

Charities

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The
Care of the Dependent Poor

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BY

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The Care of the Dependent Poor

I.

THE SICK.



THE care of the dependent and the sick poor has been and is, throughout human history, one of the most important of social duties and one of the most difficult of social problems. What care is shown in this way is quite a safe index to the true humanitarianism of a particular time. The care of the ailing poor has in our time developed so marvelously, and our hospitals have grown to be so efficient, that we have, and deservedly, been self-complacent about the progress that has been made. Indeed there is a tendency, if not a habit, to forget the depths from which we have so recently risen or, as one medical writer on the subject has ventured to suggest, "the veritable slough of despond in this regard out of which we have only just succeeded in dragging ourselves."

Very few realize how recent is the improvement in hospital organization and how sadly that improvement was needed. Ruled by current ideas of evolution, some writers have supplied themselves with a theoretic history of hospital work. According to it humanity has at last reached a point in its development where selfishness has given place to altruism, and this altruism finds its particular application in helping the indigent sick. Before our time, this stage of humanitarianism had not been reached; or at least sympathy for others was very imperfectly developed, and so our forefathers are, perhaps, not so much to be blamed for the almost unspeakable conditions which existed in hospitals and, indeed, institutions of all kinds for the care of the poor.

The presumption is that if hospitals were so bad a century ago, as we know now they were, they must have been much worse a century still further back, and so on progressively until the less said about the hospitals of the Middle Ages the better.

Now any presumption that there is a continuous evolution in hospital organization and in the care of the poor is, like so many other chapters of evolutionary theory, entirely imaginary. It is true that we have reached a fine acme of advance with regard to hospitals, but anyone who thinks that there is a series of chapters of constant progress leading to our time from crude, thoughtless, unfeeling beginnings in the long ago, will be sadly disappointed. On the contrary, the surprise is to find that *the lowest period in history in hospital organization and nursing came just before our time.* The eighteenth century had much better hospitals than the nineteenth; and the sixteenth better than the eighteenth; and, strange as it may sound to some ears, some of the finest hospitals that the world knows of were erected in the later Middle Ages.

Jacobsohn, the German historian of care for the sick, calls attention to the fact—he calls it a “remarkable” fact—that “devotion to the well-being of the sick, improvements in hospitals and institutions generally and to details of nursing, had a period of complete and lasting stagnation after the middle of the seventeenth century or from the close of the Thirty Years’ War.” The older hospitals had been finely organized, and so their organizations carried them on for a time but in an ever-descending curve, until about the middle of the nineteenth century they had reached a stage of decadence.

Miss Nutting and Miss Dock in *A History of Nursing*, after tracing in the first volume the history of nursing during the centuries before our own, have a concluding chapter, entitled “The Dark Period of Nursing.” The years of which the chapter speaks are almost of our own time. “It is commonly agreed that the darkest known period in the history of nursing was that from the latter part of the seventeenth up to the middle of the nineteenth century. *During this time the condition of the nursing art, the well-being of the patient and the status of the nurse all sank to an indescribable level of degradation*” (italics ours).

It was only in 1872 that the trained nurse came to Bellevue Hospital in New York, and that was her first appearance in this country. Some young English women came over at the invitation of the hospital authorities and organized trained nursing. Dr. Stephen Smith, who is still with us at the age of ninety-five, and who introduced the trained nurse, tells

us the story of how the nursing was carried on at Bellevue before that time. It was an extremely difficult matter to recruit any sort of nurses, and the constant problem before the hospital staff was how to secure help even fairly dependable. According to Dr. Smith, not infrequently the "ten-day women," women sentenced to ten days' imprisonment for disorderly conduct, were welcomed as nurses.

It seems impossible that this state of affairs prevailed only forty years ago. Dr. Smith further tells us that at first the medical board refused to allow the new trained nurses to care for the men patients at Bellevue. So little was the real spirit of professional work appreciated.

There was so much opposition on the part of the medical board that for a time the ordinary nurses were left in charge of the male ward, and to their lasting credit, be it said, it was the trained nurses themselves who insisted on being allowed to take their places and give their services to the sick men. The trained nurses at Bellevue were quite a curiosity. Visitors, interested in hospitals, came from all parts of the country to learn of their work. The only hospitals which previous to this time had been at all presentable were the Sisters' hospitals, which were always clean and neat, and in which the poor received the best possible care and treatment. Even the Sisters' hospitals were far from anything like the standard of the present-day hospitals, though they were far superior to the municipal hospitals of those days.

The death rate in the mid-nineteenth century hospitals was woefully high, and it is no wonder that the poor dreaded them, and quite rightly feared that entrance into a hospital was almost equivalent to a death warrant. In these pre-antiseptic days, operations were very frequently followed by death. I believe that the first six operations for ovariectomy done in England shortly before the middle of the nineteenth century, all proved fatal. The local coroner declared that he would attend the next operation performed by Sir Spencer Wells, the operator, in order to determine what the cause of death was, and to act accordingly.

In 1870, Professor Nussbaum, of Munich, finding that the death rate in operated cases for the preceding year was about four in five of his patients, declared that he would operate no longer, since he was evidently, with the best of intention, only hastening death or making it more painful. No wound

was expected to escape infection, and it is easy to understand that no wound did. The expression "union by first intention," which means the immediate agglutination of wound surfaces and their prompt healing without complication or sequela, was still preserved in the traditions of surgery, but no examples of it were seen, and many surgeons doubted whether the term had ever had any real meaning except possibly by accident. Every wound was expected to develop pus, and the one hope of the surgeon was that this purulent secretion should not be of virulent character, but should be of some mild, more or less, innocuous variety, which should not prove too serious for the patient.

When, therefore, the best that could be hoped for was that a patient would suffer only with less virulent, or as it was called, *laudable pus*, it is easy to understand that the hospitals reeked with infection. No wonder that Nussbaum and others felt that the end of hospital usefulness had come.

The mortality rate in Lying-in-Hospitals was one in ten, and sometimes rose as high as one in five. It was much more dangerous for a woman to give birth to a child in a hospital, than to have an attack of typhoid fever. Typhoid fever itself ran a most fatal course, and it is now well understood that nursing plays a most important part in its successful treatment. About the middle of the nineteenth century, typhus and cholera were both extremely common in large city hospitals, and indeed typhus was not definitely differentiated from its less fatal and less acute sister disease, typhoid, until after the middle of the nineteenth century. Cholera sometimes carried away whole wards of patients in one or two days.¹

Fortunately after the middle of the nineteenth century, Pasteur's discoveries of the microbic cause of human diseases

¹The general health of New York City was at this time just coming up from a depth of degradation almost unbelievable. The death rate in the city for years before 1866 had been from thirty to forty per thousand, though no city in our climate should have a mortality of more than fifteen per thousand. Dr. Stephen Smith had been one of the principal factors in bringing about a clean-up of the city. He was the commissioner in charge of New York's health between 1868 and 1875. Anyone who wishes to read an account of filthy living, supposed to be utterly impossible in the second half of the nineteenth century, may read Dr. Stephen Smith's book, *The City That Was*.

lifted some of the gloom in which hospital conditions had been shrouded. When challenged at a public medical meeting, about 1870, Pasteur dared to go to the blackboard and draw a picture of the rosary-like streptococcus which is, so far as we know down to the present time, the cause of puerperal fever. His discovery of the diseases of fermentation; the diseases of silk worms, and the means of overcoming them, attracted the attention of Lister, and then began the epoch-making series of experiments in antisepsis, and the modern era of surgery. It was not, however, until the coming of the trained nurse, and the possibilities of meticulous cleanliness were shown by the introduction of women in charge of hospitals, that the old deadly conditions began to abate, and death rates were satisfactorily reduced.

