are a great many objections to be made against what we may call asylum life. The natural unit of society is the family. Existence in large institutions, which are not, and cannot, be modelled on family life, is an unnatural one. Such existence is uninteresting, monotonous, and irksome. Its tendency is to drive the mind in upon itself, to produce unhealthy brooding and dreaming, and to deprive the individual of the ordinary interests that belong to his fellow-creatures. The association together of numbers of persons with few interests in common, and who are not bound to each other by the close, and yet elastic, tie of family affection, is irksome, and tends to develop bad feeling and selfishness. Now, these drawbacks are common to all public institutions, and are not entirely peculiar to asylums. They are felt not only by the patients, whom the public charity is intended to benefit, but they are felt by the staffs who administer the charity. Among the latter, petty jealousies, suspicions, and all kinds of rancorous ill-feelings are apt to arise, and are surely fostered by the peculiar conditions of institution life. Association without the most perfect harmony engenders an irritability which is hostile to all good feeling. It is proverbial that this condition of affairs springs up even amongst the most high-minded. There is an old Celtic story of how St. Patrick, bestowing a bishopric on a favourite disciple, told him he was sending him to a See so situated that they would not be too far apart to meet occasionally, nor too near to remain friends. It is possible that our patients often feel the injurious effects of institution life less than might be expected, because their condition is an abnormal one already, but no one can have watched the effects which supervene in old nurses and attendants without being painfully aware that in many cases a marked deterioration of disposition is the consequence of the unnatural, monotonous, and trying nature of their surroundings and of their calling.

So much have I myself been struck by this that I have long held that the most perfect way to obtain asylum service at its best would be by the organisation of a short-service system, whereby the great majority of the staff—excepting, of course, those who have shown special aptitude and special staying power—would be young and fresh. I observe that Professor Kräpelin would appear to have arrived at a somewhat similar conclusion, for I have recently seen him quoted as holding that an asylum attendant's period of service should be limited to ten years. I dwell upon this point not only as showing that there is something unhygienic in the moral atmosphere of large institutions, but also because it seems to me to require being pointed out that as our attendants are to a large degree the instruments by which we work upon our patients, if the conditions of asylum life are unhealthy we will find ourselves in the end working with blunted and rusty tools.

There are then weighty reasons for avoiding, as far as is possible, the accumulation of patients in asylums, and the multiplication of those edifices. When and where an asylum must be built, it ought to be built and managed and manned in the very best possible manner, bearing in mind that its object should be to form a hospital for the cure of the curable, for the treatment of the sick, for the safeguarding of those who cannot be allowed to be at large, and for the amelioration and thorough study of the condition of such patients as can eventually, under proper regulations, be restored to family life with a fair measure of safety, though uncured. It is the class to whom I have last referred who mainly tend to accumulate, and taking into account the well-known money saving which can be accomplished by a system of family care, it would appear that such cases can be treated economically, and yet with an avoidance of the peculiar evils that are apt to arise in connection with asylums. It is much to be regretted that in the framing of the Irish Local Government Act this question was not brought before those who were responsible for that statute. The alternative to the ordinary asylum contemplated in the present Irish law is an institution to be run at half price. Economy is to be obtained by diminishing medical supervision to something approaching a vanishing point, and by lessening the staff to such a degree as would probably render efficient care unattainable, and would put nursing out of the question. The housing of the insane in public institutions in

Ireland has been described as extravagant, palatial, and so forth. We may yield this point because it is very improbable that any of the new second-rate asylums will be able to work without such modifications in structure as will bring them very near, if not quite up to the majority of the existing asylums whose architectural advantages have been so much exaggerated. But the new second class asylums being deficient in supervising staff, being carefully lopped of every "extravagance," will be places where no occupation and no amusement can be provided for the inmates at the proposed cost. Such places would have every disadvantage belonging to an asylum without any of the safeguards or any of the ameliorating agencies that modern science and modern humanity have found to be required. It is impossible to say precisely what class of the insane were intended for these particular institutions, and it would appear that the framers of recent enactments have themselves the most shadowy ideas on the subject. If the chronic and harmless mean the working population of our asylums it would be a manifest, gross, and intolerable injustice that these poor people should be subjected to all the discomforts of asylum life without any of its ameliorations, as would be the case in a second-rate cheap asylum. If, on the other hand, the chronic and harmless include the old and feeble and bed-ridden, I submit that, from a merely humanitarian point of view, these people require more care than the more recent and acute cases, who, by their recovery, are apt to give a better result for the money spent.

I feel that in saying so much on the general aspects of this question I am undertaking a task that may seem superfluous to most of my present hearers, but I enter upon these details in order that the position of the question in my country may be thoroughly intelligible. Speaking here, and speaking to you, I need not adduce any arguments as to the feasibility of the family care of the insane. It is probably not too much to say that the family care of a large section of the unsound of mind has proved possible, beneficial, and economical in every country where it has been intelligently and conscientiously attempted. In any place where the endeavour has been made up to the present success has followed when anyone has been found who has taken up the subject, as Dr. Féré has said, "in the way he would take up his own business."

There are in Ireland three practical difficulties, none of which are insuperable, if one can judge from experience else-

where. The first may be called official *vis inertiæ*. In all public departments there is, of course, a tendency to go on doing in the future what has been done in the past. Irish officials may, perhaps, be forgiven for carrying this tendency further than other people on account of their peculiarly isolated and insecure position. There is, unfortunately, no body of public opinion in the country which is sufficiently intelligent and disinterested to act as a motive force in any particular direction on such subjects as the proper conduct of great public charities.

The second difficulty arises from the fact that the bodies which now carry on local government in Ireland, being new to their duties and responsibilities, are not very easy to move in the direction of something which they may conceive to be risky and unpopular. Unpopular with the uninstructed bulk of the people such a measure as family care of the insane would surely be at first, and it would, therefore, seem much easier and more popular for the local bodies to go on distributing labour and patronage and constructing or adapting asylums on a more or less economical plan instead of diminishing the occupation of these institutions by the adoption of family care.

The third difficulty which I see in the way is the difficulty of finding locations suitable for boarding out. The Irish peasants, who form the class from whom most of our patients are drawn, are very poor, and, therefore, would be willing enough to receive the help which the payment for a patient might bring them. They are very kindly and very tolerant of the infirm, and would, therefore, I think, make good hosts for the insane, but they are, unfortunately, themselves probably among the worst-housed—if not the very worst-housed—of the populations of Western Europe. It must be said that things are slowly bettering themselves in this respect, and there is every reason to hope that the betterment will be more material and quicker in the near future. For the present it seems to me that this is the most serious difficulty in the way of family care in Ireland. The other two difficulties, I think, would be more readily overcome. The County Councils could eventually be persuaded that their interests and those of the insane are identical in these matters, and if public opinion favourable to the experiment can be evolved it is to be hoped that the official *vis inertiæ* of which I have spoken would not prove an impassable barrier. One advantage we would have in attempting family care in Ireland

—and this no small advantage in beginning anything—namely, that there is nothing to be undone. Sir Arthur Mitchell's book on the *Treatment of the Insane in Private Dwellings in Scotland* has shown us that talent and industry applied in this humane cause were capable, in the hands of the Scotch Commissioners, of drawing family care out of the slough of abuses in which it had nearly been overwhelmed. No such difficulty exists in Ireland. Some foresight and prudence will, no doubt, be required in the inauguration of such a system. Care must be taken not to let the zeal of beginners outrun all support from popular opinion, and every endeavour should be adopted to avoid the occurrence of any scandals or risks in the earliest stages of the experiment. These precautions are, of course, easier to talk about in an abstract way than to carry out practically, but they are only such things as are necessary at the beginning of every fresh enterprise.

In my opinion, family care of the insane in Ireland should be organised in connection with the district asylums. Only cases that have been studied in an asylum, and are thoroughly well known to the medical staff, should be sent out to family care. I am not one of those whose believe that a perfectly ignorant person is likely to form as intelligent a judgment on a difficult and risky subject as one who has devoted his time and attention to that subject. Whatever we do there is an element of risk in the family care of the insane, just as there is an element of risk in the asylum care of the insane, and in either case the chief responsibility will best rest upon the person who is best acquainted with the peculiarities of his patient. Provision should be made for the power of returning the patient to the asylum whence he has come, should his physical or mental state demand such a course, or should his location prove, in the opinion of the authorities, to be in any way unsuitable. Provision should be made that the patients be visited by the Medical Superintendent in the homes of their hosts at such intervals as may be deemed suitable, and also occasionally irregularly. Provision should also be made by which the patient should visit the asylum and report himself if required to do so at stated intervals, following therein the example of the Berlin system.

An arrangement of this kind could be effected with the least alteration in the existing law. There is an enactment in Ireland at present, whereby a patient can be discharged

from a district asylum on trial, while his maintenance is met from the asylum funds for the period of one month. Of this enactment I myself made frequent use, but it is manifestly insufficient even for its present purpose—the period of one month's trial being mostly quite inadequate. An extension of this provision with an arrangement that the period of trial could be from time to time renewed after expiration should the patient still remain insane, would enable patients to be, practically speaking, boarded out in family care. Of course, further and remoter supervision of patients in family care, together with supervision of their physicians, would be called for, just as is the case with patients in asylums. No doubt an addition would be requisite to the staff of commissioners, or, as they are called in Ireland, inspectors, but that would probably be desirable in any case, since those officers are numerically inadequate to the duties they are now called upon to perform, although, perhaps, not so preposterously inadequate as their colleagues in England. The proposal to send out patients from the district asylums into family care, and retain them under the general supervision of the medical staff of the asylum, would also probably involve in most cases some increase of that staff. The economy which could be effected in maintenance by family care would probably be sufficient to cover the additional cost of inspection that would be involved, and also to leave a not inconsiderable margin. With regard to the total saving, however, I am not inclined to encourage a hope of a favourable balance on the maintenance account, although I believe that there will not be a deficit. My reason is that it seems to me that a great number of the patients whom we could send out into family care, and to whom we would give the pleasures of modified liberty and of family life in lieu of the supposed luxuries of an asylum, would be those very patients who would be most useful to us in the internal working of the institution. The loss of their services would either involve the employment of more paid attendants, or the purchase of more ready-made goods, or both, and a certain increase of the asylum maintenance account on this head must be expected. (1)

(1) More than one speaker at the Congress observed on this aspect of the question, notably Dr. Parker of Gartloch, who pointed out that there is a fallacy in comparing the cost in district asylums, minus the best working patients, with the cost of the boarded out, many of whom are virtually wage earners. That family care may prove palatable to local authorities it is necessary to show that it is not unduly costly, but the true ground on which it should be advocated is that it is the best, and not that it is the cheapest mode of treatment.

I have not said anything of the supervision or visitation of the patients in family care by Poor Law medical officers. I am doubtful as to how far it is safe anywhere to depend to any degree on what I fear must be a very perfunctory duty, and I am confident that such dependence must necessarily limit very greatly the cases in which family care might be utilised. However this may be elsewhere, and under other conditions, no one who knows what the Irish Poor Law service is, and how entirely overworked its medical men are at present, can imagine that any supervision it would be in their power to bestow on the insane in family care would be sufficient. There is also another reason why it is undesirable to associate the Poor Law service with this work. In Ireland our public patients are not paupers. The service of lunacy in Ireland is not a branch of the Poor Law service, and it is very desirable in the interests of our patients that it should never be. It is true, unfortunately, that insanity is the most pauperising of diseases, but as we have been able hitherto to manage our insane, both with regard to fiscal requirements and otherwise, without stigmatising them with the quite unnecessary brand of legal pauperism, it is very desirable that we should continue to do so. This was clearly seen by Sir Arthur Mitchell and his Commission who, reporting some years ago on the reforms required in relation to Irish lunacy, strongly deprecated the amalgamation of the two services. To endeavour now to associate pauperism and mental unsoundness would be a distinctly retrograde step.

