Organized Sanitary Work in Dealing with Overcrowding and Pauperism, Due to Immigration

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About a year ago I prepared a paper on Immigration in Relation to the Public Health, and pointed out the significant fact that the United States, in recent years, have had to deal with the influx, annually, of immigrants to the extent of 1 to every 70 of the population and that for several years past, Canada has had to absorb 1 to every 30 of her population. During the past fiscal year, the extraordinary commercial prosperity of this continent has resulted in an increase over the preceding year, of some 20% in the number of immigrants entering each of these countries, there having been, however, one notable difference, namely that of those entering the United States, only 1 in every 8 was Anglo-Saxon, or English speaking, while, of those entering Canada from Europe, there were, roughly speaking, 2 British for every 1 from the Continent, while 57,796 additional English-speaking immigrants went into the Canadian Northwest from the neighboring States of the Union.

Further, there has been another remarkable difference in the fact that the United States, according to the American Passenger Association's report for 1904-5, received 1,024,000 immigrants, of whom but 15,863 were sent to the 6 new Western States (N. Dakota, S. Dakota, Texas, N. Mexico, Arizona and Oklahoma), and 18,343 to Minnesota, while 874,080 went to the Eastern States, as follows: New York, 317,541; Pennsylvania, 222,298; Illinois, 79,139; Massachusetts, 71,514; N. Jersey, 58,951; Ohio, 51,242; Connecticut, 26,852, and California, 21,166: while of those which entered Canada from Europe and Asia, 49,038 went to the North-western provinces; 52,746 went to Ontario, and but 31,119 were destined for Quebec and the Eastern Provinces. Moreover, the 57,796 Americans who went into Western Canada were practically all agriculturists and 38,594 of those from across the ocean were entered as agriculturists, 31,110 as general laborers, 36,085 as mechanics, in all 105,789, leaving but 25,476 of clerks and ill-defined classes. Hence, while, as is probable from these figures, over 100,000 immigrants went to the farms of Canada, leaving less than 100,000 to be absorbed by the cities — a very large number inndeed — yet when we consider the 874,080 who went to the 9

States, so largely industrial, of whom 611,353 went to New York, Pennsylvania and Massachusetts alone, it is apparent that the problem of how this half-million annually is to be first controlled and then absorbed, is of the utmost possible importance. It is quite true that in 1900 there was an urban population in New York, Pennsylvania and Massachusetts, of over 9,000,000, but notwithstanding this fact, it means that one immigrant to every 15 of this number must be dealt with, while, if we assume that 25,000 went into Ontario urban municipalities, it would be into a population of 900,000, or 1 immigrant, of whom by far the larger number were English-speaking, to be absorbed by every 35 of the population. I have thus set forth, in a statistical form, for the consideration of every sanitary officer, every police officer, every sociologist and every legislator in both the United States and Canada, the problem, the solution of which dwarfs every other which these two nations have to deal with.

When it is further remembered that England and Wales had last year, 750,000 paupers and that the rate per 1,000 has been much the same for a century; that the census of Munich, an average city of Germany, in November 1904, gave 2% of the male population as unemployed, and that excepting France, Norway and Sweden, the millions of Austria, Italy, Russia and other countries, are poorer than in Britain and Germany, it is apparent that the movement of the unemployed, the partially employed, and the ambitious, to the fields of new opportunity on this continent, which never ceased during the past century, and which has showed a momentum of greatly accelerated velocity during the past five years, which will increase rather than diminish and which could not be prevented if one would, demands the most serious consideration of every member of this Association who in any degree realizes what the situation is.

It is quite apparent that from the standpoint of an Association, whose members are largely executive health officers, the problem has direct relations with Federal, State or Provincial and municipal administration and executive control.

As regards its relation with the Federal administrative work, it is apparent that this will depend directly upon the policy of the governments of the United States, of Canada, and, so far as it affects it, of Mexico, in relation to immigration. How delicate must be the immigration policy of any country which has commercial relations with the other nations of the world is every day made evident. For instance, a year ago the Chinese proclaimed a boycott of American goods, today the treatment of the school children of the Japanese in California is the subject of diplomatic correspondence, while in Canada interest is

demanding, on the one hand, the exclusion of oriental labor, and on the other, its admission.

But whatever may be the commercial rivalries to be met and whatever the delicate international questions to be adjusted and rights to be maintained, public opinion in all the countries represented in this Association is at one as to the necessity for protecting this continent, not only from the acute contagious diseases dealt with by our quarantine laws, but also from those more insidious and chronic diseases especially dependent upon the social and moral conditions which are so intimately related to the industrial status and national prosperity of any people.