When one thinks upon the conditions that have been described, it is hard to understand the contrast between this decadence and the splendid work of the preceding period. Jacobsohn writes: "The result was that in this period the general level of nursing fell far below that of earlier periods. The hospitals of cities were like prisons, with bare, undecorated walls and little dark rooms, small windows where no sun could enter, and dismal wards where fifty or one hundred patients were crowded together, deprived of all comforts and even of necessaries. In the municipal and state institutions of this period, the beautiful gardens, roomy halls, and springs of water of the old cloister hospital of the Middle Ages were not heard of, still less the comforts of their friendly interiors."

Miss Nutting and Miss Dock in their *History of Nursing* have described the gradual decadence of nursing: "In England, where the religious orders had been suppressed and no substitute organization given, it might almost be said that no nursing class at all remained during this period. It was forgotten that a refined woman could be a nurse, except perhaps in her own family; and even in good homes if an attendant was called in, the sick-room became a scene of repulsive squalor. The drunken and untrustworthy Gamp was the only professional nurse. 'We always take them without a character,' said an English physician, not very many decades ago, 'because no respectable woman will take such work.' Even the sisters of the religious orders, though retaining their sweet charm of serenity and gentleness, came to a complete standstill professionally as nurses, on account of the persistent

sequence of restrictions which had been nemming them in from the middle of the sixteenth century."

It is pointed out by Miss Nutting and Miss Dock that the hospitals passed out of the hands of women and into those of men. The lesson of history is that women are the only successful caretakers for the sick and the poor, and above all for children. Whenever women are pushed out of positions of authority and become merely subordinates in the charitable work, then abuses flourish and decadence usually comes in with a rush. In recalling the history of the dark period of nursing and of the lowest epoch in the history of hospital organization, the comment of the historians of nursing in this regard may be repeated: "In all of the hospital and nursing work of the Christian era, this was the period of the most complete and general masculine supremacy. At no time before or since have women been quite without voice in hospital management and nursing organization, but during this degraded period they were all but silenced. . . . The state of degeneration to which men reduced the art of nursing during this time of their unrestricted rule, the general contempt to which they brought the nurse, the misery which the patient thereby suffered, bring a scathing indictment against the ofttime reiterated assertion of man's superior effectiveness, and teach in every branch of administration a lesson that, for the sake of the poor, the weak and the suffering members of society, ought never to be forgotten—not in resentment, but in foresight it should be remembered. . . . Only when men and women work together, as equals, dividing initiative, authority and responsibility, can there be any avoidance of the serfdom that in one form or another has always existed where arbitrary domination has been present, and which acts as a depressant, effectually preventing the best results in work."

Now comes the all-important question as to how and why this sad change came about. Jacobsohn suggests the middle of the seventeenth century as the beginning of the decadence. Miss Nutting and Miss Dock, the historians of nursing, come much nearer to the correct date, as it seems to me, when they state that "the religious orders having been suppressed and no substitute organization given, it might almost be said that no nursing class at all remained during this period." There is the crux of the matter. The suppression of the religious orders marks the starting point of the neglect of the sick

poor; the decline in hospital organization and efficiency, and the beginning of those lamentable conditions that culminated in the unspeakable decadence of the middle of the nineteenth century.

In a single word, the movement that led to the ruin of our hospitals and of nursing was the so-called Reformation. Before that the hospitals had been in charge of the religious orders, and had been under the ecclesiastical authorities. They had not been without abuses. Nothing human ever is without abuses. There were abuses in the old time hospitals that had to be constantly corrected, but the buildings themselves were beautiful, extremely appropriate and the nursing was finely organized.

The best possible proof of the thoroughness of the organization of the old hospitals in every way is to be found in the history of the surgery of the time. Whenever there are good hospitals there is always good surgery and, conversely, whenever there is good surgery there must be good hospitals. Many are inclined to think of surgery as a distinctly and exclusively modern development. Fortunately, as convincing evidence to the contrary, the textbooks of the surgeons of the later Middle Ages have been preserved, and they bring home the fact that there was a magnificent period of surgery during the later Middle Ages. The old surgeons did practically all our operations. They opened the skull for tumor and for abscess of the brain; operated on the thorax for the removal of pus and other fluids; their surgeons intervened very extensively for conditions within the abdomen, and succeeded in doing successful work even under the difficult circumstances presented by the peritoneal cavity.

It would, of course, have been quite impossible to practise such extensive surgical procedures without an anæsthetic, and I know nothing that illustrates better the ordinary ignorance of history than the fact that most people, even most physicians, do not know that there were several centuries during which anæsthetics were generally used long before our time. Anæsthesia is often hailed as a great discovery of the modern humanitarian period, but most of the serious operations done in the more important hospitals of Europe during the latter half of the thirteenth and the fourteenth and fifteenth centuries were done under an anæsthetic. We know just exactly what they used, a combination of the tinctures of mandrake

and opium, inhaled from a sponge. This produced the desired anæsthetic result, though it is not so good a mode of anæsthesia as ether or chloroform.

It would have been equally impossible to have done such extensive operating without antisepsis. The mediæval surgeons employed strong wine for that purpose, and secured union by first intention—with a linear scare that could scarcely be seen. Some of the teachers of surgery declared, quite as our own do, that if a surgeon got pus in an operating wound which he himself had made through an unbroken surface, there was some fault in his surgical procedures.

With the coming of the Reformation hospitals became government institutions. Religion was now a national affair, and hospital officials were appointed by the government. They worked for the salary that they received, and salaried employees, according to the experience of history, very soon prove inefficient in caring for the ailing or dependent. Abuses multiply, advantage is taken of the dependent poor and of dependent employees. It is not long before all semblance of charitable beneficence disappears, and neglect and disregard for the feelings and sufferings of others become the rule. Under particularly favorable circumstances the coming of such abuses may be delayed, perhaps, for a generation or two; but the lesson of history is that they invariably come when political appointees have an opportunity to exploit the poor.