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DISCUSSIONS

SECTION I.—CHILDREN

FIRST MEETING, *Wednesday, 8th June* 1904

THE EARL OF MANSFIELD, PRESIDENT OF THE SECTION, IN THE CHAIR

DISCUSSION ON THE FEEDING OF INFANTS AND SCHOOL CHILDREN

PAPERS on the subject were contributed by Miss M. Horn, London (p. 15 of *Transactions*); H. Wright Thomson, M.D., Glasgow (p. 22); and by F. M. Sandwith, M.D. (p. 26).

Dr. Robertson, Medical Officer of Health, Leith, described the Leith municipal system, under which sterilised milk is supplied daily to from seventy to eighty infants at a moderate charge. He was against school children being fed at the expense of the rates.

Dr. Bruce Ronaldson, Medical Officer of Health for Dunbar, thought that country children, whose houses are at a distance from school, should be provided with a hot meal in school. He recommended a soup kitchen in connection with country schools.

Miss Mary Dendy, Hon. Sec. Lancashire and Cheshire Society for the Permanent Care of the Feeble-minded, advocated school restaurants being established, especially for children whose mothers are engaged at work outside the home. She protested, however, against supplying 'the universal soup.'

Dr. Chalmers, Medical Officer of Health, Glasgow, dissented from the views expressed in one paper about the wide prevalence of physical deterioration. He emphasised the need to teach mothers what the upbringing of an infant really means. While recognising that underfed school children should be supplied with food, he thought that parents should, as far as possible, pay for it.

Dr. Leslie Mackenzie, Local Government Board, Edinburgh, thought that, while parental responsibility should be maintained, if possible, the primary duty was to feed the child. He recommended a restaurant in connection with every school. He concurred in Dr. Chalmers's remarks about physical deterioration. A great deal of what goes under that name is a mere confusion of ideas, and nine-tenths of it may be regarded as due to bad feeding, bad nursing, and bad housing.

Dr. Caverhill, Medical Officer of Health, Haddingtonshire, drew attention to the high infantile mortality rate in landward districts of Scotland, and recommended a better milk supply for such districts.

Miss Lees, Member of Edinburgh Parish Council, described the system recently instituted by her Council, under which pauper children who attend school are supplied with dinners at 1½d. each—a change of food being given almost daily. She recommended kitchens and dining-rooms in all Board Schools, the cost of the food, etc., to be defrayed out of the rates.

Miss Walton Evans, Local Government Board, London, asked whether the dinners referred to were paid for out of the rates.

Miss Lees replied in the affirmative.

Mr. Alexander Campbell, Member of Cadder Parish Council, advocated the establishment of school restaurants, where every child could be supplied with food, the expenditure being met out of the rates.

Miss Burgwin, Superintendent of Special Schools, London School Board, favoured the feeding of poor school children, the cost to be borne by the rates if voluntary effort fail. She thought there should be more stringent laws for dealing with parents who neglect their children.

A letter was read from Miss Stevenson, Chairman of Edinburgh School Board, regretting her inability to be present, and describing the work of a Committee which in 1878 was formed 'outside of the School Board' with the view to provide food and clothing for very poor and neglected children attending Board Schools.

Miss Horn, in reply, said that private charity can supply the want of any child that is in need of being fed, but that to feed children irrespective of their home would have a bad moral effect on the parents.

The President, in closing the discussion, said it did not appear to be realised by those in Manchester that for a long period of years, and even still, many Scotch people preferred soup to heavy food. Without any formal motion on the subject, he put it that the meeting concurred substantially in the views expressed in the papers that had been read. This was carried unanimously.

DISCUSSION ON THE PREVENTION OF CRUELTY TO CHILDREN

PAPERS on the subject were read by Miss F. Zanetti, Manchester (p. 29 of *Transactions*), and by Mrs. J. A. S. Inglis, Edinburgh (p. 34).

In opening the discussion, Dr. Clouston, President, Royal College of Physicians, Edinburgh, said he looked at the question from a medical and scientific point of view. As love of offspring is one of the cardinal faculties of all living beings, he concluded that, if a man neglected or was cruel to his

children, it indicated something abnormal in his nature. The deficiency might be innate, but, in the great majority of cases, it was created by wrong living, and especially by alcoholic poisoning of the brain. He recommended an extension of the Inebriates Act, and proposed a resolution on the subject.

Mr. Hector Munro-Ferguson in seconding the motion, did so on the ground that it would benefit the children. Parental responsibility should, however, be maintained.

The President here read letters from Professor Sir Henry Littlejohn and Dr. Farquharson in favour of the resolution.

Miss Walton Evans remarked on the great difficulty of finding inebrates' homes for people who are committed in England.

The President asked whether the term 'inebriates' home' meant a home into which persons are admitted of their own free will, or a place of the nature of a prison to which they are sent by a magistrate. He explained as to the Inebriates' Reformatory at Perth, which is virtually a prison, and inquired whether any one would speak to the practice in England as regards commitment.

Miss Mason, Local Government Board, London, explained that in England a person may, on the fourth conviction for drunkenness, be committed to an Inebriates' Home for two years. They had not enough Inebriates' Homes in England.

Mrs. Burgwin, London, felt that, owing to the number of cases—especially among women—that had relapsed into drunkenness, Inebriates' Homes were were not a cure for the disease.

Miss Mason—'Two years is not long enough.'

Mr. R. W. Renton, Procurator-Fiscal of Midlothian, said that while the term 'home for inebriates' might refer to such a home as the authorities have power to set up under the Inebriates Act, he understood the aim of the resolution was to acquire power to deal with cases before they had reached a state of almost hopeless inebriety.

There being no amendment, Resolution I. on page 354 was carried unanimously.

The President referred to the need for codifying and amending the existing Acts as regards children, and proposed a resolution to that effect.

Mrs. Inglis, in seconding, alluded to the difficulty sometimes experienced at present in knowing under which Act a case should be dealt with.

Mr. J. MacDonald, as representing the National Society for the Prevention of Cruelty to Children, heartily concurred in the motion.

The President having read letters or telegrams in support of the motion from Lord Aberdeen, Lord Ancaster on behalf of the Society for the Prevention of Cruelty to Children in England, Lord Kinross, Lady Ancaster, Sheriff Fyfe, Glasgow, and the Chief-Constable of Edinburgh, it was carried unanimously. (Resolution II., page 354.)

The President in proposing the next resolution (see page 354, Resolu-

tion III.), remarked that, while he did not expect it to be brought into operation at once, he thought it expedient to submit it for consideration.

Mr. Renton, in seconding, stated that the resolution seemed to be an endeavour to put into practical shape the previous motion. In a limited time, he had counted twenty-five Scottish Acts relating to children. He thought it most desirable that children, when brought before a Court, should not come into contact with adult criminals. He suggested the appointment of a strong central committee to take up the matter of juvenile delinquency.

Dr. Caverhill gave a brief description of the aims of the American Probation Law, and of the work of the Children's Aid Society of Pennsylvania.

Mr. Munro-Ferguson remarked that, in America, there appeared to be a perfectly different moral standard from that set by parents in this country. There, the moral standard came first, and the law second; here, that order was reversed.

A letter from Colonel Campbell, Governor, Calton Prison, Edinburgh, having been read in support of the resolution, it was carried unanimously.

SECOND MEETING, *Thursday, 9th June* 1904

DR. W. LESLIE MACKENZIE IN THE CHAIR

DISCUSSION ON THE BOARDING-OUT OF PAUPER CHILDREN

PAPERS on the subject were contributed by J. Patten MacDougall, Advocate, Member of the Local Government Board for Scotland (p. 45 of *Transactions*); Miss Aikman, Glasgow (p. 60); Miss Mason, Local Government Board, London (p. 66); and M. L'Abbé Toiton (French Papers, p. 25).

A communication was read from M. le Dr. Felix Roussel, suggesting that the aim of home relief to children should be the repopulation of country districts and the readoption to rural life.

Dr. Van Deventer, Amsterdam, Holland, gave an account of the system of boarding-out pauper children in Holland, which has been in operation since 1810.

Dr. Milson Rhodes, Manchester, remarked that, while boarding-out is a good system, there is no system that needs to be so carefully watched.

Mr. F. H. Bentham, Chairman, Board of Guardians, Bradford, Yorkshire, regarded boarding-out of pauper children as a natural method of rearing such children, and, therefore, an ideal one. Children boarded-out were more likely to be absorbed in the general population than those brought up in institutions. Great care should, however, be exercised in choosing the foster-parents. He did not agree with a statement made in the House of Commons that all foster-

mothers took the children for the sake of profit. Careful visitation of the children was necessary.

Mr. Bagenal, General Inspector, Local Government Board, London, thought it was a mistake to deal with all children on the one system. Their characters differed so much that they required different methods of upbringing and education. As regards the boarding-out of pauper children, experience in England had shown that it was desirable to have such children inspected by an officer from the Central Department.

Mr. John Macdonald mentioned that the National Society had had to investigate some isolated cases of cruelty to boarded-out children. Where the foster-parents were found to be objectionable, the children had, in every case, been removed on the matter being reported to the Inspector of Poor. On the whole, however, he felt that more inspection was needed. In one case there had been no inspection for eighteen months. Of the parishes that boarded-out children, the arrangements made by the smaller of them seemed to be most open to criticism. He advocated the appointment of a lady inspector of boarded-out children in Scotland.

Mr. W. L. Micks, Chairman, Irish Poor Law Reform Commission, stated that the evidence of witnesses who had appeared before the Commission, was almost entirely in favour of boarding-out. In Ireland, there were two lady inspectors of boarded-out children under the Local Government Board. Some witnesses had suggested that the work of inspection would be better done by ladies who were mothers, or who had a medical qualification. Speaking from his experience of pauper children, if one saw a child to be healthy, rosy, and well, it might safely be assumed that that child was getting on as well as any other child.

Mr. A. Stuart, General Superintendent of Poor, Local Government Board, Edinburgh, cited a case in which the Local Government Board had sent him, in winter, to investigate a complaint as to the treatment of children boarded-out by Glasgow Parish Council in the island of Iona. The complaint, he ascertained to be without foundation. He contrasted the staff of inspectors under the English and Irish Local Government Boards with that of the Local Government Board of Scotland.

Lady Helen Munro-Ferguson observed that, as the accounts of the Scottish system had been so idyllic, she had a suspicion whether any human organisation could work so well as that system had been depicted. She thought that sufficient consideration had not been given to the question whether matters could be so improved as to make it quite certain that all State children are properly taken care of.

Dr. Sutherland, Deputy Commissioner, General Board of Lunacy, Edinburgh, stated that, in inspecting boarded-out lunatics the standard of cleanliness adopted was that of the family in which the lunatic was boarded. He did not think any Scottish wife would tolerate an inspection of the nature

described by Miss Mason. He asked how 3s. per week—the usual aliment paid for a boarded-out child—can feed and house a growing lad or girl.

Mr. Motion, Inspector of Poor, Glasgow, stated that his Parish Council paid 3s. per week up to six years of age; 3s. 6d. from six to ten; and 4s. (or sometimes more) from ten onwards. Where an aliment of 3s. is paid, there are usually three in a family. These allowances do not include clothing. He mentioned that his Parish Council have a female officer who removes most of the children and visits in any doubtful case. He was against more inspection.

Miss Zanetti, Inspector, Chorlton Union, Manchester, said she was glad to notice a diminution in the number of children boarded in Scotland with relatives, a practice which she regarded as most objectionable. She thought that greater efficiency might be insisted on if larger aliments were paid. Children boarded outside the Union required more careful inspection than those boarded within the Union. Where foster-parents object to the inspection of children boarded with them it raises suspicion. As an inspector, she protested against the word 'inquisitorial' which had been applied to the English system of inspection. The inspector's visits are with a view of giving credit as well as finding fault.

