

## Report of the Royal Commission on the Poor Laws.—II.

### Dr. DOWNES' MEMORANDUM.

It will be remembered that Dr. Downes was one of those who signed the Majority Report, the principal recommendations of which we briefly noted last week. The following important footnote appears in connection with this gentleman's signature:—"I sign subject to the reservations stated in my memorandum below, and I desire to detach myself from the schemes of new administrative machinery proposed in the Report."

Dr. Downes being the Senior Medical Inspector for Poor Law purposes to the Local Government Board was the one Commissioner possessed of an intimate knowledge of the inner workings and arrangements of the Poor Law Institutions, whether workhouses, infirmaries, schools, or what not, and very many of the reforms that have of recent years taken place in these institutions have been largely owing to his work and influence. His practical experience accordingly vests his memorandum with a special interest and authority.

Dr. Downes states that while he signed the majority Report because he believes in "the principle that public relief in every form should be administered and controlled by one local authority in each area," he does not agree with the proposed scheme which would "sweep away all directly elected representation" on the Governing Body, substituting a Council or Committee appointed by nomination only.

Whilst arguing that defects do exist, he does not consider the case so desperate as perhaps the Report, considered without the Evidence (which is not yet published), might lead many to suppose, and he points out that the administration of even the present Poor Law shows some advance with the times as does the general standard of living throughout the country.

He points out further that the idea of classification is no new one, in London alone more than 50 per cent. of the "indoor poor" being "already provided for in specialised institutions, quite apart from the ordinary workhouse." (Such specialised institutions include those for the healthy children, sick children, ringworm, ophthalmic, and phthisical cases, not to mention homes for the aged, feeble-minded, etc., etc.)

Again, "out of all the children in receipt of relief, not 7 per cent. are found in a workhouse proper," although, "in 1838, nearly half of the entire number of the workhouse inmates were children under 16 years of age."

Of special interest to Poor Law Nurses are Dr. Downes' comments on their number and work. He tells us that since 1838 "the number of paid nurses of the sick indoor poor has risen from less than 200 to more than 6,000, many of whom are highly trained in their profession. The beds in the separate infirmaries of London alone now nearly equal, if they do not out-number, those of the general hospitals in the whole country."

Dr. Downes goes on to speak of the "public

appreciation of these infirmaries," concluding his remarks in this section thus:—"I regret that there is not in the reports a fuller recognition of them and of the work which has been accomplished by the guardians and their officers."

Whilst strongly disagreeing with the proposed scheme of administration, Dr. Downes considers that the existing defects could be "better met by a revision, a strengthening, and an extension of existing powers. . . . Powers exist more elastic and more extensive than the proposals of the Report. . . . Some revision or addition of detail and a public mandate is alone needed to set them in operation."

In the place of the county and county borough as "the area of local Poor Law administration," the suggestion of grouping together existing unions is put forward, the great advantage being that "existing machinery would be available," and, economically speaking, this would be advantageous.

Dr. Downes speaks most emphatically of the necessity for "a strong control of public relief, and that this control should be in the hands of one authority . . . directly constituted for its special purpose." In London, at all events, and possibly in other large urban centres, he would prefer that this administrative body should be partly elected and partly nominated, and not too large, "one elected member from each borough area would suffice, the nominated members being representative of defined interests."

With the suggestion of Voluntary Aid Councils and Committees working in connection with the public relief body, Dr. Downes cordially agrees, provided the medical profession has adequate representation on them, and he hopes that by their means the difficult question of nursing in the county districts may be settled.

It may here be noted that in the majority Report it was suggested that the public assistance authority in the county should not only organise the medical institutions in the county but also "an outdoor and provident medical service," and also the provision of competent midwives, "easily accessible to all parts" of its area, whilst it should also develop in connection with the Voluntary Aid Committee an adequate nursing service for the county.

Dr. Downes is further of opinion that an inquiry should be held by a Departmental Committee into the "whole question of hospital and infirmary construction and administration and the standard of equipment generally."

This most important memorandum concludes by urging "the severance of the idle and vicious from the industrious," and recording dissent from the recommendation of the "majority to meet unemployment by special forms of relief work."

Miss Octavia Hill, in another memorandum, explains that she, too, takes exception to the character of the proposed administrative machinery, holding that a body, partly elected and partly nominated, as Dr. Downes suggests, would be far preferable to a County Council Statutory Committee, and she also considers the proposed medical relief scheme as unworkable and impracticable.

HELEN TODD.

*previous page*

*next page*