This attitude of the people after the Reformation is not surprising once it is recalled what the teaching of the Reformers was. The Reformers proclaimed that the only essential element in religion was faith. Good works availed nothing. Luther proclaimed St. James' Epistle, which lays down the doctrine of good works, to be an epistle of straw. Their very religion, then, instead of encouraging rather discouraged the doing of good to others. Protestantism has, of course, completely veered round from this teaching during the centuries; it now proclaims that faith means very little, and good works mean everything. It may be well to call attention to the fact that the old Church always proclaimed salvation by faith *and* works, and that there were two commandments, "Thou shalt love the Lord thy God" *and* "thy neighbor as thyself" as the only right fulfillment of the whole law.

In the Catholic countries after the Reformation, the governments encroached more and more upon the rights of the

Church, and interfered with that control of charitable institutions which had made such a magnificent chapter of Christian charity in the pre-Reformation time. Women were pushed more and more out of the responsible direction of hospitals and institutions generally for the care of the poor, and while still retained as subordinates, were utterly unable to stem the tide of decadence that set in.

Besides, quite contrary to what is usually thought in the matter, education instead of being encouraged after the Reformation, suffered greatly all over Europe, and particularly in the countries that had severed themselves from the See of Peter. For example, in Germany, at the end of the eighteenth century, Winckelmann seeking to restore the study of Greek, was compelled to have his pupils write out a Greek text of Plato, because no edition of Plato had been issued in Germany for considerably more than a century. This decadence in general education had affected also medical education, so that in Germany and England, particularly, medical education was at a very low ebb. The requirements for medical education in the Middle Ages were a little higher than in our own time, and we are gradually working back to them.

Hospitals, then, after the Reformation, went from bad to worse until the awful conditions which we have described prevailed at the end of the eighteenth and the beginning of the nineteenth centuries, and secular hospitals reached a low watermark of intolerable decay shortly after the middle of the nineteenth century. I know almost nothing in history that is so suggestive for profitable thought, and which should effectively cause the enthusiastic advocate of the secularization of hospitals and government control of charities to pause and hesitate, as this series of events.

It is very important to realize that reform in hospitals and nursing began to make itself felt before the great revolution in surgery, which, after Lister, made hospital work so much less fatal than it had been before.

With this historical decadence before him it is no wonder that Virchow, upon receiving charge of the reorganization of the growing city of Berlin, hesitated to place the hospitals under secular care. He knew modern hospitals, and the history of mediæval hospitals. In the second volume of his *Collected Essays on Public Medicine and the History of Epidemics*, Virchow pays a high tribute to the Church's relation

to the magnificent organization of hospitals of the thirteenth and fourteenth centuries. There was scarcely a town in Europe of five thousand inhabitants or more that did not have its hospitals. We knew the truth of this with regard to the Latin countries from other sources, but Virchow himself worked out the history of them for the Teutonic countries.

I need scarcely say that Virchow was not a Catholic. It is to him that we owe the expression *Kulturkampf*—as if organized German opposition to the Pope and Catholic Faith were a struggle for culture—so prominent a slogan during the early years of the seventies. Whatever Virchow might think, or for political reasons say, as to the attitude of the Popes toward culture, he knew thoroughly their relations to the mediæval hospital organization.

The one Pope of the Middle Ages for whom German historians particularly have reserved the bitterest expressions is Innocent III. It must not be forgotten, be it said in passing, that the great German biographer of this Pope, became a convert to the Catholic Faith while writing his biography, which he had taken up with the intention of making it a convincing document against Catholicism. Virchow pays Pope Innocent III. a high tribute. Because of the circumstances under which it was given, it well deserves to be recalled. He said: "It may be recognized and admitted that it was reserved for the Roman Catholic Church, and above all for Innocent III., not only to open the bourse of Christian charity and mercy in all its fullness, but also to guide the life-giving stream into every branch of human life in an ordered manner. For this reason alone the interest in this man and in this time will never die out."

He added a little later in the same essay: "The beginning of the history of all these German hospitals is connected with the name of that Pope who made the boldest and farthest-reaching attempt to gather the sum of human interests into the organization of the Catholic Church. The Hospitals of the Holy Ghost were one of the many means by which Innocent III. thought to hold humanity to the Holy See. And surely it was one of the most effective. Was it not calculated to create the most profound impression to see how the mighty Pope, who humbled emperors and deposed kings, who was the unrelenting adversary of the Albigenses, turned his eyes sympathetically upon the poor and sick, sought the helpless and the

neglected upon the streets, and saved the illegitimate children from death in the waters! There is something at once conciliating and fascinating in the fact, that at the very time when the Fourth Crusade was inaugurated through his influence, the thought of founding a great organization of an essentially humane character, which was eventually to extend throughout all Christendom, was also taking form in his soul and that in the same year (1204) in which the new Latin Empire was founded in Constantinople, the newly-erected hospital of the Holy Spirit, by the old bridge on the other side of the Tiber, was blessed and dedicated as the future centre of this organization."

We are not surprised then to find that, when Virchow reorganized the hospitals of Berlin, he hesitated to make them entirely secular as I have said, and stated his views, as was his custom, very straightforwardly and quite unmistakably. He wrote: "The general hospital is the real purpose of our time, and anyone who takes up service in it must give himself up to it from the purest of humanitarian motives. The hospital attendant must, at least morally and spiritually, see in the patient only the helpless and suffering man, his brother and his neighbor; and in order to be able to do this he must have a warm heart, an earnest devotion, and a true sense of duty. There is in reality scarcely any human occupation that brings so immediately with it its own reward, or in which the feeling of personal contentment comes from thorough accomplishment of purpose.

"But so far as the accomplishment of the task set one is concerned, the attendant in the hospital has ever and anon new demands made upon him and a new task imposed. One patient lies next the other, and when one departs another comes in his place.

"From day to day, from week to week, from year to year, always the same work, over and over again, only always for new patients. This tires out the hospital attendant. Then the custom of seeing suffering weakens the enthusiasm and lessens the sense of duty. There is need of a special stimulus in order to reawaken the old sympathy. Whence shall this be obtained—from religion or from some temporal reward? In trying to solve this problem, we are standing before the most difficult problem of modern hospital management. Before us lie the paths of religious and simple care

for the sick. We may say at once that the proper solution has not yet been found.

“It may be easy, from an impartial but one-sided view of the subject, to say that the feeling of duty, of devotion, even of sacrifice is by no means necessarily dependent on the hope of religious reward, nor the expectation of material remuneration. Such a point of view, however, I may say at once, such a freedom of good will, such a warmth of sympathy from purely human motives as would be expected in these conditions, are only to be found in very unaccustomed goodness of disposition, or an extent of ethical education such as cannot be found in most of those who give themselves at the present time to the services of the sick in the hospitals. If pure humanity is to be the motive, then other circles of society must be induced to take part in the care of the sick. Our training schools for nurses must teach very differently to what they do at present, if the care of the sick in municipal hospitals shall compare favorably with that given them in religious institutions. Our hospitals must become transformed into true humanitarian institutions.”