Miss Haldane said she could not see why the inspectors should not be the friends of the foster-parents, and their advisers in cases of difficulty. The remarks which had been made seemed to justify a better inspection of boarded-out children in Scotland than at present. The inspectors to be appointed should be women. She agreed that the time had come for another exhaustive inquiry into the working of the system. She suggested the institution of annual poor-law conferences in Scotland to discuss boarding-out and cognate matters.

Mr. Baird, Chairman of Boarding-out Committee, Glasgow Parish Council, stated that, along with other members of the Parish Council, he had visited at least a thousand children. Occasionally it is discovered that a child is not as clean or as well fed as it might be. Such a child is at once removed to another home. He thought that the present system, although perhaps not absolutely perfect, was as perfect as it can be. He was against a lady inspector.

Canon Stuart, Member of Edinburgh Parish Council, thought that further inspection would involve the loss of the best half of the guardians. Owing to the depopulation of country districts, the difficulty, in future, would be to find sufficient guardians. He suggested a uniform boarding rate throughout the country. At present, his Parish Council paid only 3s. per week, and as Glasgow paid more they secured better guardians.

Mr. Miles M'Innes, Inspector of Poor, Dumfries, was against the English system of inspection. He supported the suggestion to have annual poor-law conferences in Scotland

Mrs. Greenlees, Glasgow, thought that too much faith is put in the foster-

parents. From experience, she could say that every one in the neighbourhood usually knew beforehand of the visit to the children by the Council and the Inspector of Poor. She regretted that large buildings for children were at present being erected within the poorhouse grounds by certain Parish Councils.

Mr. Taylor, Chairman, Dundee Parish Council, thought that the boarding-out system had been long enough in operation to admit of a very definite opinion being formed about it. That opinion was in favour of its continuance and, probably, its extension. He recommended Cottage Homes in country districts for certain classes of children, and also a scheme whereby pauper boys might be assisted during the first year of their apprenticeship. He advocated the payment of larger allowances for boarded-out children.

Miss Walton Evans asked whether feeble-minded children are boarded out in Scotland. If so, the average foster-mother or schoolmaster cannot be expected to give them the necessary attention.

Miss Wade, Bradford, favoured a variety of systems of dealing with pauper children and described the different methods adopted, with excellent results, by the Board of Guardians of Bradford.

Mr. James Kyd, Inspector of Poor, Dundee, described his method of securing that his visit to the boarded-out children belonging to his parish may be a surprise visit. He supported the proposal to have an annual poor-law conference.

Mr. Paterson, Inspector of Poor, Stirling, thought that, if children were medically examined at school, the need for more inspection of boarded-out children would be done away with.

Mr. Patten MacDougall, in reply, assured the meeting that the discussion which had just taken place would form an excellent preface to a futher inquiry into the boarding-out system, should the Local Government Board resolve to hold one. He reminded the meeting that in giving an idyllic picture of the boarding-out of pauper children in Scotland he was quoting from Sir John Skelton. One striking difference between England and Scotland is that in the former country many children are boarded in villages, whereas, in the latter, the children are, as a rule, boarded in rural districts. He thought that if any case required investigation and inspection, it was almost certain to be brought under the notice of the Local Government Board sooner or later. If it were desired to hold poor-law conferences, he thought the Board would not object to them.

Miss Mason, in reply, reminded the meeting that she had not said a word about what should be done in Scotland. She agreed that there is a difference between the conditions of the two countries. She had been accused of placing her standard of efficiency too high. She had no standard, but judged each case on its merits. Visitation of the children by Guardians (or Councillors) is objectionable because it keeps up the connection with pauperism.

Friday, 10th June 1904

MISS HALDANE IN THE CHAIR

DISCUSSION ON THE METHODS OF ORGANISING HOME RELIEF FOR CRIPPLES

PAPERS on the subject were contributed by Mrs. Burgwin (p. 74 of *Transactions*), Mrs. Morgan (p. 79), Mrs. Bradby (p. 82), Miss A. B. Evans (p. 88), and Dr. Van Deventer, Amsterdam (French Papers, p. 201).

In the discussion that followed the reading of these papers, Mr. John Leckie, Chairman of Committee, Edinburgh Cripple and Invalid Children's Aid Society, described the Society's method of visiting cripple children at their homes, and remarked that great difficulty was experienced in finding employment for cripple boys. He estimated that in Edinburgh there are about two hundred cripple children needing special education. To deal with these children two alternatives suggested themselves. The first was for the Society to open cripple schools, the second for the School Board to follow the London example.

Miss Dendy hoped that the Scottish Education Bill would enforce compulsory education of cripples. In her opinion no cripple child should be sent to a special school who is able to be educated in an ordinary school. In Germany cripple day schools have been abandoned in favour of residential schools. Such schools are about to be tried, with success she hoped, in Manchester. Cripples require to be treated separately from mentally defective children.

Mr. John W. Gulland, Member of Edinburgh School Board, said that, as regards the education of cripple children, England is a long way ahead of Scotland, but this state of matters would, he hoped, soon be rectified. Under the Education Bill it was proposed to confer on School Boards powers for dealing with such children. He thought these powers should not be permissive. To make them so, would mean that, in the majority of districts, they would remain a dead letter. He was surprised to find that, in Edinburgh, there are two hundred children who are subjects for cripple schools. One or two special schools might be started for them. Not to speak of the benefit to the children themselves, it would, he thought, be a good form of Home Relief to the parents if cripple children were taken to school for a few hours each day. There seemed, however, to be scope for residential as well as day schools.

Mrs. Munro, Secretary, Invalid Children's Aid Association, London, described the work of her Society which, since its foundation in 1866, had dealt with over 10,000 children. Members visit the children at their homes, and a Central Committee decide as to the best treatment of cases. Some are sent to hospital. Others are treated in the Society's outdoor department where they are fitted with special appliances, towards the cost of which the parents

are called on to contribute. A large part of the expenditure of the Society goes towards the maintenance of children in Homes.

Dr. Shuttleworth, London, said that careful discrimination is required of children who are fit to attend day schools, and of children who require to be sent to residential homes in the country. If day schools are established in any place, medical examination of the children is necessary, not only on admission to the school, but frequently thereafter. He was of opinion that most cripple children would benefit if removed to country residential schools. He advocated compulsory powers of dealing with defective children.

Mr. Alex. MacKeith, Glasgow, described the work of the Cripple Children's League of Kindness, whose aims are (1) to find out and register children who are cripple or otherwise physically infirm; (2) to visit such children; (3) to co-operate with kindred organisations. He thought that School Boards should be compelled to provide special education for cripple children. Residential and day schools are both necessary.

Mr. Gulland here proposed Resolution IV., page 354.

Mr. MacKeith seconded, and it was thereupon carried unanimously.

Mr. S. Murray, Educational Institute for Scotland, hoped that the practical outcome of the discussion would be some such organised movement as had been initiated in London. He thought, however, that the Educational Authorities of Scotland needed some enlightenment before they would be in a position to deal satisfactorily with the subject.

Mrs. Burgwin, in replying, pleaded strongly for the retention of the child in its own home, wherever possible. She wished to make it clear that in her opinion any child that is capable of going to a normal elementary school should not be put into a special school. At present, mentally defective children are, in no circumstances, put into the same school as physically defective children. In the London special schools there are never more than twenty in a class.

A vote of thanks to the Chairman terminated the proceedings.

SECTION II.—OLD AGE

WEDNESDAY, *8th June* 1904

A. W. BLACK, M.P., PRESIDENT OF THE SECTION, IN THE CHAIR

DISCUSSION ON THE GENERAL QUESTION OF OLD-AGE PENSIONS

THE President delivered an opening address (p. 93 of *Transactions*), and papers on the subject by the following gentlemen were then read by W. B. Wilson, W.S., Secretary of the Section:—Frederick Rogers, Organising Secretary of the

National Committee of Organised Labour, London (p. 96); W. A. Bailward Secretary, Old-Age Pensions' Committee (p. 99); Charles Richmond Henderson, Professor of Sociology, University of Chicago (p. 113); and George Macdonald, late Clerk to the Guardians of the Poor, Manchester (p. 117).

In the course of the discussion, which was opened by the Chairman and Councillor Ferguson, Glasgow, Mr. David Paulin, Edinburgh, held that the state of matters which made old-age pensions desirable in former times did not now exist. So long ago as 1773 this question was before the country, and the recrudescence of this old question was a reactionary going back to a system that would create infinite trouble. The experiment, where it had been tried, had been most disappointing, and in New Zealand and Victoria there was the utmost discontent. By the best of all methods, self-help and self-controlled association springing from the people themselves, this country was tending towards the desired goal, and the State combination proposed would do infinite harm to the national life and well-being, whatever good it might do in isolated cases, and might land the nation in irreparable loss and mischief, and weaken the moral fibre of the people. Means of thrift were improving and increasing at an enormous rate, and they were being taken advantage of to a remarkable extent.

Councillor Burgess, Glasgow, denied that the state of affairs which made old-age pensions necessary had gone. In the old days of handicrafts a man might go on till an advanced age making a modest living, but under the greater stress and strain of the factory system of modern days that was impossible. A man's earning capacity dwindled and decreased from about the age of forty onwards. If through any cause he lost his employment he had small chance of getting another berth, especially if his hair was turning grey. Many men had to employ hair dye to conceal the signs of age. He favoured Mr Roger's scheme of universal pensions. One objection taken to it was that it would include the spendthrift and the drunkard. But if the money was raised by indirect taxation it would be found that the spendthrift and drunkard contributed a far larger sum than the mean and careful man. If a workman married at twenty-five, struggled for the next twenty-five or thirty years to bring up his family well on an inadequate wage, and found himself at fifty with his children married and his own earning power diminished, that man had a claim upon the State which it would be right and wise to meet.

Mr. Railton, of the Charity Organisation Society, London, said the question had a moral as well as a material aspect, and a grant of old-age pensions might sap the moral well-being of those who did not make any provision for old age. The workman whose case Mr. Burgess had cited was entitled to call on his family rather than on the State for assistance. In these days of limited liability companies the shareholders often neglected their duties towards the men who earned their dividends; they should be made to realise their responsibilities. The money for a State pension would really be drawn out of the pockets of the very poorest, who could least afford to pay.

Mr. William Baird, Glasgow Parish Council, said he had been converted to a belief in old-age pensions by the fact that government, municipal, school board, and parish council officials, who enjoyed salaries which made them quite capable of saving against old age, were among the keenest claimants and advocates of pensions. That was beginning at the wrong end. Those who had small wages and could save nothing were most in need of pensions. The Workmen's Compensation Act had had a considerable effect in making it more difficult for grey-haired men to get work. He was not in favour of universal pensions; he would have a contribution from the recipient, and insist on good moral character.

Councillor Bilsland, Glasgow, said his experience as a governor of Hutchison's Hospital and a director of the Aged Christian Poor Man's Society had convinced him of the existence of a class deserving of pensions and unaided by the poor-law. He had been consulted often by men of fifty and upwards who told him their difficulty in getting work. The Factory Acts, far from helping these men, were partly the cause of their present condition. He thought the money could be found by the taxation of land values.

Mr. Forsyth Grant, advocate, thought that if a man had not provided for himself at the age of fifty he should be left to the natural course of events. Mr. Paulin had shown that there were many means by which men could provide for themselves against almost every calamity.

Mr. Muir said Mr. Paulin had drawn attention to the facilities that existed, but from the low and precarious wages that many men earned it was impossible for them to find the means to take advantage of these facilities.