The laws of both the United States and Canada absolutely exclude the insane, the epileptic, the feeble-minded, the criminal and the pauper, and only conditionally admit those who may be partially disabled or temporarily affected with a minor infectious disease.

Both countries have gone further and are exercising the right of compulsory deportation within two or three years of any person who may become an inmate of either an asylum, a charitable institution or a prison.

Hence it appears evident that legislation cannot go further in regulating this alien immigration unless it advanced to the point of exclusion, and this for many reasons will be found, as it has been found in the United States, impracticable. Since then the situation is one created by the very force of things, it becomes essentially the duty of state and municipal authorities to measure the problem with its many factors, and to realize not, only its magnitude, but also to determine what comprehensive and well considered legislation will be possible for limiting the evils of a sanitary, social and moral character growing out of this enormous immigration. Although this Association has been accustomed to deal with problems belonging rather to physical than to social science, yet inasmuch as sanitary science, in its older and larger meaning, includes, not only those physical sciences dealing directly with public health, but further with those other sciences which enter into the study of social and economic conditions, it must be apparent that the members of this Association can very properly follow the example of the founders of the science of public health, Howard, Franklin, Wilberforce, Rumford, Chadwick, Simon, Bowditch and others, and realize what they ought and must do if they will fulfill the dreams of its founders, widen the scope of their studies, enlarge their horizon until they view public health work, not alone as a means of preventing contagious diseases, supplying good water and disposing of sewage properly, but further of dealing with those

more complex problems, such as the overcrowding of tenements, the ventilating of factories and work-shops, the employment of children in factories and the compulsory half-day system of schools for such, the establishment of playgrounds for down-town children, and the study of the diseases peculiar to school children of these districts, whether due to over-crowding, defective lighting, or insufficient or unwholesome foods. This surely is a programme sufficiently comprehensive for this Association, but one not at all too ambitious for a Society, whose members more than any other have, or ought to have, the most intimate knowledge of the lives, occupations and health of the people of their several communities. I can understand the busy health officer saying that he has enough to do to take scarlatina cases from houses, without studying their origin, and that the most he ought to be expected to do is to get notification of tuberculosis and distribute literature for limiting its dangers; but never so will he stamp out scarlatina or greatly lessen consumption. He, more than any or all others, can at first-hand get the primary facts with regard to the population under his charge, and he, more than any other, can be the guide, counsellor and friend of every official or non-official agency having for its object the amelioration of the social condition of the people.

I am perfectly aware that as things go, whether in the United States or Canada, the sanitary officer, who attacks severely, say the smoke nuisance of factories, the over-crowding of tenements or the overworking of children, will find often that his life, like that of Gilbert and Sullivan's policeman, — "is not a happy one!", but scarcely need it be said that no health officer, or indeed any officer, can reform evils without a struggle. It is the appointed way. He must say, as Browning makes his Paracelsus speak:

> "I have a life
> "To give; I singled out for this, the One."

But to enter more into detail, I would recall how closely Sanitary work was associated with charity work in those days, when the great father of sanitation, Edwin Chadwick, wrote, in 1832 and following years, papers on "Preventive Police," "Public Charities in France," "The Slums of London," became Secretary to the Commission for revising the Poor Law, was first Registrar of Births, Marriages and Deaths and Secretary of the first London Board of Health. Today we find a great Charity Organization Society, consisting of 38 District Councillors in London (one or more in each Poor Law District) and a Central Council at which every council is represented

and branch societies in the counties and towns of Great Britain to the number of 120 and 180 affiliated Societies in the United States and some 50 others in almost every country in the world.

"The object of the Society for 'Organizing Charitable relief and repressing Mendicity' is 'To improve the condition of the poor.'" Curiously enough, not a word is found anywhere about sanitation, but every clause deals with some phase of either the distribution of charity or of obtaining funds for the work. Everywhere the primary idea of the Society seems, when organized, to have been *cure* or *relief* and not *prevention*. But as the work has gone on developing, whether in Great Britain, the United States, or elsewhere, the uselessness of much of the relief work done has become so apparent that everywhere one finds creeping into charity work, the essentially scientific idea of *prevention*. For instance, the last report of the "Charity Organization Society" states four things as essentially necessary in Charity Organization:

1. Administration of charity with a definite, well understood policy, tending to promote independence.

2. Charity should be a recognized ally of public administration, to carry out work and deal with individuals, where this cannot be reached or done satisfactorily by public authorities.