No wonder, then, that all those who are acquainted with the history of hospitals for dependents are very chary of secularizing elements and government control. Inspection is always needed of any institution that cares for dependent human beings. Without inspection abuses surely creep in. Government control, however, has in the past always led to unfortunate abuses apparently by an inevitable tendency. The mere wage-earner cannot be expected to care properly for human beings who need not only physical care but also human sympathy. Man lives not by bread alone. The chapter of the history of hospitals is only one emphatic illustration of this. The care of children, of the aged and of the insane make other and possibly even more insignificant chapters of the same impressive story.

II.

CHILDREN AND THE AGED.

We have pointed out how the historians of hospitals and of nursing attribute their extreme decadence to the secularization of hospitals, and above all to the exclusion of women from positions of responsibility therein. The beginning of the decadence corresponds, according to Jacobsohn, the German

historian, in his *History of Care for the Ailing*, to a period shortly after the so-called Reformation, and according to Miss Nutting and Miss Dock, in *A History of Nursing*, to the suppression of the religious orders. This latter event left hospitals and other humanitarian institutions without trained, experienced attendants.

That the exclusion of women from offices of responsibility as a true cause of decadence in hospital organization and not a mere feminist declaration is proved, first, by the fact that the replacing of women in responsible positions has been one of the greatest factors in the modern improvement of hospitals. Moreover, other facts, very interesting and significant, contribute to the same proof. Sisters' hospitals, in spite of the decadence of surgery, the neglect in hospital construction and the almost absolute ignorance of the disastrous consequences of dirt, for which of course the medical profession was entirely to blame, continued to be comparatively much better institutions, and were better managed and organized in every way than the public hospitals.

At Blockley, the great public hospital and almshouse of Philadelphia, prevailing conditions even in the latter part of the second half of the nineteenth century were simply indescribable. Miss Nutting and Miss Dock tell some of the shocking details. They then go on to say:

"Only one short interregnum of peace broke the long and distressing reign of violence, neglect and cruelty in Blockley.

"In 1832 there was a severe epidemic of cholera, and the attendants demanded more wages. To keep them to their duties the wages were increased, but were promptly spent for liquor. An orgy of intoxication ensued, and the helpers, crazed with drink, fought like furies over the beds of the sick, or lay in drunken stupor beside the bodies of the dead. So complete was the demoralization that the guardians applied to Bishop Kendrick for Sisters of Charity from Emmitsburg. The call was responded to promptly; indeed, *the Sisters started two hours after the summons was received*. They took in hand the whole desperate situation, at once restored order, and disseminated about them an atmosphere of tranquillity and quiet energy. The Sisters remained for some months, and their work was so deeply appreciated by the guardians that the Committee of the House, in a set of resolutions commending their great services, resolved also that they be requested to

remain permanently. This, however, Father Hickey, their superior, negated giving his reasons at length. He did not consider Blockley the department of charity in which the Sisters could be most usefully employed, so the guardians were obliged to let them go, with glowing tributes which may well have been heartfelt."

Conditions in Bellevue Hospital, New York City, were so pitiable as to excite the most poignant sympathy for its neglected inmates, and reform was demanded. The creation of a new medical board in 1847 was the first gleam of light because, to some extent, it took Bellevue out of politics. The physicians found, however, that they could do almost nothing to improve internal conditions so long as prisoners and paupers were employed as nurses. Some requested that Sisters of Charity be placed in the wards. The Sisters of Charity were not in a position at the time, however, to take up the work. Some twenty years later, however, during an epidemic of smallpox in New York, six Sisters of Charity by invitation of the city went to Blackwell's Island and cared for the poor victims of the scourge.

What is thus true of hospitals is true also of every charitable work for the poor. This is well illustrated in the history of the care of the aged poor and of dependent children. It has often been said that the test of the real humanitarianism of any period is the care shown for these two particular indigent classes. Oftentimes selfish and personal motives dictate the proper hospital care of adults because their health is a valuable asset to the community, and their fellow-citizens may at times be in their place. But the needy aged and children have no near relatives, at least no influential ones; and their care is, as a rule, a matter of pure charity. They are incapable of vigorous protest, and abuse or neglect of them comes but tardily to the notice of the public.

With regard to this problem—the care of the aged poor—I may say at once that our present mode of caring for them is almost barbarous. Certainly nothing should bring home to us more effectively our pitiable shortcomings in this matter, so essentially one of a proper human dignity and proper self-respect, than a brief review of some of the facts. The needy aged have no one to care for them: the community must provide till the end comes. These aged ones have perhaps been deserted, forgotten or neglected: their children

have died or else are too poor themselves to help others. The number of the indigent aged is very large. Few realize that statistics show that nine out of ten people who live to be sixty-five or over must receive aid of some kind before the end of their lives. Fortunately the majority have children or friends who aid them, but the others must be cared by the community.

Throughout the country the poor are usually housed in what we call poorhouses. These are large buildings situated at some considerable distance from the county seat, or well beyond the limits of the populated section of the cities which direct and support them. There is usually one large building for the men and, some distance away, a similar building for the women. These aged, who are public charges, are usually widows or widowers, and fortunately, beyond the disgrace of the poorhouse, have not to endure the additional trial of separation from the living partner of their joys and sorrows. When, however, husband and wife are both living, each must live apart, though they may see each other occasionally, and without much regard for privacy.

We place the old people in these poorhouses; give them enough to eat and tell them to be happy. The old men must associate with the men of their own age, usually tiresome enough, but, harder still to bear, the old women must associate with the women of their own age. There is not a chance of a child coming near them, though the one thing that makes life worth living for the old is to have the young grow up around them. We call this charity. Apparently we forget that man does not live by bread alone, and that the life of the affections is of supreme importance.

Contrast with this, for the moment, the care of the old in the Middle Ages as illustrated by what we still see at Stratford-on-Avon in England. On one of the main traveled streets of the little town is a group of neat, tiny, old-fashioned houses. They were built about 1450, though they then replaced dwellings used for a similar purpose that had been there for several centuries. On the ground floor are two little rooms, one of which, facing the street, is the sitting-room; an alcove serves as bedroom. Back of the sitting-room is a tiny kitchen, almost like the kitchenettes of the modern flat. The aged mistress of the house need take but a very few steps in doing her work. Even the most delicate and infirm of old women,

if she is able to be out of bed, can care for this little house herself. In the older time, when she was ailing or if she was very decrepit, and I believe the custom still continues, a friendly visitor appointed by the guild came every day and offered her services for whatever might be necessary. Here the old folks lived out their lives together in their own little home. The aged still live in these little houses.