After further discussion, in which Mr. Bentham, Bradford, Mr. Alexander Campbell, Cadder, and others took part, the Section adjourned.

THURSDAY, *9th June* 1904

A. W. BLACK, M.P., IN THE CHAIR

DISCUSSION ON OLD-AGE PENSIONS FROM THE POINT OF VIEW OF FRIENDLY SOCIETIES

THE Secretary read papers on the subject by A. Claverhouse Graham, Past Grand Master, Manchester Unity of Oddfellows (p. 119); and R. W. Moffrey, Past Grand Master, Manchester Unity of Oddfellows (p. 123).

The Chairman, who opened the discussion, said: 'Any scheme of Old-Age Pensions must carry along with it, at least to some extent, the approval of the Friendly Societies. It had to be recognised that Friendly Societies had not always been unanimous in favour of a State scheme of Old-Age Pensions, and indeed in some of the earlier stages of the question a number of them had expressed themselves as hostile to it. The difference to-day was not so

much due to a change of opinion on the part of the members of Friendly Societies as it was to the very fundamental change in the kind of State pension which had come to be advocated. Originally the scheme was essentially a contributory scheme. What Mr. Chamberlain advocated in 1894, and even before that, was not a universal scheme except in so far as it was a contributory scheme. It was an essential part of that scheme that the proposing participant should himself contribute towards his pension. It was not surprising that a scheme of that sort met with the hostility of some Friendly Societies. The latter saw the State stepping in and competing with them as providers of Old-Age Pensions. But when the evolution of this subject took place, and the idea of a contributory scheme was pushed into the background they found Friendly Societies becoming more or less favourable to the scheme.'

Mr. D. Paulin, Edinburgh, said that Mr. Claverhouse Graham's proposals were the height of absurdity. Mr. Graham proposed to give State pensions—not to the poor—but to that large section of the community who were providing for themselves by some of the well-approved methods of thrift. These people rarely, if ever, needed extraneous help either in their working days or in old age. The demand for State pensions did not come from the people. It was forced upon them in other countries as well as in this country by politicians seeking for temporary popularity, who had not considered the harm it would ultimately do to the well-being of the nation. Of course the scheme met with some support from a certain section of the people. So would a scheme to give an unlimited supply of free beer on one or two days of each week. Every wastrel and soaker in the country would support such a scheme. The harm that ignorant and popularity-hunting politicians were doing in this way was positively painful. After all it was the old battle-cry of independence *versus* dependence. The scheme would pauperise the nation. The twenty millions proposed to be raised annually for State pensions would be better thrown into the sea, for they would destroy the moral fibre of the nation.

Mr. F. Rogers, London, said that setting aside the Manchester Unity of Oddfellows, the Friendly Societies of the United Kingdom had done practically nothing for old age except in the way of continuous sick pay. The Old-Age pension scheme of the Manchester Unity of Oddfellows was not a success. Surely it was reasonable to hope that some day they would have Old-Age pensions provided by the State and paid for by the people.

Councillor Burgess, Glasgow, submitted that Mr. Paulin's connection with an insurance company disqualified him as an impartial judge of the question. Mr. Paulin was really a representative of vested interests with which they had to contend. This was a question which was not going to be settled by the protagonists of the Friendly Societies or by insurance company experts. It would be settled in the long run by the great bulk of the people of this country—by the democracy. He opposed any contributory scheme. A Friendly Society could deal with the aristocracy of the working classes. With these he had

nothing to do. His argument was that in the interests of the poorer workers there should be a universal Old-Age pension scheme to begin at sixty-five years of age.

Dr. Carswell, Glasgow, said that morality was somehow or other bound up with the conditions of life, and with regard to a scheme which would embody pensions to the undeserving no such wild statesmanship would meet with the approval of this country. His submission was that the question of providing against want in the case of the deserving poor had not yet met with an adequate solution. He supported the position of the Friendly Societies, looking upon them as one of the greatest movements of the past century, and he deprecated any scheme which might lead to Government interference with them.

Treasurer W. S. Brown, Edinburgh, held that the question had been too much looked at from the political point of view. It was exceedingly desirable to perfect to a greater extent than at present the condition of things in regard to friendly and industrial insurances. It seemed to him that the salvation of the working and labouring men was to have more thrift than many of them had at the present time. There appeared to be a difficulty in finding a suitable scheme that would not diminish thrift and foresight on the part of the people. He believed that the Friendly Societies had experienced enormous difficulties just because this Old-Age pension scheme was so much in the air. The fact that in countries where Old-Age pensions had been tried they had not been found the complete success that was expected was a good reason, in his opinion, why we should hold our hands at the present time.

Mr. Thomas Wilson, Edinburgh Trades Council, denied that Old-Age pensions had been forced upon the people by the politicians, as had been suggested by a previous speaker. He believed that if a practical scheme for a universal Old-Age pension, on the lines suggested by Councillor Burgess, were put properly before the country, it would be adopted.

The Rev. D. M. Ross, Glasgow, referred to the need there was among our aged poor for an Old-Age pension. He knew the good Friendly Societies did. The granting of a subsidy to these under an Old-Age pension scheme need not take away altogether the independence of Friendly Societies. There was a problem in this matter which a large number of people felt must be tackled, and, in tackling it, it would not be enough to think only of the people who were looked after by the Friendly Societies.

The Chairman said a good deal had been said about the attitude of the politician. The politician was a good deal what the people made him—like people like politician—and the influence of the electorate upon the politician, and of the politician upon the people, was pretty much a mutual relation.

The Section then adjourned.

FRIDAY, 10*th June* 1904

A. W. BLACK, M.P., IN THE CHAIR

DISCUSSION ON THE DANISH AND GERMAN SYSTEMS OF OLD-AGE PENSIONS AND RELIEF, AND THEIR MORAL AND ECONOMIC EFFECTS

THE Secretary read papers on the Danish System by Miss Edith Sellers, Sudbury (p. 130 of *Transactions*), and Herr Niels Westergaard, Director of Poor Relief and Hospital Administration, Frederiksberg, Denmark (p. 137); and on the German System by J. L. Bashford, M.A., Berlin (p. 156), and Henry W. Wolff, London (p. 173).

Miss Lees, Edinburgh, opened the discussion, followed by Mr. F. Rogers, London, who pointed out that while in some of the papers they had very practical, and occasionally very severe, criticisms of the method of old-age relief, there was no attack on the general principle.

Mr. Philip H. Bagenal, Inspector for the English Local Government Board, said that the papers could not be taken as generally in favour of old-age pensions. He was afraid we were a very long way from any old-age pension scheme, apart from one on the contributory principle, in this country. The financial aspect of the question was the lion in the path.

DISCUSSION ON THE SCOTTISH PRACTICE AND EXPERIENCE OF BOARDING-OUT AGED PAUPERS

A PAPER on the subject was read by Miss Ethelinda Hadwen, member of Edinburgh Parish Council (p. 183).

The discussion which followed was taken part in by Miss Evans, Inspector for the English Local Government Board; Dr. Smith, Craigleith Poorhouse; Mr. Stuart, General Inspector of the Local Government Board, Scotland; Mr. Bentham, Bradford; Mrs. Lincoln, Boston, U.S.A.; Mr. Bagenal, Harrogate; Mr. Hill, Govan; Miss Lees, Edinburgh; Mr. Railton, London; Canon Stuart; and Mr. Robertson, Greenock.

The Chairman said Miss Hadwen's statement that there was no boarding-out in Scotland was scarcely accurate, as such a practice existed in the north-east of Scotland. The question of the proportion of nurses to patients in poorhouses, and of the classification of inmates, was discussed. Mrs. Lincoln

stated that in America every one was in theory equal, and therefore any classification, even in poorhouses, was apt to be objected to on principle.

The proceedings terminated with votes of thanks to the officials and others who had rendered the Section assistance, and with a similar compliment to Mr. Black for his services in the chair.

SECTION III.—ABLE-BODIED ADULTS

FIRST MEETING, *Wednesday, 8th June* 1904

SIR CHARLES CAMERON, BART., PRESIDENT OF THE SECTION, IN THE CHAIR

DISCUSSION ON VAGRANCY

AN opening Address was given by the President (p. 191 of *Transactions*), after which communications on the subject were read by Mr. William Lawson Micks, and by Mr. James R. Motion (see paper following French Papers at close of volume). These papers were discussed conjointly.

Colonel M'Hardy, Chairman of the Prison Commissioners for Scotland, opened the discussion. He drew attention to the application of the principles of heredity to this problem, but expressed the opinion that environment was a more powerful factor in the production of the vagrant. He urged that the means for the reduction of the vagrant class lie in the education and care of the young.

Rev. J. L. Brooks, Lingfield, spoke of the importance of the segregation of the feeble minded to prevent their reproducing their species, and also of the danger of tramps spreading infection.

Colonel Lamb, Salvation Army, criticised casualty wards of workhouses and other matters.

Mr. Bagenal, Harrogate, referred to the absence of casualty wards in Scotland. He described the right of every man on the road in England to demand shelter, as a humane law.

Miss Gardyne, Perth, spoke regarding her experiences in a shelter at Perth. She urged the importance of training of youth, and of labour colonies for young tramps.

Dr. Carswell, Glasgow, remarked on the opinions of the Chairman of the Prison Commissioners, and of Mr. Motion, that punishment was useless as a means of reformation of the tramp. He was a supporter of the proposal that they should set up labour colonies, not because they would accomplish what the prisons and the poorhouses had failed to accomplish, and turn the

incorrigible into well-doing members of society, but because he thought the labour colony was a practicable scheme for at least ridding their Poor-law administration of an intolerable incubus. He also stated that his experience so far as derived from an inebriate reformatory was that young adolescents were not a specially hopeful class.

Miss Hadwen, Edinburgh, spoke of the Detention of Poor Persons Bill, which was before Parliament.

Mr. D. M. Stevenson, Glasgow, expressed the opinion that vagrancy was a subject suitable for inquiry by a departmental committee.

Mr. Stuart, Inspector, Local Government Board, Scotland, spoke of the dangers of the dissemination of infection by tramps.

Among subsequent speakers were Mr. Dott, Glasgow; Mr. Thomson, Kilsyth; and Mr. Paterson, Stirling.

Mr. W. L. Micks, in reply, stated:—'In saying that I found that the children of paupers became paupers, I meant to attribute that fact to their environment, and not to the principle of heredity. As regards the suggestion to establish a Labour Bureau in penitentiaries, I may say that such penitentiaries always give employment for the girls who come with their children. The same speaker, I think, took exception to the fact that I said nothing about men contributing towards the support of their illegitimate children. Well, of course, I had that in my mind, but we find in practice that it is impossible to get girls to give the necessary information. That is the reason I did not mention the matter. A lady spoke of the mother taking her child with her; that I think would be the best plan of all if it could be done. I am glad to hear it is done in the neighbourhood of Boston, but in Ireland the feeling would be that you could not get a girl to go out as a housemaid and cook and have her child in the house with her. We find servants coming to the Poorhouse with illegitimate children. While it is desirable that mother and child should not be separated, it would be practically impossible to provide places for both. One speaker said care should be taken not to make it too easy for a girl after the first lapse, lest the idea get abroad that it is easily got over. Well, that is an objection, but I think it would be worth while trying the experiment, even although there is no very serious notion of wrong-doing, and they hope for immunity. I was interested in hearing an English colleague of my own say it was impossible to shut up casual wards. I certainly differ from that opinion. I think it is most desirable to close up casual wards everywhere. If a man is a *bonâ fide* labourer looking for work, and is destitute, there is no reason why he should object to go to the police with his passport and get lodgings in a respectable lodging-house.'