3. Workers in charity should accept the now proved laws of social action taught by experience.

4. Those who undertake to administer, should qualify themselves by education through the knowledge of the thoughts and life of those with whom they may have to deal, and that which comes from a study of the science of the matter.

The whole force of the report of this charity council is brought to show that the dwindling of the crowds seeking charity, whether in the way of food, lodging or medicine, in any city will be the measure of the effectiveness of real charity work. Real charity work becomes a real part of Public Health work, or as we say, of Preventive Medicine. The corollary to this in the report is that the positive work, which is to restore the recipient of charity to the rank of the non-dependent, in order to be more efficient, must first become more personal. In a word, the problem is to effect a change both in the character of individuals and in their relation to life. As this work must be done by individuals, it is apparent that friends and charity workers will prevent much being forced upon public officials, who in the nature of things, cannot reach all cases or do the work so well. But they can assist. Moreover the most potent factor in the elevation of society is through the cultivation of an altruism, which is the real measure of the moral

plane on which the people of any community are living. As Shakespear says in the "Merchant of Venice":

> "The quality of mercy is not strained.
> "It droppeth as the gentle rain of Heaven,
> "Upon the earth beneath: it is twice blessed,
> "It blesseth him that gives and him that takes.
> "'Tis mightiest in the mightiest and becomes
> "The throned monarch better than his crown;

It will be at once apparent that, if the views thus outlined are the correct underlying principles to be applied in this work, the great part of poor relief, whether of official Poor Law Guardians or of municipal charity committees, has in the past been wrong in principle and has positively hampered results. As it has been neatly put, the functions of such have seemed to be rather "to assist poverty than to relieve destitution." They have not recognized, or have lost sight of, making prominent *"deterrent conditions"* in giving relief, and are in danger of attracting people toward dependence.

Probably nowhere is this tendency seen so positively developed as in what is now termed hospital abuse. I can instance the single case of the Province of Ontario, with an increase of population of not more than 13% in twenty years. The hospitals receiving a government grant, rose from some 12 to 60 and the hospital population from 4,000 to 40,000. These illustrations make the first point of the need for cultivating independence very evident; but the method of doing charity work and understanding its true meaning is now being taken up by Schools of Philanthropy in which the study of institutions, as hospitals and refuges, is carried on; how to care for needy families is considered and yet better constructive social work is evolved.

The special directions in which practical philanthropy stand related to the work of public health will be readily indicated by referring to publications, such as the London Charity Organization Review, and "Charities," published by the Associated Charities of New York, which calls itself a weekly journal of Philanthropy and Social Science. I have grouped the subjects discussed in a few numbers of these magazines:

A. Charity Work Problems —

1. Orders of Charity.
2. Workers in St. Giles.
3. Guild of Help movement.
4. Hospitals subscribers' letters of recommendation to patients.
5. Case work and Registration.

6. Congestion and unemployment work.
7. Dundee operations and child labor.
8. Poverty an excuse for child labor,— Child scholarship.

B. Construction Charity Work —

1. Labor colonies and vagrancy.
2. Feeding school children.
3. Copartnership in Housing,— Tenants' Society.
4. Housing problem in New York, Chicago, London, etc.
5. Co-operation and profit sharing in business and housing in Holland.
6. Massachusetts Town and Village Betterment League.
7. School playgrounds and improving of environment of children.
8. Federated Church Societies.
9. Childrens' Aid Societies.
10. Distribution and care of Jewish Immigrants.
11. Dealing with Dependent Children and Family Desertion.
12. Stock-yard Workers.
13. Chicago Institute for Immigrants.
14. Pure Milk Association.
15. The United Cities League of America.
16. Co-operation between Organized Labor and Organized Philanthropy.
17. Stratification of sympathy.
18. District Committees.
19. Statistics of membership of Charity Organizations.

C. Medical Charity Problems —

1. Families of Feeble-minded.
2. Reception Hospital for Insane.
3. State Commission on Lunacy.
4. Sanitary conditions of hop pickers and berry pickers in rural places.
5. Dispensary for Consumptives.
6. Sanatoria for Consumptives.

D. Educational Charity Problems —

1. Education in Temperance and Hygiene.
2. Lectures on Social Subjects.
3. Sphere of the Home and the School.
4. Prison Reform.
5. Education of the Adult Immigrant.