They are the old guild almshouses. Mark you, they do not call them poorhouses. That crude designation of a habitation for public charges was reversed for a much later time. The Guild of the Holy Cross in Stratford was a magnificent organization, composed mainly of laymen—clergymen could become members, but could not hold office—who had charge of the charities or, if you will, in modern phrase, the social needs of the town. They cared for the old and the orphans and the ailing poor, even for the entertainment and amusement of the populace, as well as for education and public athletics and the provision of mystery and morality plays and pageants and processions of various kinds for the townspeople.

The arrangements for the care of these old people were very interesting, quite apart from the provision of the little homes in which they might live together. Every phase of such care was marked by supreme thoughtfulness. The little houses were situated just down the street from the guild chapel. Only the guild school intervened between them. The guild had, as we know from its statutes which have been preserved, four chaplains, whose duty it was to offer Mass every morning. The old folks, therefore, found it easy to assist at Mass every day.

The guild chapel was only one of the evidences of thoughtfulness. The guild school represented another and even more significant appeal to human nature. The children of the village went by the almshouses five or six times a day on the way to and from school. School in Stratford began at the enterprising hour of six. The first hour was not devoted to recitations, but to study. What we would call "home work" was done during it. After the completion of the second hour, which included the recitations of the day, the children went home for breakfast, returning in about half an hour; they then stayed until nearly twelve. They returned for an afternoon session, with usually an interval of a couple of hours in the middle of the day, and again returned home in the

evening at about five o'clock. The old folks then had a chance to see them grow up around them, to know and share the blessings which intimacy with childhood alone can give. I think it was good for the young folks too. They saw old age at close range; realized its needs, learned to respect it, and probably often at mother's request brought various things with them from home for the old folks, thus learning early the precious lesson of personal charity and kindness to the poor.

Best of all the guild playground was just behind the school. The old folks could see and hear the children at play. With what greater joy could old age be blessed! Needless to say our mode of caring for the old folks admits of no such advantages as these. The children are usually far away from our aged and city charges; occasionally some relative may bring a child on a visit, but our aged never see children at play. I do not know whether this collocation of school and chapel and almshouses was accidental or not. The guild very probably bought the entire strip of property and then put its various buildings thereon. I cannot help but think, however, that somebody must have thought out seriously the splendid solution of all the charity problems involved. Such happy accidents do not happen by chance.

What is thus true of the care of the aged is quite as equally true of the care of children. The high death rate from infectious disease in mediæval times left as many half and full orphans to be cared for as the industrial conditions of the nineteenth century. The guilds cared for the orphans just as they cared for the aged, and their provisions were just as humanly sympathetic and as beautifully charitable. To them the orphan asylum was unknown. The orphan asylum is the invention of post-Reformation times. None existed in England before the Reformation. The growth of large cities has made more or less necessary such institutions, but the guilds cared for half orphans, if their mother was still alive, by a pension which enabled the mother to keep the family together; and if both parents were dead the children were distributed among neighboring families. At this time a family generally included at least six children. Where families are, as a rule, large, another child is readily adopted; charity begets charity.

The orphans were called the children of the guild, and special provisions were made for their schooling, their techni-

cal training, or for the higher professions if they had special abilities. The guild usually had bourses at the university, and many an orphan child thus secured the opportunity for even the highest education. Indeed there was a tradition that it was often more fortunate to be a child of the guild than to have both parents living, for, so far as opportunities for advancement went, the guild was better able to provide them than the parents. In the smaller towns, where practically everyone knew everyone else, there was little chance for abuse of a child thus adopted, and, moreover, the guild saw to it that its children were treated like members of the household.

When the question of caring for children in the larger cities of the older time is to be considered, we must turn to the Continent, where the cities were larger and the problems of care more like our own. The one way to secure concrete knowledge in the matter is to take a typical example, as, for instance, what the American authors of *A History of Nursing* call "the most interesting foundling asylum in the world." This was, to give it a formal title, the *Ospedale Santa Maria degli Innocenti* at Florence. Note that it was not called, as in our ruder English designation, a foundling asylum, though it was a home for children who had been abandoned by their parents and found on the streets. It was called, as if to emphasize the fact and arouse the charitable instincts of all those who heard its name, "The Hospital of the Innocents."

The history of this hospital, or place of hospitality for the innocents, for that was what its title really meant at the time it was founded, goes back to the earlier half of the Middle Ages. The institution itself was evidently modeled after an institution founded in Milan by a good monk in 787. At least this is the suggestion of Miss Nutting and Miss Dock in their *History of Nursing*. The good monk had been deeply touched by the fact that charity did not always succeed in taking care of foundlings early enough to preserve them, that sometimes families that adopted them considered them as their absolute possessions, to do with as they wished, and that they might be sold or hired out at will.

The Hospital of the Innocents became one of the favorite institutions of the citizens of Florence, and was taken under the patronage of the guild of the silk merchants, who supplied all its needs bountifully. Before the end of the Middle Ages the silk merchants proceeded to erect the handsome building,

a model of fine architecture, which is still a favorite place of pilgrimage for all lovers of the beautiful. This Hospital of the Innocents shows clearly the spirit of the Middle Ages that governed all such institutions. The foundlings were not looked upon as beings for whom anything was good enough, but on the contrary they were treated as future Florentine citizens, and being charges of the public nothing was too good for them. This hospital, then, became the home of beautiful art, until it was richer in masterpieces than many a museum of modern times. There are a number of beautiful paintings on its walls, and its exterior is decorated with the well-known della Robbia medallions. These are the large blue and white porcelain plaques, representing babies in swaddling clothes, which have now become so popular that one sees small replicas of them in plaster and porcelain and print nearly everywhere. How few even of those who know them well, think for a moment that they are associated with a mediæval foundation for the care of abandoned children, which dates back well over one thousand years. Fewer still have any idea that the beautiful *bambini* of della Robbia are strikingly symbolic of the Christian charitable spirit of the older time blossoming into the finest organized charity.

As the foundation had been originally made because of the abuse of selling foundlings into slavery, with a special ceremony, freedom was granted the little charges of the hospital. They were made citizens at Florence and were never to become slaves. From a very early time these children were placed with families who promised to treat them as their own children. Both boys and girls were taught trades, and special provision was made for securing employment for the boys. The girls when married received a dowry. A favorite form of legacy among wealthy Florentines was to leave enough money to supply dowries for poor girls. A special fund was created in connection with the Hospital of the Innocents for this purpose.

All over Europe in the Middle Ages, or let us say before the Reformation, this subject of dowering young women for marriage received the most serious charitable attention. In England it was no uncommon thing for a wealthy person who died to leave dowries for the next half dozen or dozen young women without substance who married in a particular place. It was felt that the happiness of the young folk in their marriage state depended not a little on their beginning well,

for love often flies out of the window when poverty comes in at the door.