Mr. James R. Motion, in reply, stated:—'I will lightly treat some of the points raised, as it is impossible with the time at our disposal for me to go into them all. In the first place, the statistics given in reference to the convictions for vagrancy do not refer to decreased convictions, but to the variety of pro-

cesses through which convictions are derived. The fewer convictions the more vagrants, thus showing the sympathy of the police with the existing statutory law. In the case of a woman with her first child, our experience is that if we get the child adopted and boarded out, we never hear of the woman again, while generally when a woman leaves the Maternity Ward taking her child with her, she is not long in appearing with another. I agree with Colonel Lamb that these girls should not be sent to the Poorhouses, but where can they go? The Maternity is filled with wives of able-bodied men. In this connection I may say the state of affairs in Glasgow is simply scandalous. Men marry, and go on the tramp, while their wives are attended to in the Maternity, thus shutting out these girls. I quite approve of the abolition of casual wards. Of course they are not required in Scotland, but we have able-bodied poor, and they have a right to demand shelter from the Poor Law authorities. I have very strong and rather a variety of opinions on some of these things. I would not care though the Night Asylum in Glasgow was burned to the ground to-morrow. The knowledge of the Night Asylum brings tramps to Glasgow, which is simply overrun with a lot of blackguards. I quite admit that I am speaking strongly, but I speak from what I see every day in the case of male applicants for admission to our Poorhouse, for they are chiefly men. Between 1888 and 1904 there were 481 men in excess of women chargeable on the rates, while in 1888 there were 345 females in excess of males. If you analyse the cases under the conditions set forth owing to the unification of parishes, you will see that these men never earned a day's pay in their lives. There are scoundrels of from twenty to twenty-five years of age who come unblushing asking for relief, and suffering from venereal disease. What we want has been defined in the public press in our interview with the present Secretary for Scotland, Mr. Graham Murray, and he has practically conceded it, that when a man or woman becomes chargeable in the Poorhouse, he should then be taken to the Sheriff, evidence led, and the Sheriff commit him for a certain period back to the Poorhouse. I am afraid to enter into the next question as to boys of fourteen and sixteen years of age. In this connection I would advocate a modified scheme of conscription, I would send to the recruiting sergeant every young man between the years of sixteen and twenty-four who could not show that he had work, and endeavour to make a man of him. I would deal not only with the ordinary loafer in this way, but with the gentleman's son who loafes. Labour colonies require to be created, but in speaking of labour colonies we must not think of luxurious mansions. Then in regard to smallpox and isolation, we have had cases during the late epidemic in Glasgow coming from model lodging-houses in all quarters, and the only way we could check these cases coming for relief was to station a man at the entrance to detect them and place them in an isolation room. I had an officer who checked eight separate cases that had been allowed to go in among a dozen men and women who were applying for relief. Imagine a man with smallpox so marked that his face looked like a harled wall, walking

through the streets of Glasgow and coming for admission to the Poorhouse. Fancy at this time of day and in the present state of education that such a thing should exist! The police and magistrates don't do their duty. There are hundredweights of statutes lying in public departments unopened and unexercised, and it is a crying disgrace to the public administration of this country that such a state of matters should exist. There is, for instance, sufficient power under the Glasgow Police Statutes and the ordinary Burgh Police Statutes of this country to deal effectually with this class of people without further legislation. I do not understand who is to blame, but undoubtedly you will admit with me that there is blame somewhere for the condition of affairs. I am sorry that a colleague of mine should pass any strictures upon the Local Government Board. I think the Local Government Board, as at present constituted, is a credit to the country. The widower of seventy was very badly advised when he did not pursue the question of the Agents for the Poor giving him assistance to prosecute his family, and the Inspector ought to have directed his energies to enabling the man to secure assistance from his family rather than blame the Local Government Board. The same remark applies to the case of a deserted wife. Deserted wives have a tendency to increase enormously in number when outdoor relief is afforded, and it would no doubt be an enormous advantage to the husbands to know that if they took a six months' holiday, their wives would meanwhile be well looked after by the parish.'

SECOND MEETING, *Thursday, 9th June* 1904

SIR CHARLES CAMERON, BART., IN THE CHAIR

DISCUSSION ON CRIMINALS

COMMUNICATIONS were read by Colonel M'Hardy (p. 201 of *Transactions*), Mr. Forsyth Grant (p. 205), the Rev. Robert Blair, D.D. (p. 209), and Dr. M'Naughtan (p. 213). These papers were discussed conjointly.

Mr. Blyth Martin, Dundee, described an analysis of the habitual offenders of Dundee, showing that the larger number of them are fit for labour in a colony or institution. What he advocated was that prison treatment of that class of offender should be abolished, that prisons should be reserved for those who have deliberately resolved to live by crime, and that those physically fit for work should be sent to reformatories, labour colonies, and Magdalene institutions.

Colonel Lamb, Salvation Army, stated with regard to Colonel M'Hardy's paper that he thought bad housing, want of Sabbath observance, and bad feeding should have been included as power-factors in the creation of

the criminal. He criticised Dr. Blair's paper by stating that he thought Dr. Blair should put as the first object of punishment the treatment of the criminal and not the protection of society. He dissented from the views expressed in Mr. Grant's paper, stating that his experience was that criminals as a class were not lazy, and that work alone was not the only requisite of punishment. He advocated that punishment should be deterrent.

Rev. John White, Shettleston, spoke about the number of imprisonments for petty offences in Scotland, and advocated time being allowed for the payment of fines. Mr. White also pointed out how the principles stated by Mr. Grant could not on account of the short sentences in Scotland be widely applied.

Dr. Haddon, Rev. J. L. Brooks, Miss Gardyne, Mr. Miller, and Miss Hadwen also joined in the discussion.

Colonel M'Hardy in his reply said:—'I listened with much interest to Mr. Forsyth Grant's remarks. It is impossible to say anything new about prisons. I have never heard anything new for five or six years; consequently there is not one thing that has not been spoken about probably decades ago. In regard to the development of work, I have as an old Royal Engineer employed working-men all my life, and I can say that we have developed work in our prisons as far as possible under existing circumstances. I have been in prisons where work was what I might call the sole feature of the establishment. In the prison of Baltimore in Maryland, you will see one of the largest shoe factories in the world. In Ohio there is brush-making carried on with machinery of the very latest design. The prisoners have not time to look up as you pass. They are working every day and night. But as to the result of reclamation I cannot speak. I need scarcely say that in this empire we would have a good many questions raised before we had an enormous establishment for making shoes and brushes in our prisons, as it would compete with the trade market outside. But we are doing, and have done, I can assure you, all that we can under present conditions to employ the prisoners usefully. A good deal has been said about teaching them trades. We try to do that as far as we can, but I think there is a general misconception about what learning a trade means. Some people think you can learn a trade in a few months, or at least in a year or so. That is an impossibility. I think it requires as much intelligence and knowledge and application to make a man a first class tradesman as it does to make him a professional man. There is no short road to excellency in trade any more than there is in any of the professions of the country, and if people think that you can take a man with possibly a very limited mental gift to begin with and in a few months turn him into a tradesman, I say it is impossible and can never be done. You require, first, a very keen intelligence, and you require also a very considerable number of years before a man could be styled a first-class tradesman of any kind. I speak with the greatest confidence in the matter. In fact Mr. Grant's desires reminded

me of a story which I dare say you have all heard. There was a member of a church who was always criticising the clergy, and saying how much better he could do this and that, including preaching. One day the clergyman did not turn up, so the Session insisted that this man should preach. He got into the pulpit, was silent for a very considerable time, and then at last said, "If any of you think you can preach, you had better come up here and try it." With regard to what Colonel Lamb has said about housing, I have made no particular inquiries, but of this I am perfectly certain that the housing was all of a very moderate character, and in a great many cases I am sorry to say the worst class of model lodging-houses. When you get lower down still to the tramp and the wanderer, it is a case of the vagabond under the stairs. In regard to their church-going character, I did look that up, and I am sorry to say that I found that in those cases occurring in places where people were well brought up—I am speaking of one town in particular—most of them told us they had been attending Sunday schools. It was a very melancholy record. It is printed, so that any one can read it. The good they got at Sunday school had vanished, I do not know why; I am sorry I can give no better evidence on that point. In the town I refer to they had been sent more regularly to the Sunday school than to the church. In regard to feeding I do not know if Colonel Lamb suggested that the result of their want of reformation was that we did not feed them sufficiently well. (Colonel Lamb—'No.') But if we can stop their career by feeding them well, we certainly do that, because we have probably the most scientific and full diet I think there is in this country. It has been elaborated by Dr. Dunlop after long and most careful research, and I think if you saw the diet you would admit that if reformation is delayed it is not for want of sufficient food. I was asked about the value of the evidence that I collected. Well, we instructed the governors at the different prisons, before they began to take their account, how they should set about it, but of course there was no time to verify each case to see if the statement made was actually true. One's experience, however, from talking to thousands of people in prison is that they do not as a rule deceive you about these elemental facts. I do not think they wish to tell any lies in the matter.'

Mr. G. J. Forsyth Grant, in the course of his reply, stated,—'I have only to say with regard to any observations that have been made in reference to my paper, that I think most of the speakers seem to agree with what I have said. There are two, however, with which I think I can join issue. One was Colonel Lamb, and the other Colonel M'Hardy. I think Colonel Lamb derided, so to speak, what I say, that the sole object of imprisonment was the protection of the community and personal property. I wanted to hear what his object was, but I am sorry that I did not quite follow what it was. He talked of hitting a child to reform him or something to that effect. I would like to ask, would he wish us to introduce the cat into our prisons to reform the prisoners? If that is his object, I certainly do not agree with him.

Perhaps his object is to reform the prisoners. I think if he will read what I said he will find, if that is his object, that I have no disagreement with him. I wish to reform them, but I said I think the best means of reforming them is to give them work. I find myself also at issue with Colonel M'Hardy. He told a rather funny story about a member of the congregation going up to the pulpit, and after some time saying that any one who thought he could preach had better come up and try. That was perhaps pointed to me as trying to reform our prisons. Well, all I can say is that all I put forward as to what I should wish to be done in regard to our prisons is already being done with the very best results in Germany, France, Spain, Ireland, and India. Colonel M'Hardy told us to try, and Mr. Miller, in his able remarks, said we should try, and I only hope we will.'

THIRD MEETING, *Friday*, 10*th June* 1904

SIR CHARLES CAMERON, BART., IN THE CHAIR

DISCUSSION ON MODEL LODGING-HOUSES

SIR SAMUEL CHISHOLM, LL.D., Glasgow, read a communication on Model Lodging-Houses, *Pro* and *Con* (p. 222 of *Transactions*).

Dr. Chalmers, Glasgow, discussed this paper by showing the large social question at issue, and pointing out how lodging-houses receive many of the same classes as drift between poorhouse and prison.

Miss Gardyne, Perth, spoke of the evils that were due to the lower class of common lodging-houses, and advocated the formation of a trust to start labourers' homes, somewhat on the lines of soldiers' and sailors' homes. She also adversely criticised the laxness of the Scottish law on debt, pointing out that it was very hard on widows and other respectable persons who catered for the lodging of the labouring classes.

Mr. Motion, Glasgow, spoke of one evil tendency of model lodging-houses, and that was, to facilitate the desertion of wives by husbands. He also pointed out how much better are the properly conducted model lodging-houses, such as exist in Glasgow, than the general class of common lodging-house, and quoted instances of the latter to show how bad they could be. His conclusion was that model lodging-houses, within limits, are a good thing, but beyond those limits they may do harm.

Colonel Lamb and Mr. P. Maxton, Glasgow, also took part in the discussion.