The mere reading of the list seems to plunge us at once into the midst of a struggle involving the most pressing sanitary, educational, moral, and religious problems, and the very principles of our Science, the very objects of this Association and indeed our continued existence as leaders in public health thought and work, demand that we must be a part of this struggle, and not alone expert chemists,

bacteriologists and engineers. The proverb is true, — "Not to advance is to retreat."

The practical phase of the relation of Sanitary Authorities to Charitable Societies has been dealt with in a very recent paper by Dr. C. S. Loch, read before the Medical Officers of Health at Bath, England, in July, 1906. He very neatly points out that society has for its protection three organized means: (a) those for preserving the public health, (b) those for providing habits of social preservation, as prevention of destitution, and (c) the care of the poor under the Poor Laws. Illustrated by the following death-rate, as in London, where it was 16.5 in 1903, Loch argues for the effective work and extended character judged by results of State hygiene. Nevertheless, the number of assisted paupers in England per 1,000 remains much the same and so Loch is led to remark: "We realize that our business is not with a few small factories over which we can exercise but a limited control, *but with movements, which rightly directed, should make a deep impression on national vitality and character.*"

Proceeding to illustrate how health workers and charity workers must co-operate, he points out how much good can result from inspectors and workers amongst the poorer classes, or on the other hand, how much evil may follow bad methods. Thus assist with money one family in a tenement and in a few days all report themselves in want. As is the case of our northern Indians, "they may have plenty of fish on hand, but without tobacco and tea they are starving." On the other hand, A being encouraged and keeping his room bright and clean, makes B's appear dirty and so improvement goes on. To the influence of imitation can further be added persuasion, and it is here that the health visitor, or lady sanitary inspector, produces the greatest results.

In all cases, spontaneity and independence must be encouraged, not weakened. The remarkable weakening of such independence may be witnessed in even prosperous communities with us in America, where health authorities often pay the entire cost of isolating and treating smallpox in families, who instead should have been punished for neglecting vaccination.

Illustrating how far sanitary work ought to go, he speaks of the ill-health growing out of neglect to keep rooms clean, to protect the child's milk and prepare the food properly. By whomever done, education along such lines is really sanitary work. If anyone has any doubt, even as to the official extent of sanitary work, he has only to read the statutory duties of Medical Officers of Health. Thus such an officer shall, — (1) Inform himself of influences affecting

or threatening the health of his district. (2) He shall advise and report to the Sanitary Authorities regarding such conditions. Inasmuch, however, as the amount of work such an officer has to do is most extensive, while too often his staff of officials is limited, he must make common cause with and effective use of all sorts of charity societies and district visitors. We have Charity unions in wards and parishes which ought really to be a part of the bureau of health, and although un-official, should be given office-room there and be constantly communicated with. Dr. Loch points out that in London, in the 26 Charity Districts, there were some 7,500 unpaid voluntary visitors and 900 paid visitors of the Education, Charity and Sanitary Committees. He points out how their co-operation will depend upon their not reporting to several but to some one central body, thereby preventing confusion. Thus at such a centre, all cases dealt with by a worker of any of the several committees should be registered, after which officers of the several committees can together determine upon what is to be done and the matter would be referred tc the particular committee. Thus to illustrate. A family living in a one-roomed tenement is found with a consumptive daughter, other children not going to school and perhaps a drunken father. It is apparent that to deal with such a case, action by the Tenement House authorities, by the Education authorities, by the Sanitary Inspector, and by the Charity and Morality Department would all have to be taken. After citing several actual cases, some worse than the above common instance, Loch says the problem is really *the regeneration of a whole family and that any degree of success can only be gained by co-operation.* With regard to an important point, Dr. Loch very wisely urges that to say that a sanitary authority should tolerate cases of overcrowding because of high rents as an excuse for inaction is only to perpetuate evils. Houses will be built if demanded, while the dispersion of inmates of crowded tenements, inevitably results in the erection of new buildings under modern tenement house laws.