Almost needless to say this Hospital of the Innocents is not only still in existence, but it is doing its work in a wonderfully beneficent way down to the present day. The American authors of the *History of Nursing* say of it in their chapter on "Hospital and Nursing Appliances" in the first volume of their history: "Today this richly historic house is in charge of the Sisters of St. Vincent de Paul, under the direction of a highly scientific and progressive council, chiefly consisting of medical men, and is one of the most perfectly kept and well-managed institutions of the kind in existence, its union of mediæval charm with modern science being a congenial and happy one."

These are some of the facts chosen from the history of charity in the older time, particularly with regard to the care of the aged poor and of dependent children. While under the charge of the religious authorities, or at least while religious motives were the most important factors in the movement which provided for them, they were cared for with a fine feeling of humanity and fraternal love. It was a determined successful effort to see that these needy ones had the chance to live their lives as far as possible on a plane of true humanity in spite of the handicap of old age, or the loss of friends and relatives. Before the Reformation all this had been beautifully organized, not so as to be ideal, for ideals are not humanity's everyday life, but accomplished with an ideal in view so as to have as few abuses as possible. With the coming of the Reformation these phases of charitable work were secularized and deterioration began. The descent was not noticeable for a time because the old spirit still lived on to some extent; but in the seventeenth and early eighteenth centuries serious abuses crept in, and by the beginning of the nineteenth century reform simply had to come. The question is now whether that reform can be expected to be as lasting and as sure in its effects if it is founded merely on human motives with wages and salaries as the most important elements, or whether an appeal to higher motives and a belief in higher things is not absolutely necessary for the successful, humane care of the poor. In the solution of that problem these chapters of the history of charity which we have reviewed are very precious documents.

III.

THE INSANE AND DEFECTIVES.

The prevailing impression with regard to the history of organized care of the insane is that in our time the process of evolution and the gradual development of a right spirit of humanitarianism has, for the first time in history, lifted the efforts of our generation to a plane of high humane thoughtfulness for these poor unfortunates who were so sadly neglected in the past. I feel sure that this does not represent any exaggeration of the impression on this subject, which is shared not only by those whose interest in the insane is merely academic or purely social, but also by physicians, and even by many of those who have specialized in the care of the insane.

The serious neglect of the insane and of defective children and imbecile adults in the older time may not, of course, be questioned. In the eighteenth century insane patients were brutally and inhumanly neglected, and at times positively misused. Indeed it is only in our own time, that is within a generation, that anything like proper care for the insane has developed, and even that is limited to certain of our municipalities and States which take their duty in this matter quite seriously. The care of the insane in many American country districts is even now a disgrace to our civilization.

The facile presumption is at times made that, if in the eighteenth and nineteenth centuries there was so much neglect and abuse of the insane, the treatment of them must have been still worse in the seventeenth and sixteenth centuries. For those who interpret history by this constantly descending scale, the further conclusion is that the insane must have been grievously mishandled in the later Middle Ages, and unspeakably confined and manacled and brutalized in the earlier mediæval centuries.

We have already seen in the preceding chapter that any such presumption of evolution and upward development of the exercise of charity is utterly unjustified by the actual history of social service. Progress in the earlier centuries, decline later, and then an awakening social conscience on the subject is the historical truth. When the great French physician, Pinel, struck the shackles from the insane of Bicêtre Asylum near Paris, the abuse of the insane had reached such brutal height

that it could go no further; a reaction had to come. There were those who did not fail to raise their voices in protest. Quaker philanthropists in England had revolutionized the care of prisoners and of the insane. In this country under similar Quaker influence a corresponding change began to take place. The modification in the treatment of the inmates of asylums, however, came very slowly, and was not welcomed by those who might be supposed to have desired it most. Dr. John Conolly in England and Miss Dorothea Lynde Dix in America carried still further the practical reformation of institutions for the insane. But their influence was not felt until well on toward the middle of the nineteenth century, so that it is only a little more than half a century since the English-speaking countries have taken up the problem of the rational, humane care of the insane.

Up to that time when a poor human being became insane, especially if he or she had shown any symptoms of serious lack of control, he was likely to be confined in an asylum for the rest of his days, no matter how much his mental condition might improve. If these patients became violent they were put in chains, and the chains would likely not be taken off for the rest of their lives. The insane were very much feared, and their malady was always considered incurable. The number of attendants in institutions was entirely too small; the feeding of the patients was often utterly inadequate; the buildings for their accommodation were allowed to go into decay; they were like jails with barred, narrow windows, dark cramped corridors, small straitened doorways, lacking both ventilation and cleanliness. In order to appreciate the extent to which neglect of the insane had gone in this last regard, one must read some of the accounts of the investigation of institutions not of long distant centuries, but of the middle of the nineteenth century. It would be quite impossible to reproduce some of the expressions with regard to them here. Medical attendance on the asylums was entirely inadequate, and the ordinary physical ills of the patients were as a rule neglected.

Anyone who thinks this picture exaggerated should read the account of conditions prevailing in some of the insane asylums of New York State, made by a commission a few years ago, or better still, obtain descriptions of the conditions that exist in the insane departments of poorhouses in the Southern

States. During the past five years it has been found that there exists in these poorhouses through the South, and especially among the insane, a disease which was thought a few years ago to be non-existent in this country. It is a disease called pellagra, and is due to malnutrition and insufficient variety in the food served. A distinguished professor of medicine, in his textbook published less than ten years ago, declared that pellagra was of very little interest to students of medicine in America because we had no cases of the disease here. Since that declaration we have found nearly one hundred thousand cases of pellagra in our Southern States hidden away in the county insane asylums and the poorhouses, and the disease has evidently been in existence for at least one hundred years.

This striking incident will furnish abundant evidence of the neglect of the insane even in our own time. Of the eighteenth century very little need be said. Probably the most interesting feature of the history of the insane asylums of that period is given not in histories of medicine, but in essays and other literary efforts, as well as private letters of the period. A number of these describe visits paid to Bedlam, the large London insane asylum. These visits were made by cultured people, members of the nobility and others who were prominent in social and intellectual life, and who went to the great city asylum to view, as a pastime, the antics of the insane. It was the custom to arrange parties as for the theatre; a regular admittance fee was charged, and it is noteworthy that a very large part of the hospital's income was obtained by the collection of fees of this kind. Quite needless to say though Bedlam, or Bethlehem, as it used to be called, was a church foundation of the thirteenth century, the Church had nothing to do with it at this time. It was purely a State institution.

The number visiting the asylum for the purpose of being entertained in this way must have been enormous, for though the admission fee charged was only a penny, the resulting revenue is calculated to have amounted, according to definite records, to some four hundred pounds sterling annually, showing that nearly one hundred thousand persons visited the institution in the course of a year.