DISCUSSION ON TREATMENT OF INEBRIATES

COMMUNICATIONS on the treatment of inebriety were read by Dr. Donald, Invernith Inebriate Retreat, Fife (p. 228 of *Transactions*), and by Dr. Carswell, Glasgow (p. 198).

Councillor Burges, Glasgow, opened the discussion of these papers by disagreeing with both, in that he was an advocate for the drug treatment of inebriety, and advised that a certain proprietary remedy should have a wider trial.

Dr. Sutherland, Edinburgh, spoke of how, in his opinion, many inebriates could be treated in rural homes, and better treated there than in institutions. If they escaped once or twice, as they readily might do, they would simply return to their city haunts, and fall again into the hands of the authorities, who would have power to deal with them; and if Girgenti was as costly as stated, there was still the island of Shuna, with its wall of water, to which to send them, and this step, he was satisfied, would be an inexpensive experiment.

Dr. Branthwaite, London, who was speaking from enormous experience, disagreed with the previous speaker, stating that no inebriates committed under the Inebriates' Acts in England were such as could be properly treated at home, and he defended institutional treatment for them.

Dr. Nicholson, London, drew attention to the difference of the inebriate proper from the occasional drunkard, and expressed the opinion that habitual inebriety is a disease. He also advocated institutional treatment.

Mr. Campbell, Paisley, spoke of how mission work could do a vast amount of good among those who were not bad enough for institutions.

Colonel Lamb, Salvation Army, spoke of the power of personal influence in the reformation of the drunkard.

Dr. Craufurd Dunlop, Edinburgh, stated as his opinion that institutional treatment was necessary, and that drug cures were worthless, and he based his opinion on the fact that institutions could publish results, while drug-cure places could only make bald assertions. He quoted facts recorded by the Departmental Committee over which Sir Charles Cameron presided.

Dr. Haddon, Roxburgh, stated that in his opinion vegetable diet might be treated as a remedy for inebriety.

Dr. Wilson, Edinburgh, spoke regarding the necessity of there being legal power for the enforcing of early treatment of the inebriate.

The proceedings were terminated by a vote of thanks to Sir Charles Cameron for having presided at each of the meetings of the Section.

GENERAL MEETING, *Wednesday, 8th June* 1904

SIR CHARLES CAMERON, BART., IN THE CHAIR

DISCUSSION ON LABOUR COLONIES

COMMUNICATIONS were read by Mr. D. M. Stevenson, Gargow (p. 371 of *Transactions*); the Rev. J. L. Brooks, Lingfield, Surrey (p. 214); and Colonel D. C. Lamb, of the Salvation Army (p. 356). These papers were discussed conjointly.

The Master of Polwarth, among other matters, spoke of the great importance of labour colonies, especially for young persons. He expressed the opinion that elaborate buildings and heavy establishment expenses were unnecessary.

Mr. Bagenal, Harrogate, Inspector for the English Local Government Board, criticised the scheme of provision of labour colonies by parish councils on the grounds of expense, claiming that the cost of providing a proficient staff would be a heavy burden.

Rev. John White, Shettleston, spoke of how power of compulsory detention would be essential to make any system of labour colonies a success, more especially was this the case when dealing with discharged prisoners.

Dr. Marie, Paris, emphasised the necessity of recognising the difference between the physically unfit and the morally unfit. In France the labour colonies did not provide work for an unlimited period, but only until the inmates were able to obtain a situation. The labour colony was a re-education.

Dr. Haddon, Dr. Jules Morel, Mr. Burgwin, and Mr. Bentham also took part in the discussion.

Colonel Lamb, in replying, stated,—'I shall try to cover the ground opened up by Mr. Bagenal, because I am looking at the question from a practical standpoint. All I think the Government Inspector needs is a little more courage. We have got him down to accepting the principle, and we can leave the rest to the Committee. With regard to the cost, I am afraid I tried to put too much into the paper, but ever since the foundation of the colony the balance-sheets have been published by those accountants who audit the Midland Railway, and you can draw your own deductions. If there is any one incapable of putting figures together you may employ an accountant. With regard to the city colony, where we have 200 men at work, the net cost is 2s. 3d. per week per man, less the interest on the capital and less depreciation, and when we remember that for rates and taxes in London we pay on something like £8000 in these institutions, that will give you an idea that we hold our own against very great odds. Then again we have laid it down as not exactly an essential to success that the work must be done by religious institu-

tions. The ratepayer's risks are known to a penny. We will take so many men on at so much per week, whether it is 5s. or 10s. I agree with Mr. Bagenal that anything that savours of another State institution, whether it is a Board of Guardians or County Council, will be looked upon with a good deal of suspicion. With regard to salaries, unfortunately I have not to pay any income tax on mine, and I leave it there. Then it may interest you to know that the Bill that is now before the House of Commons under the care of Sir John Gorst has been approved of by the Law Association that is appointed to look after the interests of the County Councils and the rates. They have approved of that Bill in the interests of the ratepayers. I am satisfied that whenever the Poor Law people care to unite with us, and look upon it seriously, this waste, and the way these people play upon the ratepayers, will soon cease. We have taken a good number of men from the Poor Law authorities, and have 40 or 50 from them at Hadleigh, and whenever the ratepayers make up their minds that they are going to have done with this the thing will cease.'

Rev. J. L. Brooks, in his reply, stated: 'I gave a very detailed account of cost, but will have pleasure in repeating it. I should like first to answer the lady's question as to epileptics. No; they are not mixed. They are all children in Lingfield, and in school or in industrial classes, two or three fields away from anybody else, and the charge is 12s. 6d. a week. With regard to my friends from Bradford, I am quite prepared to have compulsion at Lingfield, and detention given by penal powers. I am prepared for that, as far as I am concerned. I do not believe that the Guardians can get equal results. I have said that the average upkeep from first to last has been 9s. per week per man. That pays for capital expenses and interest on the money involved, as well as for the superintendents and food and clothing Everything there is simple, as indeed it ought to be. You never ought to put these men to handicap virtuous labour under any circumstances whatever. I think the men we get from London must surely be the worst men in the world, savage or civilised. The men we have from Liverpool are much more easily dealt with, and they can do more than any men from London. A great deal depends upon the guardians who select these men. They generally select those that cannot do anything themselves—useless and helpless.'

Mr. Stevenson said in replying: 'I stated that our place is so small that the cost is very much greater than at Hadleigh, or at Lingfield, or in Germany. In Germany the cost came to a mark a day, and that did not allow for improved value of property. At Midlocharbriggs we paid £7000 for a little farm. We have 150 acres of arable land, 40 acres reclaimed moss land, and 300 acres of unreclaimed moss land, and it costs a good deal more than a mark a day. If we went to the market we would sell it at a great deal more money than it cost. The cost is out of proportion to the size. I think that Colonel Lamb has given us figures to satisfy any one who wished to understand the subject. Till we find the report of this Government Committee we won't

be able to tackle it as a practical scheme. And in the meantime I think Lingfield and the Salvation Army are demonstrating what can be done, and what we ought to be trying to do.'

The meeting then terminated.

(*See also Discussion on Vagrancy, page* 401.)

SECTION IV.—SICK ADULTS

Wednesday, 8th June 1904

MALCOLM MORRIS, F.R.C.S.E., PRESIDENT OF THE SECTION, IN THE CHAIR

DISCUSSION ON THE MEANS OF HOME ATTENDANCE ON PARTURIENT WOMEN IN LARGE CENTRES

PAPERS on the subject were contributed by Professor Sinclair, M.D., Manchester (p. 244 of *Transactions*); Mary Scharlieb, M.D., London (p. 252); Professor Jardine, M.D., Glasgow (p. 258); and Madame Boulier, Paris (p. 204 of French Papers).

Professor Stephenson, Aberdeen, referred to the successful method which was employed in Aberdeen, where practically all the midwifery work among the poorer classes was under the superintendence of the maternity institution. Midwives were gradually dying out. They were paid for each case they registered, but were under the supervision of the maternity matron. He advocated the establishment of a class of women, not to undertake the maternity nurses' work, but trained to look after the domestic affairs and general comfort of lying-in patients.

Dr. Berry Hart, Edinburgh, thought the large proportion of inflammatory and prolapse conditions following labour among the poor, as compared with the well-to-do classes showed that the attendance given the former during their confinement could not be considered satisfactory. We required more careful training of students and midwives in regard to labour management and for this our hospitals were insufficient in number and our dispensaries not organised efficiently enough. Most foreign hospitals and our own rotunda showed us what might be done towards greater efficiency. In particular the women themselves required education in many points; they should be taught to take care of themselves during pregnancy, to look ahead and prepare financially for their labours, and above all to take longer rest during the lying-in period. They should be encouraged to consult their future medical attendant early in pregnancy so that morbid conditions might be attended to. Too often help was just summoned when labour came on, and frequently serious complications, which might have been provided for earlier, were discovered for the first time. A

striking instance of this was in regard to eclampsia where the examination of the urine during pregnancy gave timely warning. In drawing attention to this and similar points, this debate would have, he felt sure, far-reaching results.

Dr. Oliphant, Glasgow, agreed with Professor Stephenson in insisting upon the urgent need of providing a caretaker for poor lying-in women. Many people were too poor or too improvident to pay for the service of such women, so that the scheme could not be entirely self-supporting. He advised the organisation of the charity on a big scale, by some such comprehensive scheme as the Elberfeld system. By the dividing of large towns into districts, every poor household was in touch with the central organisation, and any overlapping of charities was thus prevented.

Dr. Elsie Inglis, Edinburgh, supported the establishment of branches under the supervision of the main Maternity Hospital, so that poor lying-in women might obtain help more rapidly.

Dr. Jessie Macgregor, Edinburgh, spoke of the need for a woman to look after the household, and also of the necessity for prospective mothers looking after themselves before the baby arrives.

Mrs. Chalmers Watson, Edinburgh, spoke of her experience in the working of a large maternity charity in the East End of London. Here there were no students, but the work was done by trained midwives who took pupils with them to the cases, all being under the control of the maternity. The patients paid a small sum to the hospital for the services of the nurses, and in difficult cases the resident obstetrician was summoned.

Dr. Oliphant Nicholson, Edinburgh, speaking of his obstetrical work at the New Town Dispensary, said that he insisted upon all patients presenting themselves for examination shortly before labour, in order that any untoward symptoms might be noted and measures taken accordingly.

Madame Boulier spoke of the work done in Paris.

The Chairman in his closing remarks commented on the unanimity which had characterised the discussion.

THURSDAY, *9th June* 1904

MALCOLM MORRIS, F.R.C.S.E., IN THE CHAIR

DISCUSSION ON THE ORGANISATION OF HOME TREATMENT OF PULMONARY TUBERCULOSIS

THERE was before the meeting the President's opening address on the subject (p. 236 of *Transactions*), and papers were contributed by Dr. Philip, Edinburgh (p. 263); Dr. Calmette, Lille (p. 274); Dr. Jane H. Walker, London (p. 277), and Dr. Papillon, Paris (French Papers, p. 73).

The President, in opening the discussion, said that in the fight against Tuberculosis during the last few years special stress had been laid upon particular features of the campaign. There had been energetic advancement of sanatorium treatment; they had had papers illustrating methods of treatment from other points of view, but he ventured to say that during the whole of the campaign there had not been a paper up to the present time which so completely included all sides of the question as Dr. Philip's had done.

It was not a paper of mere theory as to what ought to be done, but was founded upon the experience of work which had been done. It appeared to him, as one much interested in this particular movement, as a great national, or rather international question, that when a man in a particular city had carried out a definite piece of work, and could show the results he has obtained, in what might be called—not using the word in a light manner—in an amateurish way, that they had a strong right to demand that in the future the thing should be carried out officially. If the Section desired to do something which would be of permanent service in connection with this important subject, he would ask them, at the end of the meeting, to pass a resolution placing on record their view. in accordance with what Dr. Philip had suggested, that the time had come when municipal and other authorities in every community should organise such a scheme as he had shown in his paper to be practicable.

