

not be compelled by mandamus or other legal process to provide such isolation. Sussex teemed with results of the mischief of the neglect of duty of Sanitary Authorities, and the question of isolation was one of its most important functions.

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The duty was purely territorial. The Rural Sanitary Authority was the power for sanitary matters in their district as the Urban Authority was in its own district. The Board of Guardians had no obligations whatever except in regard to the destitute—such as tramps and the inmates of Workhouses.

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The Guardians might give out-door relief to pauper infectious cases, so that the patients might be looked after in their own homes. For such cases they might provide Nurses, medical attendance, or allow money. If the Sanitary Authority spread the disease the Guardians said that it was the business of the Authority and not theirs, and the Guardians had no power to give relief from a sanitary point of view. Mr. Davy added that the means by which infectious diseases had come to be dealt with in the curtilages of the Workhouse was by Guardians going beyond their duties before the passing of the Public Health Act, and thus buildings were erected 20 years ago within the Union Workhouse walls that had no right there. This, the speaker characterized as an iniquitous proceeding. If there were any risk attending infectious hospitals, Workhouses were the last places they should be brought to. People of independent means, if they were living in houses near objectionable buildings, were able to remove, but it was not so with persons stricken by poverty.

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It was the bounden duty of Guardians to protect paupers; independent people were able to look after themselves. Another aspect of the question was that many mothers would naturally shrink from sending their children to an infectious hospital within the Workhouse limits, but would have no hesitation in doing so if a distinct building were provided. If things worked out as they could wish, it was well that the two sanitary authorities, the urban and rural should join hands in conducting an infectious hospital. The interests of the two bodies were not, however, identical; the choice of site for a joint hospital always presented a difficulty. The poor rate in the country, too, was raised on a plan different to that in urban districts, and this presented a financial difficulty.

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He had given up the hope of having combined institutions, and favoured one authority doing the building, and then if the other could agree to terms so as to send cases, so much the better. Supposing the Rural Sanitary Authority of that Union desired to set up a hospital of its own, it could set about it in two ways. One was to borrow money and spread the repayment over 30 years or so. If a building were erected under this system the Local Government Board would take the best possible care that a hospital of the most approved plan was provided, and perhaps suggestions they would make would increase its cost, and inquiry would have to be held, and if anyone objected to the same on account of its propinquity to their house their objections would be listened to, and probably great delays would occur. Another method was without those drawbacks. The Rural Sanitary Authority might act independently of the Local Government Board, in which case the money could not be borrowed, but would have to be paid out of the current rates, and spread over several half-years.

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If the Authority determined to build, Mr. DAVY promised they should have every assistance and advice as to site, with copies of plans of latest improvements to guide them, and he suggested that a building to accommodate 30 cases should be decided on. As a preliminary, he recommended that a site should be secured, upon which a small block of buildings, with accommodation for Nurse, &c., should be provided, and sufficient land allowed for extension at any time, or for erecting tents for dealing with epidemics on an emergency. Then he would suggest that the Board of Guardians should pay liberally for any case they might send for isolation. Whichever authority, the urban or rural, provided isolation, he would recommend them to provide so as to receive pauper cases by payment as well as their own. A pauper he would define as a person in receipt of relief at the time of the outbreak, or as having had a medical order, such order being afterwards allowed by the Guardians. Mr. DAVY concluded by urging that a mutual understanding as to the reception of patients such as he had suggested would be beneficial to all parties concerned. In the course of a discussion which followed, Mr. DAVY said, in reply to questions, that the Rural Sanitary Authority were compelled to make provision for infectious pauper cases, whether the persons attacked resided in the urban or rural district. Half the difficulties of Boards of Guardians arose, he said, through their doing Rural Sanitary work.

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