It is sometimes maintained that there are three phases in the history of the care of the insane. The first was the period or era of exorcism, on the theory that insane patients were

possessed by the devil. The second was the chain and dungeon era, during which persons exhibiting signs of insanity were imprisoned and shackled in such a manner as to prevent injury to others. The third is the era of asylums, and the fourth, only just developing, is the era of psychopathic wards in general hospitals for the acutely insane in cities, with colonies for the chronic insane in the country.

The era of exorcism and of the chain and dungeon are supposed to include practically the whole history of the care of the insane previous to the nineteenth century. Now it would be quite improper to claim for the Middle Ages any absolute solution of the serious problem that the care of the insane always creates. One might think from the arbitrary classification given above that nothing at all was done for the insane except to exorcise or confine them. But history tells us that any such supposition is absolutely unwarranted and is directly opposed to facts.

The care of the insane in the Middle Ages rivals in its thoughtfulness their charitable solicitude for the ailing poor, both young and old. In reviewing the place of diversion of mind as a therapeutic measure in the history of psychotherapy at the beginning of my volume on that subject, I pointed out that the old Egyptians had recognized the usefulness of various forms of mental diversion in the care of the insane. Pinel, the French psychiatrist, recalled that the Egyptians provided, in their temples dedicated to Saturn whither melancholics resorted for relief, "games and recreations of all kinds, while the most enchanting songs and sounds the most melodious took prisoner the captive sense." "Flowery gardens and groves disposed with taste and art, invited them to refreshment and salubrious exercise, gaily decorated boats sometimes transported them to breathe amidst rural concerts the pure breezes of the Nile. Every moment was devoted to some pleasurable occupation or rather a system of diversified amusements."

The people of the Middle Ages also recognized the value of recreation and diversion for the insane. The poor insane were, for the most part, kept at home and cared for by their own. But it soon became apparent that such care asked too much of the sane people who undertook it. The monasteries and convents then took upon themselves the care of the insane. They built for their use separate structures, and as they were

situated in the open country the conditions were favorable to the patients. And the later Middle Ages saw a great reawakening of interest in the use of hydrotherapy, diet, exercise and air, as cardinal features of treatment for chronic diseases. This chapter of therapeutics opened up at Salerno as a reaction against the polypharmacy of the Arabs, who at times gave so many drugs in a single prescription that these documents are spoken of as "calendar prescriptions," because of popular medicine, *Regimen Sanitatis Salernitanae*, which went out from Salerno to all the known world, declared that the three best physicians for mankind were: "Dr. Diet, Dr. Quiet and Dr. Merryman." Proper eating, rest of mind and body and diversion of mind these were the best remedies. This period furnishes us much evidence of the thoroughly rational care of the insane, care that anticipated many of the ideas now in vogue, and supposed to be so modern in origin.

It is easy to understand after reading this paragraph that the treatment of the lunatics of that time must have been very reasonable. The acute mental diseases of the ordinary people of the cities and towns were cared for, at first, in ordinary hospitals where special wards were set aside for them. This may seem an undesirable mode of treatment, but as a matter of fact in our time we have come to realize that it would be much better for our insane patients if there were psychopathic wards in the general hospitals, ready for their reception. The old mediæval idea, then, was an anticipation of what we are gradually adopting.

After a time certain hospitals were reserved entirely for sufferers from mental diseases, and one of the earliest of these was Bethlehem Hospital in London, the name of which gradually became softened in popular speech to Bedlam. In pre-Reformation days the inmates of Bedlam, when they had recovered their reason and shown for some considerable time that they could be trusted, were allowed to leave the institution.

However, every inmate who left was compelled to wear a badge or plate on the arm, which showed that he had once been an inmate of Bedlam. This may seem to us an unnecessary stigma; but its effect in the later Middle Ages was to make everyone who met these poor people sympathetic toward them. People did not attempt to impose on them, fearful lest there might be an uncontrollable access of rage; they treated

them, as a rule, with consideration, and in many cases cared for them. This was so well recognized that after a time a number of lazy people, "sturdy vagrants," as they were termed, tramps as we call them, took advantage of the kindly feelings of people generally toward ex-Bedlamites. They obtained possession of Bedlam badges, and putting them on imposed on the good will of the community. Indeed, "Bedlam beggars" became a by-word.

In one phase of the handling of the problem of insanity, the mediæval period was far ahead of our own. Curiously enough this phase concerned the prevention of the affection. It must be remembered that the insanity rate in the Middle Ages was very much lower than that of our own day; in fact the awful increase in that rate is one of the most ominous features of our own day. A recent report of the Lunacy Board in Great Britain shows that there are three hundred and seventy-seven insane to every one hundred thousand of the population. Fifty years ago the number was less than half this. England is however practically no worse off than we are in this country. Massachusetts has some three hundred and fifty insane to every one hundred thousand inhabitants, and New York about the same number. The number of insane in Great Britain has doubled in about fifty years, but the number of insane in this country has doubled in the past twenty-five years.

Perhaps the most interesting phase of the subject we have under consideration is the care of the mentally defective. During the past twenty years or so we have come to recognize that the best way to care for defectives of various kinds is to give them an opportunity to live a village life, that is, to live out in the country under circumstances where various simple trades can be practised, where nearly everybody knows them and realizes the need of surveillance over them, where they will not be abused nor exploited, but kindly encouraged to occupy themselves with various kinds of work which interests them and gives them exercise and occupation. The State of New York has, for instance, created the State Craig Colony, as it is called, for epileptics. Here the unfortunate victims of this disease, especially in its severer forms, can be cared for in country surroundings where they have sympathetic treatment. More recently Letchworth Village on the lower Hudson has been created for the accommodation of defective

children, who are there taught as much as they may be able to learn, and are trained in various trades and live under circumstances best suited to their defective conditions.

In the appendix of my volume *Old Time Makers of Medicine*, I have quoted from Bartholomæus Anglicus, who wrote in the thirteenth century a well-known popular encyclopedia which, with the similar works of Vincent of Beauvais and Thomas of Contimprato, initiated this mode of diffusing general information. Bartholomew has described insanity in a wonderfully informing paragraph, in which he sums up the causes, the symptoms and the treatment of the affection. The mediæval encyclopedist said: "Madness cometh sometime of passions of the soul, as of business and of great thoughts, of sorrow and of too great study, and of dread: sometime of the biting of a wood (mad) hound, or some other venomous beast; sometime of melancholy meats, and sometime of drink of strong wine. And as the causes be diverse, the tokens and the signs be diverse. For some cry and leap and hurt and wound themselves and other men, and darken and hide themselves in privy and secret places. The medicine of them is, that they be bound, that they hurt not themselves and other men. And, namely, such shall be refreshed, and comforted, and withdrawn from cause and matter of dread and busy thoughts. And they must be gladdened with instruments of music, and some deal be occupied."