Professor Lindsay, Belfast, expressed his sense of the value of Dr. Philip's opening remarks. He thought that the scheme therein outlined contained the germ of a feasible, useful, and inexpensive reform. The number of consumptives in the British Isles was probably not less than 300,000, and the number of beds available for their treatment in sanatoria and similar institutions was certainly under 3000, namely, one per cent. Hence the clamant need for organising home treatment.

In Belfast the municipal authorities had recently taken two important steps; they had appointed two female inspectors to visit amongst the homes of the poor, and instruct them in the elements of hygiene; they had also arranged for the free examination of sputum at the Queen's College Pathological Laboratory, thereby facilitating early diagnosis. Home treatment of Pulmonary Tuberculosis fell under two heads—prophylactic and curative. We must teach that the danger from sputum is real, but preventible, that if the consumptive is careful as to cleanliness and disposal of sputum, he is not necessarily a source of danger to his friends. Again, no one should occupy a room recently in possession of a consumptive unless strict disinfection has been practised.

How far can the hygienic principles inculcated at sanatoria be brought to bear in the homes of the poor? Official inspection, district visitors, nurses, clergy, and others, must be induced to spread the light. Pure air is the first requisite for successful treatment of consumption, we must endeavour to prevent air pollution. The provision of air spaces in crowded quarters, the prevention

of overcrowding, are most important points; shelters might be made available in city life. Attention must be devoted to educating public opinion and training the young in elementary hygiene. Central bureaux, such as that advocated by Dr. Philip for the co-ordinating of agencies and dissemination of information, were matters of the greatest importance. The fight must be undertaken in no forlorn spirit, the Tuberculosis rate had already notably fallen, and ultimate victory was certain.

Dr. Gulland, Edinburgh, spoke of the valuable work which was being done by the Victoria Dispensary in Edinburgh, the numbers of people who were greatly benefited by the advice and treatment received there. He considered that Dr. Philip had more than made out a sufficient case for the establishment, of such dispensaries in all large centres of population. Such institutions would do much to educate the public mind, which after all was the main way in which we could hope to cope with Tuberculosis. Information should be given to those actually affected, and compulsory notification should be adopted, which of course would include compulsory disinfection. People must be encouraged to come early to be examined.

Dr. Ogilvie Grant, Inverness, spoke of Tuberculosis as he had encountered it in the Highlands and Islands, where, with abundant fresh, pure air, one would expect its occurrence to be rare. This he attributed to the poor dwellings of the people, and their ignorance of even the rudimentary principles of sanitation. He emphasised the need of education, not only of the people themselves, but also of the local authorities and the legislature.

Dr. Caverhill, Edinburgh, was against the present Notification Act being made applicable to Tuberculosis, which differed from the acute infectious disease from which the patient entirely recovered. He suggested a special department under the Local Government Board, with special officers, specially trained and selected to deal with this subject.

Dr. Stirling, Perth, spoke of his work in Perth, and the conditions obtaining there in the treatment of Tuberculosis.

Dr. Fraser, Lichfield, pointed out some of the difficulties met with in dealing with Tuberculosis in private practice. He referred to the prevailing ignorance, especially among the poorer classes, and to the important part which the housing problem played in the spread of the disease. He desired the establishment of Consumption Colonies, where patients might become self-supporting.

Dr. de Watteville, Kingussie, thought that special efforts should be made to inform the public that risk of infection attaches to the sputum, and practically to that alone. He thought that among many people the idea was that Consumption was contagious by personal contact, as scarlet fever, etc. In many cases he found this led to great difficulty in phthisical patients obtaining quarters, especially in country places.

Dr. Philip, replying, said the occasion had been a particularly interesting

one, because some seventeen years ago any practical scheme of this sort was cold-shouldered, even by many who should have been inclined, from their training and outlook in life, to have another view. Then came a period of cross-currents and cross-purposes, when a proposal was made only to be followed by a counter-proposal. To-day they all appeared to be of one mind, and he desired to thank those ladies and gentlemen who, in continuing the discussion, had elaborated many of the points of his paper. What interested him most was that no one had traversed the main lines, and he desired to move a resolution as an expression of the opinion of the Section.

The President, in formally seconding the resolution, said that, as their President, his sole desire was to strengthen the hands of the medical officers of health all over the country. He would not for a moment do anything that might interfere with or handicap the splendid work which these medical officers were doing. He had not for a moment suggested, in the enthusiasm of desiring notification, that it should be included under the present Notification Act. Any such mixture would be disastrous. Tuberculosis stood absolutely by itself; it was one of the diseases of which they knew the cause, and it ran a peculiar course.

They desired to carry out an organised scheme against it, and wanted the officials of the county to assist them. By passing this resolution the Section would strengthen the hands of the authorities. No Act of Parliament would ever come into force unless the authorities felt that public opinion demanded it. No President of a Board would initiate anything, unless it should come from the public themselves. He put the resolution before them in order that, by passing it, they might strengthen the municipal authorities, not oppose them, in order that they might in this way express to the authorities their opinion that the time was ripe for action. He did not believe it would have been right to pass such a resolution five or six years ago; it was only the result of the experience of the work of men like Dr. Philip that had advanced the movement in spite of checks.

The resolution moved by the President was unanimously adopted. (See Resolution I., page 355.)

Friday, 10th June 1904

J. B. SUTHERLAND, S.S.C., VICE-PRESIDENT, IN THE CHAIR

DISCUSSION ON THE RELATION BETWEEN HOSPITAL AND HOME RELIEF OF SICK POOR

PAPERS on the subject were contributed by Professor Glaister, Glasgow (p. 282 of *Transactions*); Dr. Bruce, Dingwall (p. 289); J. B. Sutherland, S.S.C., Edinburgh (p. 294); Dr Van Deventer, Holland (p. 296); Miss Guthrie

Wright, Edinburgh (p. 304); Miss Mudd, London (p. 307); Dr. Van Deventer (French Papers, p. 199).

Dr. Clouston, President, Royal College of Physicians, Edinburgh, stated that in his opinion far too many people had just got into the habit of going to the Infirmary for all ailments. This he considered in many cases a deteriorating tendency, as a large number of these people were quite able to pay for medical advice at home. Young men spent several years and some hundreds of pounds in qualifying for the medical profession, and they were willing to work for a modest remuneration. By employing these practitioners the working-man got more individual attention than by going into any hospital. He remained among his own people, and more important still, by paying his way he preserved his own self-respect.

Dr. James Ritchie, Edinburgh, said that he was in entire sympathy with what previous speakers had said. He was quite sure that our present hospital system tended to pauperise the people. He spoke of the improvidence of many of the working-class, and advocated the institution of some such system of insurance as obtained in Germany. The hospital would also benefit, as in that case the insurance societies paid for the patients' keep in hospital.

Miss Wade, Bradford, stated that six years on the Board of Guardians had convinced her that very few cases could be satisfactorily treated by home relief. She would have hospitals open their doors to all classes including those who could afford to pay. The out-patient department she would like to see closed, as those who could not afford a doctor's fee could always apply to the poor law.

Miss Guthrie Wright, Edinburgh, said there was a large number of persons, chiefly women, who were willing to receive skilled nursing at home, but who would not or could not go to hospitals.

Miss Edith E. Mudd, London, said that careless administration of hospital charities discouraged thrift and independence.

Dr. Caverhill, Edinburgh, referred to the many advantages which the sick working-man in town possessed over the sick man in the country. He spoke of the nursing association which had been started in Roxburgh and Haddingtonshire whereby trained nurses were supplied to the working-class. These people contributed an annual subscription of a few shillings (varying with rental), and so much a week to the association for the nurse's services, should they be required. The nurse resided in the patient's cottage or one near at hand, and her food and lodging were provided by the sick person's family.

Dr. Henry Clark, President, Faculty of Physicians and Surgeons, Glasgow, spoke of his experience in connection with Glasgow Royal Infirmary. Two points in particular struck him; firstly, that many of their cases had to be sent out before they were really well, and while they really required some further attendance; secondly, the out-patient departments were growing so rapidly that the work was of necessity done hastily and imperfectly. The

modern idea with regard to the relieving of sick poor seemed to be taking more and more of an institutional character; he advocated the return to the home ideal.

A resolution on the subject, proposed by Dr. R. W. Philip, Victoria Hospital for Consumption, Edinburgh, was unanimously adopted, and will be found on page 355.

SECTION V.—INSANE AND EPILEPTICS

FIRST MEETING, *Wednesday, 8th June* 1904

THE MASTER OF POLWARTH, PRESIDENT OF THE SECTION, IN THE CHAIR

DISCUSSION ON HOME CARE OF THE INSANE

AN opening address was given by the President (see p. 313 of *Transactions*), after which papers were read by Dr. Alex. Robertson (p. 316), Dr. Charles Macpherson (p. 321), Dr. Conolly Norman (see after French Papers at close of Volume), and Dr. Van Andel (p. 326). Communications on this subject were also submitted by the following writers, and wil be found under French Papers separately paged:—Dr. Marie (pp. 105, 141, and 152); Dr. Depéron (p. 128); Dr. Méeus (pp. 157, 175); Dr. Van Deventer (pp. 193, 197); Dr. Henri le Roux (p. 212); and Dr. M. L. Piqué (p. 219). Dr. Peeters of Gheel gave an account of the system in Belgium, and Dr. Falibois, Nice, an account of the system in France.

In the discussion following on these papers the Rev. Canon O'Reilly, Glasgow, said that in his visitations of the insane belonging to the Glasgow Parish for the last nine or ten years he had found that many of the Guardians, though licensed by the General Board of Lunacy, were not all that they ought to be, having no training. The recovery of patients boarded out was equal to two per cent. of the total, while the percentage of those recovered in some asylums was 45 per cent.

Dr. J. F. Sutherland contended for greater liberty in treating cases of early insanity without certification, having regard to the hurt done by certification alike to patients and to the families concerned. He urged the formation of combinations of the smaller parishes in order to carry out the boarding-out system more effectively, by the appointment of an official, whose sole duty it would be to find homes and guardians. He approved of licensed houses being allowed to receive three or four patients, on the ground that guardians who devote their whole to their charges would thus be able to make a profit commensurate with their services. He said that, judging from his own experience, the Canon's unfavourable comments could not possibly apply to more than a

very few of all the guardians in Scotland; and he pointed out that his observations on the recovery rate disclosed an entire misapprehension of the meaning and intention of boarding-out, as patients so disposed of require as a preliminary to be certified to be not amenable to curative treatment.

The discussion was continued by Dr. Marie and Dr. Depéron.

Dr. A. R. Turnbull approved heartily of boarding-out from the point of view of the Asylum Superintendent, maintained that Canon O'Reilly's statement of the way in which the guardians generally do their work is not well founded, and considered that the success of the system is mainly due to the way in which it is organised and brought under efficient central supervision and control.

Dr. Jules Morel spoke strongly in favour of the system and of extending it, and pointed out the desirability of having small colonies attached to the asylums, with the view of preparing the patients for being boarded out.

Mr. T. W. L. Spence indicated some of the difficulties which impede the extension of the system in the smaller parishes, and thought that these could be overcome by having a central official, whose duty it would be to ascertain where suitable houses could be got, and to supply that information through the Board to local authorities. The Board were already able to give such information to private inquirers without evil results, and he did not see why the same assistance should not be afforded in a more systematic manner to parishes. He thought that could and should be done without relieving Inspectors of Poor and local Medical Officers of visiting, applying for sanction, and accepting full responsibility for the character of the guardians.