Such are the ideas of a working Medical Officer of Health in the London Metropolis, and such are applicable to the conditions of all cities and towns. But we on this continent have multiplied difficulties where, in addition to what may be termed the normal growth of population, we have in many centres very many thousands added annually to urban populations. In dealing with such, new problems present themselves and new difficulties must be met. Such are illustrated by the titles of the articles already referred to. For instance, a Jewish Society has been formed for the distribution of Hebrew immigrants and institutes

are being formed in New York and Chicago for their education in English and in the various occupations. Italian societies are undertaking similarly to do something for their people. And yet the great number of foreign immigrants will naturally drift into the slums of our cities and must be dealt with by the municipal, organized charitable, sanitary and educational authorities. Primarily such immigrants will probably come into touch with the sanitary authorities through outbreaks amongst them of contagious diseases, but this is temporary and indeed must partake largely of sanitary police work. It is, however, a starting point. The sanitary police could, with such co-operation as that suggested by Dr. Loch, report to a central bureau, could give the number of children in a household and those of school age, whether they were being employed and in what sort of places, and could state what employment the father had and whether the home conditions as regards housing and food were tolerable. To allow such classes to congregate in congested centres, to form practically foreign communities in our cities, introducing not only foreign customs, but habits often inimical to good citizenship, whether viewed politically, socially or morally, is to allow to grow up dangers to the body politic, which must be viewed only with alarm. Remembering that to public health officials insanitary and overcrowded tenements present the greatest difficulties in maintaining or improving the health through their effects upon children due to the impure air, unwholesome food and lack of exercise and to adolescents and adults from the debilitating effects of crowded work-shops, long hours and defective sunlight, it is apparent that it must be only through the most persistent presentation of the known evils, whether to the public or to their elected representatives that such a mass of educated public opinion can be created as will result in reforms adequate to prevent or remove these evils. This cannot be done except by the union of every organization, whose objects are the amelioration of the conditions we have spoken of. Corporate selfishness and individual greed in land owners and landlords must be combatted, the ignorance, the immorality and brutality of classes and individuals must be overcome; while clear views as to remedies and scientific knowledge as to their application must be the possession of public health officers, if the problems are to be successfully solved through their activity.

That we are hardly entered upon our work, that we ourselves and still less the public have as yet but imperfectly realized the extent of our task, or had a full conception of our duties must be apparent to us all; but it will be in proportion to the position we take with regard

to all these problems and our insistance upon their being a part of public health work, that the voice of public health officers will be heard and their demands receive adequate recognition.

That either we have not shown our practical interest in the charity side of public health work or that our relation thereto has been disregarded would seem to be shown from the results of a published enquiry into the occupations of members of District Committees in Charitable Work in New York, Boston, Philadelphia, Baltimore, Washington and Chicago. Thus 539, or 45% of the whole number, were women, and 106 or 10% were men of leisure and business men. Of 201 professional men, 100 were clergymen, 51 were doctors, 38 lawyers and 12 of other professions. Of 73 teachers on the committees, Baltimore has 52 and but four are salaried officials of institutions. Settlement or institution workers are 36 in all, while only two tradesmen are found in a total of over 1,000 members. That there should have been but four college professors in the whole list is a commentary in itself, while the fact that only two tradesmen are included would seem to indicate how far apart are the classes of the people in even the centres of rampant democracy.

Amongst the practical measures, which organizations of this sort can most properly urge, along the broad lines which have marked our work in the past, there is one which in my judgment dominates all others so far as the work of the municipal health officer is concerned. It is that of the distribution of the immigrants who month by month and year by year pour into our cities. The task is of all probably the most difficult, and depending as it must upon State and Municipal legislation, requires the development of a strong public opinion before it becomes possible of solution. The "Aliens Bill" introduced in the British House of Commons in 1904 contained the essence of the principle that the Local Government Board could by order direct that within an area whose limits would be defined in the Order, not more than so many persons could be resident and of this number no more than so many of any foreign nationality. We have in this idea a broad basis for action along lines such as we have referred to. Assume, for instance, that a block of New York or Montreal houses has already its quota, from the sanitary standpoint, of a foreign population, and it does seem possible with police assistance to prevent more immigrants from being allowed to inhabit these houses.

State and Provincial laws should endue the State and Provincial Boards of Health with the fullest powers to institute enquiries when they deem it proper, as well as when requested by Local Boards of Health, and to demark such areas by an order compulsory upon the

Local Board of Health and penal upon householders who might violate the Act. I have examined the very full provisions of the Tenement House Regulations, adopted under the Greater New York Charter of 1900, but find no clause which is so nearly a primary condition of tenement house sanitation as the above. The Commission has power to take a tenement house census, to vacate infected and uninhabitable houses, whether from disease, bad plumbing or other nuisance, to provide for the light and ventilation of new houses, but apparently there is no clause dealing with overcrowding. Turning to the Factory Act of Illinois, I find quoted in the Annual Report of the Inspectors for 1902, the provisions regarding tenement house manufacture of clothing, etc., as demanding a certain air space and sanitary house conditions before a license for home manufacture is granted. The report then goes on to say, "That women and children are employed in this more than in any other large industry may be seen by turning to the tables of this report;" also, "It has been shown repeatedly that an inevitable amount of disease is communicated through the clothing made by this system and it is impossible that it should be otherwise . . . These houses are crowded with children of the poorest classes and the clothing and those working on it are directly exposed to every disease current among them, and infection of all the clothing passing through the employee's hands is almost sure to follow . . . The reports of this department show that the manufacture of clothing was unabated in 1894, even at a time when there was scarcely a tenement without its case of smallpox . . . yet nothing has been done since that time to enable the authorities to stamp out this constant source of contagion and disease amongst the people of the State."

