

In New York paupers who have not resided sixty days in any county within a year preceding the application are deemed State paupers. In Vermont the only State paupers are such poor persons as may be confined in any gaol on civil process, and have no legal settlement within the State. Several of the other States provide or authorise the provision of State farms for able-bodied paupers who are simply idle or dissolute.

The Pennsylvania Commissioners, in their report for 1886, p. 12, recommend to the Legislature as follows: "The charity organization societies in our large towns, and the institutions known as wayfarers' lodges, where applicants for food and lodging from the streets can be compelled to earn them by an equivalent task of work, are doing a great deal to rid our populous centres of tramps. The country districts also swarm with this wretched class, who will not work unless forced to. Power should be conferred on overseers of the poor, or other local authorities, to employ such persons in mending the public roads and breaking stone for turnpikes. We are of opinion that lazy vagabonds who lean on the rest of the community for support, and often commit depredations rather than labour, ought to be compelled to work. There is a class of honest wayfarers moving from place to place in search of employment who will gladly pay their way as they go: the labour-test is willingly accepted by these, and should be imposed on those who refuse it. We strongly recommend that a law be passed conferring the necessary power upon the proper officers to enforce work on this class, and for that purpose arrest them whenever found leading a vagabond life, and confine them in workhouses or tramp-houses at hard labour." Our present circumstances in New Zealand can be paralleled in the experience of almost every one of the States of the American Union. The history of the problem of poverty in Massachusetts may be taken as typical of the mode of dealing with it in the older States. In the newer States, such as Illinois, Michigan, Missouri, and Iowa, the tendency is universal to throw the whole cost of the poor on the counties, except lunatics, the deaf and dumb, the blind, idiots and imbeciles, and State children. In nearly all the States a large proportion of the lunacy expenditure is paid by the counties and towns, for they have never yet succeeded in doing what we have already done—namely, making State provision for all lunatics, idiots, and imbeciles. Many of their chronic insane are miserably cared for in county almshouses. American experience therefore points out to us that the State must refuse to have any pecuniary responsibility for the poor (ordinary), except by direct local taxation.

With regard to outdoor relief, which I dealt with last year, the following extract from the Ohio Board of State Charities for 1884 will show how American experience points on that question: "We believe it would be wise to put a stop to all outdoor relief in cities, leaving the care of those needing aid to private charities. This experiment has been tried in the Cities of Buffalo, Brooklyn, Philadelphia, Indianapolis, and other places, with entire success, and is found to furnish more ample relief to the deserving poor, while it saves a large amount to the taxpayers. Outside of the cities, in the villages and country districts, we think it would be wise to require each township to provide all necessary outdoor relief for its own poor. This will secure a more careful investigation of cases presented for relief, as well as greater economy." In our towns the field is made clear under the new Bill for the formation of charity-organization societies, which, if they tackle this question vigorously, will be able to inaugurate a new era in the history of this question.

The Ontario system seems to me, of all that I have seen or heard of, the most suitable for our circumstances. Its principle is to get over the difficulty between town and country by State payments of 20 cents a day for each *bona fide* hospital case treated; payments of 7 cents a day for chronic cases unsuitable for hospital patients. To meet the case of small hospitals where this rate of payment would not be sufficient a supplementary allowance is made of not more than one-fourth of the revenue from all local sources. For benevolent homes or refuges for indoor poor the rate of payment by the State is 5 cents per head per day, with a supplementary aid of 2 cents per day. All other costs of caring for paupers, whether in refuges or hospitals, is borne by the local bodies.

There is another question with regard to which some definite understanding should be arrived at by the Government—namely, Are the various hospitals which have adopted the ticket-system of securing subscriptions, on the undertaking that all subscribers of 5s. or 10s. per annum shall be entitled to free maintenance and treatment for any period during the year, entitled to get subsidy on these as being voluntary contributions at the rate of 24s. in the pound? This inclination to throw as much as possible on the State, with the view of lightening burdens that everywhere else are local, ought, in my opinion, to be sternly resisted. Nothing could more convincingly show the necessity of such resistance than the practice which I called attention to in my last year's report as having grown up in the Thames District. The Thames people, confident in the logic of the situation, argued thus: The Government in many parts of the colony grant subsidies of 24s. in the pound on 5s. or 10s. tickets, which entitle the purchasers to be treated and maintained in the hospital free for any period within the year as indoor-patients. Let us carry the principle one step further and apply it to the outdoor-patients as well, and say to all inhabitants of the Thames District, whether rich or poor, Come to the Hospital, and we will treat you as outdoor-patients, with medicine thrown in, for 5s. a week, though we can get no subsidy on these payments. This system has now been in operation for a considerable time, and is found to pay admirably. The hospital doctor is highly popular, and in great request by the best families, some of whom, I am told, for the sake of decency, make donations to the hospital.

This, however, is not all. The Thames Board, convinced that they were in the full current of the spirit of the age, became propagandists of their idea, and endeavoured to get other hospitals to see the admirable simplicity and beauty of the system. If it commends itself to Parliament, and is embodied in the law, we shall know where we are, and face the future with our eyes open.*

* Since this was written I have ascertained that the Thames Board have receded from the position they had taken up; and I hope it will be understood that what I have said is not meant to keep an old sore open, but merely to point out what seems to me a very pernicious tendency pervading more or less our whole hospital system, and which the Thames Board, under pressure of local circumstances, merely proposed to carry one step further.