Mr. Fraser, Inspector of Poor, Inverness, described what has been done of late years in his parish in utilising home care for the pauper insane. He considered the system to be both successful and economical, and stated that it provides for nearly 50 per cent, of the patients on his roll.

The Section then adjourned for the day.

SECOND MEETING, *Thursday, 9th June* 1904

THE MASTER OF POLWARTH IN THE CHAIR

DISCUSSION ON HOME CARE OF THE INSANE—*continued*

DR. VAN DEVENTER described the system as carried out in Holland, and stated that the patients were boarded in the vicinity of the asylum, in order to secure supervision by an experienced alienist physician, and suitable nursing. He now classes patients as sociable and unsociable, according as they are fit for home care or not.

Dr. Urquhart, in a written note, argued that the system of home care must stand on the firm ground of its suitability for chronic cases, who no longer require the expensive apparatus of asylum control, and considered it could best be extended on the line indicated by the Chairman.

Mr. George Dott, Chairman of Glasgow Parish Council, dissociated himself entirely from the views put forward by Canon O'Reilly, so far as the experience of Glasgow Parish in boarding-out was concerned, and maintained that the method of home care provides very satisfactory accommodation and treatment, is economical, and is applicable to a large percentage of the pauper insane.

Dr. T. S. Clouston pointed out that the removal of the quiet patients from the asylum leaves a larger proportion of acute and troublesome cases in the institution, and stimulates the hospital character of the treatment there.

Dr. W. A. Parker mentioned that there is some degree of fallacy in the comparisons usually made between the cost of patients under home care and in asylums, as the former do not include the troublesome and destructive cases, which necessarily increase the cost in asylums.

The Chairman explained that in suggesting a combination of parishes for boarding-out purposes, he was of opinion that the work could be carried out on voluntary lines, and would not need legislation to authorise it.

Dr. John Carswell pointed out the differences in the kind of accommodation called for by the regulations in the case of patients under home care, and of those in institutions, and maintained that the similarity to home life in boarding-out is much more congenial to many patients than the asylum conditions.

Dr. Marie handed in the following communication signed by himself, Dr. Van Deventer, Dr. Jules Morel, Dr. Le Roux, Dr. Sano, and Dr. Peeters:—'Taking into consideration the new scientific movement for the treatment of the insane, it is to be wished that every asylum should have a colony for the convalescent cases, and also for those who are thought to be suitable for the boarding-out system; and such colony should be under the charge of the alienist physicians connected with the asylum, as they only can judge of the suitability of the patients and the guardians.'

A motion that the Section should express its approval of the Lunacy Bill for England which is now before Parliament was submitted by Dr. Sutherland, and seconded by Dr. G. E. Shuttleworth; but after discussion, in which the Chairman, Dr. Fletcher Beach, Sir John Sibbald, Dr. Clouston, and Mrs. Lincoln took part, the motion was withdrawn.

DISCUSSION ON AFTER-CARE OF PATIENTS DISCHARGED FROM ASYLUMS

PAPERS on the subject were read by Dr. Carlyle Johnstone (p. 329 of *Transactions*), and by Dr. Marie (French Papers, p. 1). A paper on the subject was also read by Madame Marie.

In the discussion on these papers, Dr. Jules Morel, Belgium, said that societies for after-care should be more generally established, and their operations should be of wider scope. He thought that an International Committee should be appointed on the subject. Dr. Van Deventer described the arrangements for after-care of patients discharged from asylums in the Netherlands.

Dr. Shuttleworth referred to the action of the After-Care Association in England. Though possessed only of limited funds, it does much good work in sending necessitous patients after discharge from asylums to convalescent homes, in securing more healthy house surroundings for them than can be got in their own homes, and sometimes in training them to domestic or other suitable work to fit them for earning their own support afterwards.

Dr. Clouston regretted that in Scotland the after-care of pauper patients had received very little attention, and was in fact not organised at all. In that matter Scotland was behind England, Belgium, and France. In the urban parishes there would be more difficulty than in rural districts in carrying out after-care under probationary discharge on the lines indicated by Dr. Johnstone.

Dr. Girvan, Maybole, mentioned that in his district the after-care of pauper patients had been carried out for many years past, and had produced good results, some of the patients having acted as farm servants for thirty-five years without having to return to the asylum.

Dr. Turnbull pointed out that, as originally entered on the programme, the subject of discussion was the after-care of *friendless* patients discharged from asylums. About 80 per cent. of the patients in Scottish asylums were on the pauper roll; but it was well-known that in a large proportion the pauperism was due solely to the lunacy. As soon as the insanity was relieved so far as to allow of discharge from the asylum, the patients naturally returned to their own home circle, to that home relief which the present Congress advocated, and so did not require special arrangements to be made for helping them. At the same time Dr. Johnstone's very valuable paper had shown them the advantage of probationary discharge as a means of securing after-care for friendless or necessitous cases in a way which many of them had previously not realised.

Dr. Van Deventer suggested that the meeting should express the opinion that the societies engaged in after-care work should publish every year a

report of their work and progress, these reports to be exchanged among the different societies.

The Section then adjourned for the day.

THIRD MEETING, *Friday*, 10*th June* 1904

THE MASTER OF POLWARTH, IN THE CHAIR

DISCUSSION ON EPILEPTIC COLONIES

THE Chairman made the following introductory remarks:—'Ladies and Gentlemen,—We take up to-day another branch of our subject, which is of wider application than those we have discussed hitherto. Up till now the subjects we have discussed in this section have been entirely those which, as I said, are connected with lunacy administration in this or any other country and dealt only with those who can be or are certified as insane. To-day we go a step somewhat further and take in a wider class, for while we have in our asylums many who are epileptic, the discussion to-day may deal with many others who are afflicted with that terrible illness, but are yet not, so far at all events, certifiable, and therefore we embrace rather a wider field. With reference to what we have discussed on the two previous days, it has been said, at all events by some, that Scotland was in certain respects ahead of other countries in dealing with the insane, but I very much fear that in regard to what is done for epileptics we can make no such claim in Scotland. Fortunately there is reason to believe that the proportionate number of epileptics in Scotland is not so great as it is in some other countries, but all the same there are a very considerable number for whom I fear we cannot claim to have done very much. We shall therefore listen with all the greater interest to the papers which are to be presented to us to-day, and I hope we shall have an interesting discussion. In addition to those whose names are upon the paper, we have to-day the Reverend Mr. Brooks, the head of a home for epileptic children at Lingfield, and he has kindly promised to give his experience.

Papers on the subject were read by Dr. Milson Rhodes (p. 334 of *Transactions*), Dr. Fletcher Beach (p. 337), Dr. Donald Fraser (p. 342), Dr. Jules Voisin (French Papers, p. 186), and Dr. Van Deventer (French Papers, p. 195).

The Rev. Mr. Brooks, Lingfield, Surrey, described the methods pursued at the home there for epileptic children, containing 70 inmates (p. 214). Their lines were fresh air, regular hours, lots of sleep, no drugs, special diet, and constant employment. They had no medical supervision, and quite a number of their cases outgrow their epilepsy. Boys and girls played together up to twelve or fourteen. He did not regard large numbers as economical, and thought that 150 for teaching and feeding is more economical than 500.

The Chairman gave an appreciation of the work at Bielefeld Colony. He urged that in making comparisons, the entirely different hours and style of feeding in Germany should be borne in mind, as well as their different habits. Bielefeld grew to be what it is much as Mr. Quarrier's work has grown, and is centred in purely religious convictions. Bielefeld presents a gradually growing agglomeration of institutions for the care of the needy—a series of family homes. The care of the sick and afflicted has there a religious motive, and is carried out by a brotherhood or sisterhood who live with their patients and eat and work with them. The staff get little pay, but their wants are secure for life. The spirit of the place makes for effectiveness, and living amongst their patients, the guardians have great influence with them.

Prof. Reid, Glasgow, made an appeal for funds for the proposed Bridge of Weir Epileptic Colony, pointing out the great need for and the absence of any provision for epileptics in Scotland.

Dr. Cunyngham Brown spoke of the low death-rate in prison, even among the weak-minded and epileptic. He referred to the urgent need for state provision for the weak-minded and epileptic as irresponsible persons, so as to save them from the cruelty of punishment.

Dr. Marie suggested that the Congress should appoint a committee to report on the subject of the treatment of epilepsy.

Dr. Edwin Bramwell referred to the great absence of opportunity of placing sane epileptics in reasonably suitable surroundings.

Mr. J. P. Maclay showed and explained the plan of a cottage for Bridge of Weir Epileptic Colony.

Dr. Shuttleworth urged the need for provision for teaching epileptic children who are not fit to attend ordinary schools, which for the worse cases would best be obtained in Colonies for the special purpose.

The Chairman closed the meetings of the Section by thanking the foreign delegates for their presence and help.

GENERAL MEETING—*Friday, 10th June* 1904 (Sections I. and V.)

THE MASTER OF POLWARTH IN THE CHAIR

DISCUSSION ON THE HOME CARE OF MENTALLY DEFECTIVE AND BACKWARD CHILDREN

PAPERS on the subject were read by Dr. Fletcher Beach, Physician to the West End Hospital for Nervous Diseases, London (p. 348 of *Transactions*); Miss Mary Dendy, Joint Secretary of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded (p. 376); and by Dr. John Thomson, M.D., Physician to the Sick Children's Hospital, Edinburgh (p. 383).

Dr. Henry Ashby, Physician to the General Hospital for Sick Children, Manchester, who opened the discussion, described the class of children treated

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in their special schools for the weak-minded. The place for these children was not the day school, but a home for life in which they could be made happy, and they should approach the subject from above and not from below.

Dr. Carswell, Certifying Physician in Lunacy to the Parish Council of Glasgow, spoke from the point of view of one engaged in examining children to decide as to whether they should be sent to the special schools which they had in the city. In Scotland there was no difficulty in getting imbecile children educated in a special institution, and so far as his experience went the Glasgow Parish Council parted with no child, after it had grown up, without special care. His belief was that the adolescent who showed criminal deficiences was a person who was psychologically abnormal, and he would not have them take it, even on the high authority of Miss Dendy, that by caring for the child who presented evidence of mental deficiency they would get at the bulk of the cases of adolescent failures who became criminals and lunatics. In the majority of these cases there was no physical stigmata indicating degeneracy. Let them go on with the ameliorating efforts that were now being made, and out of them would undoubtedly emerge a clearer perception of public duty, and a clearer light would be shed on those inimical forces which were so perplexing to their sanitary methods and to their scientists.

Dr. J. F. Sutherland, Deputy Commissioner in Lunacy, said the question they had to discuss was how these defective and imbecile children were to be properly cared for. No one grudged the expenditure in connection with schools for children with defective mind, and we had at Larbert and Baldovan excellent training schools for imbecile children, but he would point out that there were in Scotland 1300 imbeciles, children and adults, boarded out in private houses without any disastrous consequences, and he knew of no institution where they could be better treated than in these homes. He knew of many feeble-minded children whose capacity for usefulness could be as well-developed under the care of a capable Scottish housewife, with proper local and central inspection, as in any institution. He therefore hoped they would set their faces against the idea that had been brought from the other side of the Border that they should at once proceed to build institutions for the permanent care of all imbeciles.

The Chairman pointed out that Dr. Sutherland's remarks referred to those imbeciles who were certifiable as of unsound mind.

Dr. Marie, Paris, who spoke in French, expressed the wish that an international group of study should be constituted for the solution of questions of relief to foreigners in various countries; that there should be treaties of reciprocal relief in favour of expatriated individuals, and complimentary legislation in diplomatic measures might be the result.

The Chairman conveyed the thanks of the Congress to Dr. Marie and their other friends from abroad for having favoured them with their presence and given so much help to the different Sections.

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