But more than enough has been quoted to show that, bad as tenement house conditions are, no great improvement is likely unless the preventive measure of stopping the ever-increasing congestion is first taken. Are we to wait till the conditions of New York and Chicago are everywhere reached before we advocate and urge action? This is a national matter, indeed an international matter, and we in this congress are representing the united health conscience of a continent. Here is one point at any rate, where federal, state and municipal officers may think together, may feel that they can act together and that they ought to speak out so loud that all in the three nations shall hear. Surely we are here to do more than merely deal with cases, to be concerned only with the details of our routine work! We are here in the best sense as legislators! This is our health parliament! What we do not say here lacks, if said at home, the essence of finality, but presented, discussed and adopted here, it has in the past and will in the

future yet *come to pass.* It is now ancient history to some of us, to some it will be new, to recall the discussions on federal rights, state rights and municipal rights, the difficulties of knowing what diseases to quarantine, and how and when; how to deal with international and inter-state and civic questions, as of smallpox or yellow fever and many equally unsettled health problems. Such problems are still with us only altered in their special character and become more complex in their nature. What is demanded of us are clear, definite opinions and as clearly indicated lines of action as to how such will be given effect.

Imagine, if properly organized, what a force of opinion we can supply. The whole experience of the medical corps of our armies and navies; the large and extended experience and studies of hundreds of quarantine and immigration officers at a hundred ports and in almost every climate; the yet more numerous state and provincial officers with their more numerous and more exacting problems, and associated with them thousands of municipal health officers. We have further got the whole body of officers of public institutions, whose daily duty it is to deal with the wrecks of human life, the castaways, the widows and orphans and pensioners of society. We have, last and greatest of all, educated, organized and ready for action the thousands of practising physicians, who in every community can be aroused, as altruistic work is ever a part of their daily lives. We have, yet more and more powerful, that great human heart dwelling in the bosom of every Christian community, and indeed in every people who recognize the fatherhood of God and the brotherhood of man. Find them leaders, indicate the way, and in spite of human selfishness, inertia, and the daily round of duties, we shall see the people of our hundred communities responding to the call. In many years' observation I have found that wherever was a born medical health officer there was enthusiasm, optimism and invariable advance. They become recognized unconsciously as the local leaders of all sorts of social reforms and through them the gospel of health is daily preached.

In conclusion, one has only to express the hope that the comprehensive, dominating and responsible character of the work which lies within the scope of public health officers may be reognized by all, and especially by the younger men, better trained in the exact sciences, now entering upon public health work as a profession and life work, and at a period when the long life-time of opportunity is before them. The Sanitarian is the medical man, the engineer, the chemist, the bacteriologist, the statesman; but he must be more than this. He must be as that founder of our sanitary religion, Sir Edwin Chadwick, the apostle of Public Health, of whom Lord John Russell said:

"For the relief of the destitute and prevention of pauperism, the improvement of the public health and the physical condition of the population, there was no one to whose zeal and assiduity the country is more indebted than Mr. Chadwick."

It is quite clear that while as an Association we have done much to educate public opinion along scientific lines toward good doing and good being; and while as individuals, we may have endeavored in our several communities to maintain ever alive that enthusiasm, which alone can keep the people laboring at the infinite task of removing social evils and of uplifting our fellows, yet we must all realize how much there is to do, how little we have accomplished. And yet the struggle has counted for something. To use the words of Browning's "Andrea del Sarto":

> "Ah, but a man's reach should exceed his grasp,
> Or what's a heaven for?"

Our confession and our faith must be those from Tennyson's "Princess":

> "Have patience I replied, ourselves are full
> Of social wrong: and maybe wildest dreams
> Are but the preludes of the truth.
> For me, the genial day, the happy crowd,
> The sport half-science, fill me with a faith.
> This fine old world of ours is but a child
> Yet in the go-cart. Patience, give it time
> To learn its limbs; there is a hand that guides."