It might be thought that such developments were absolutely new; and, indeed, most of those who have been engaged in their organization have been quite convinced that they were developing absolutely novel ideas. As a matter of fact, however, such institutions, or at least corresponding arrangements founded on the same principle, though less artificial, have been in existence for a very long time in Europe. Probably the best known of these was the famous village of Gheel in Belgium, where defective children of all kinds were cared for. The story of Gheel is interesting. In this village, according to a very old tradition, there is situated the shrine of an Irish girl martyr, St. Dymphna, who lost her life at the end of the eighth century when the Irish missionaries were spreading Christianity among the Teutonic tribes which then held Belgium. It came to a pious belief that at this shrine defective children of various kinds, sufferers from backwardness in intelligence, from defect of speech and from certain constitu-

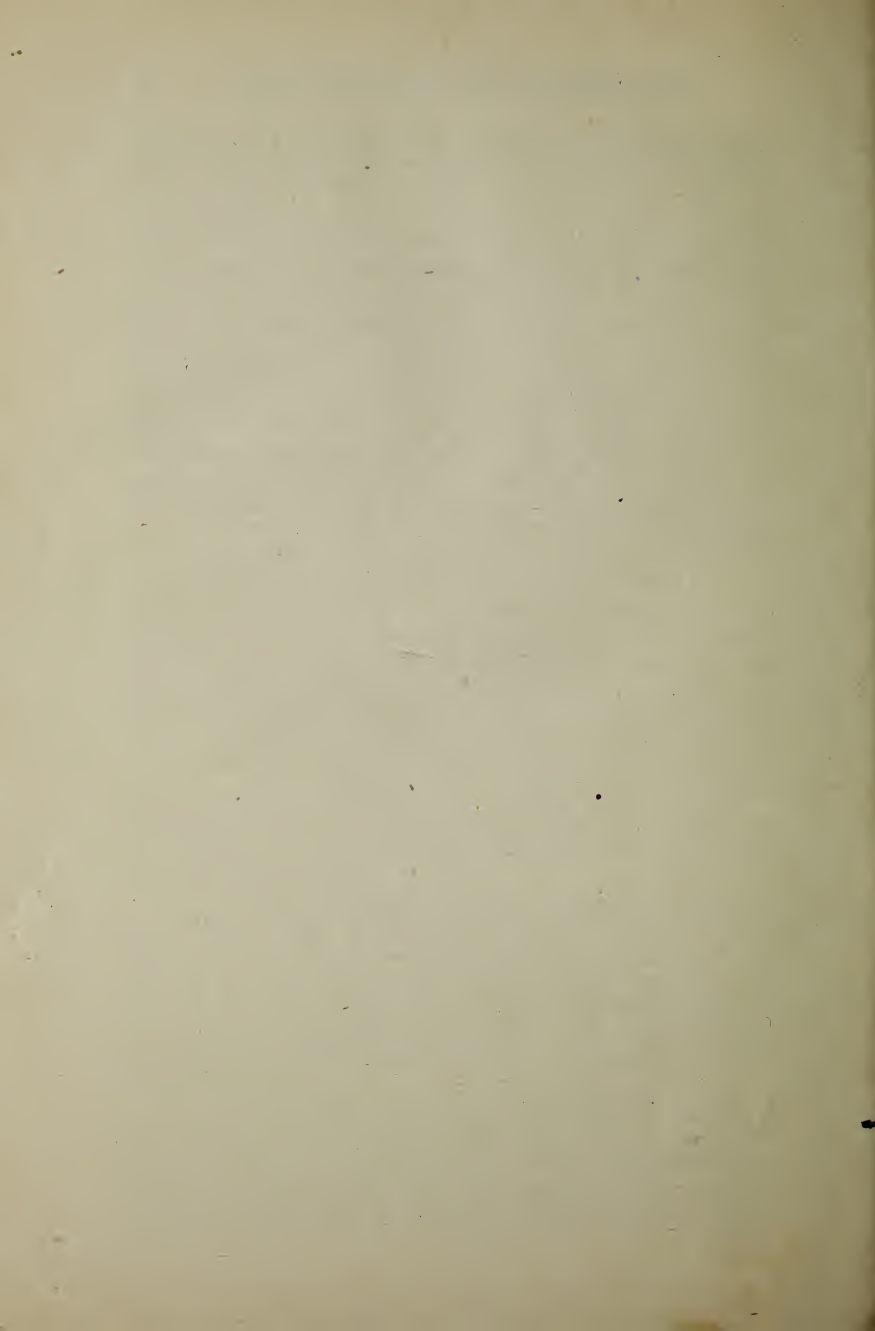
tional nervous diseases, were cured through the intercession of the saint. Accordingly a great many of them were brought to the village, and the villagers became quite accustomed to care for them.

Not a few of those who were brought to Gheel in the hope of cure at the shrine of the saint remained unimproved. Parents and relatives stayed with them for a while, hoping against hope that further prayers might avail, and then made arrangements to leave the children in the village in the hope that they might yet be bettered through the saint's intercession. They also realized that this village, when there were a number of other defectives to whom various trades and occupations were taught, was a very suitable place for the children to stay. Gradually, then, the village system of caring for defectives grew up; the ecclesiastical authorities instituted regulations to prevent abuses; and Gheel continued for probably a thousand years to harbor and to care for defective children. Its mission of charity and helpfulness continues even until the present day, if the work has not been disturbed by the war. American psychiatrists and neurologists, and especially those interested particularly in the care of defective children, have gone to Gheel, and have described just how the work was carried on. Anyone who visits the town recognizes at once that it represents an extremely suitable mode of caring for these poor people, who will never be quite equal to the struggle for existence under ordinary circumstances, and who if subjected to the strain of competition with their better mentally endowed fellows will almost invariably succumb, if not physically, then morally.

Nor was Gheel unique in this regard. Similar arrangements were made in other villages, particularly of northern France. Defectives of all grades and epileptics were cared for in the midst of a simple village under like circumstances where all the villagers practically were interested in their care, and where, to as great a degree as possible, they were shielded from their own foolishness, and above all from the impositions of others.

It is sometimes the custom to say that such developments when noted in the mediæval period are merely happy accidents, but then let us not forget that it is the taking advantage of happy accidents which more than anything else shows the genius of a people, of a generation and of an individual. New-

ton is said to have discovered gravitation as a consequence of seeing an apple fall to the earth and wondering why it did so. Lord Kelvin attributed his discovery of the use of a mirror for ocean cable purposes from having his eyeglass reflect the sun, and show him that the reflected beam of light represented an absolutely weightless arm of any desired length for an indicator. Galvani saw frogs' legs twitch, and becoming, as some scoffingly said, a dancing master for frogs opened up the whole series of questions relating to animal and vital electricity. Others might have witnessed these same happy accidents, but only genius could take full advantage of them. So it was in the Middle Ages. The Christian genius of the people enabled them to take advantage of circumstances that seemed at first to have no significance at all with regard to the beautiful good work into which they ultimately developed.



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